

**ABSTRACT TITLE: PHYSICIAN PARTICIPATION IN JUDICIAL EXECUTION BY
LETHAL INJECTION AND STATE MEDICAL BOARD POSITIONS**

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PURPOSE: Judicial execution by lethal injection emerges as a troubling conundrum in medical and professional ethics since the US Supreme Court voted in April 2008 to uphold the constitutionality of Kentucky's lethal injection procedure. The primary objective of this study is a service to inform physicians about state medical board positions regarding physician participation in execution by lethal injection as well as any disciplinary sanctions that physicians might face should they choose to participate in such executions. This study was not intended to favor one side of the debate regarding the ethics of physician participation in execution by lethal injection. Rather, we wanted to learn whether this topic has been a point of discussion, whether positions have been taken, and whether state medical boards plan to address this topic in the future.

METHOD: Sixty-three state medical board officials ("officials") from 50 states were identified using information provided by the Federation of State Medical Boards. Between April and June 2008, officials were invited to complete a 14-question survey regarding the boards' discussion of (and positions, if any, regarding) physician participation in lethal injection executions. In order to alleviate possible concerns of officials regarding protection of confidentiality as a consequence of participating in a survey on this sensitive topic, officials were assured that their names and identifying information, as well as that of their states, would be excluded from data analysis and publication. Each official was assigned a unique research number, and all identifying information was removed from the data submitted for analysis. Approval by the IRB was by expedited review.

RESULTS: Thirty-three officials (52%), representing allopathic, osteopathic, or composite medical boards in 31 states (62%) completed the survey. Nineteen (30%) explicitly declined to participate, whereas 12 (19%) did not respond to repeated contact attempts. Twenty-one (64%) represented boards located in states where capital punishment is legal. Only two (6%) reported that their boards had an official position on physician participation in lethal injection executions. Eight (24%) indicated they were unsure whether their boards would impose consequences on a physician for participation in execution by lethal injection. Twenty-three (70%) reported they were unsure whether state boards would impose consequences on a physician for participation in executions outside their home state. Three (9%) reported their boards had received complaints about physicians regarding their participation in lethal injection executions.

CONCLUSIONS: Our study findings clearly indicate that state medical board positions regarding physician participation in execution by lethal injection vary, ranging from explicit consequences to total absence of consideration. Nearly all state medical boards appear not to have firm guidelines for licensed physicians to follow. Official information is scarce and is likely to be difficult to obtain by physicians seeking guidance about their state medical boards' positions regarding physician participation in executions involving lethal injection. As physicians are likely to be called upon to participate in the executions of more than 3,000 inmates currently on Death Row, state medical boards are urged to formulate or clarify their guidelines and positions and to make this information widely and easily accessible to physicians.