

The Record

COLUMBIA UNIVERSITY

VOL. 33, NO. 08

NEWS AND IDEAS FOR THE COLUMBIA COMMUNITY

FEBRUARY 14, 2008

EXPERTS DISCUSS ETHICS OF LETHAL INJECTIONS

By Kelsy Chauvin

The fields of medicine, law and ethics intersected on Jan. 23, as experts and students gathered in Low Library to discuss the constitutionality of lethal injection as a method of execution.

The symposium, hosted by the Columbia University Center for Bioethics, comes as the United States Supreme Court is deliberating *Baze v. Rees*, the first case to address the use of lethal injection in its current form.

The court heard arguments on Jan. 7, four years after death-row inmates Ralph Baze and Thomas Bowling filed suit in Kentucky state court. At issue is whether the administration of a three-drug lethal injection protocol violates the Eighth Amendment prohibiting cruel and unusual punishment.

"The justices will have to decide how much risk is too much—how many safeguards are necessary, and what exactly makes a punishment 'cruel and unusual,'" said Ruth Fischbach, director of the Center for Bioethics. "This will not be an easy case to decide."

Of the 38 states with the death penalty, 37 use lethal injection as a theoretically more humane means of execution (Nebraska uses electrocution, though the state Supreme Court this month ruled that the electric chair is cruel and unusual punishment, forcing the state to seek a new method of execution.). Those 37 states employ a drug "cocktail" devised in 1977, in which the first drug is sodium thiopental, an anesthetic intended to render the prisoner unconscious. Second is pancuronium, which paralyzes voluntary muscles. Potassium chloride is administered last to induce cardiac arrest.

The administration of this formula has proven far from perfect, largely because it is administered by non-medical

personnel. Symposium speaker and Columbia Assistant Professor of Anesthesiology Mark Heath said that while most states require medical supervision during executions, the actual administration of the cocktail is left to executioners who may have less training than a veterinarian does for euthanizing animals.

More medical involvement could help. But as speaker and Dollard

Professor Paul Appelbaum argued, while it may be suitable for physicians to participate in various levels of inmate treatment, it is paradoxical for them to aid in or carry out an execution.

Heath explained that "cruelty" often starts with multiple failed attempts to insert an intravenous line. For one Ohio prisoner, 19 needle punctures were made over the course of 90 minutes until finally an incision was made to expose a usable vein.

Once the IV is set, thiopental is delivered. Heath argued that if this anesthetic adequately sedates the patient, the second drug could be omitted. However, the paralytic function of pancuronium is deemed necessary to "give the appearance of a serene death."

Attorney Ginger Anders, part of the legal team representing Baze before the Supreme Court, noted that pancuronium may be unconstitutional since it does nothing to curb the prisoner's pain. Also, the paralysis it causes makes it unlikely for an executioner to see physical clues that a prisoner feels severe pain brought on by the third agent.

For the nation and the 4,000 inmates currently on death row, the court's decision is highly anticipated. Anders said the ruling is expected this spring.

Seminar on Bioethics as the Supreme Court Considers Lethal Injection

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