

Approved at the General Assembly in Vienna on 30 September 2023

WORLD PSYCHIATRIC ASSOCIATION
POSITION STATEMENT
MENTAL HEALTH AND THE DEATH PENALTY
GA23.10.19

Authors:

Maitreyi Misra, Director (Mental Health and Criminal Justice), Project 39A, National Law University Delhi.

Namrata Sinha, Research Associate (Mental Health and Criminal Justice), Project 39A, National Law University Delhi.

Neeraj Gill, Professor, Health Research Institute, University of Canberra and Griffith University, School of Medicine, Griffith University, Gold Coast, Australia.

Soumitra Pathare, Consultant Psychiatrist, Director, Centre for Mental Health Law and Policy, ILS Law College, Pune.

Afzal Javed, President, World Psychiatric Association.

SUMMARY

International law and laws of various countries prohibit the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities due to the special barriers faced by them in defending themselves; their limited moral culpability; and their diminished ability to understand the nature and reason for their execution. However, due to lack of accommodations in criminal proceedings and legal safeguards, persons with mental illness, developmental and intellectual disabilities are at a greater risk of being sentenced to death and having their fair trial rights denied. Further, as has been shown through research, often there is an onset of mental illness after a person has been sentenced to death and while living on death row. The death penalty has disproportionately impacted persons with mental or developmental and intellectual disabilities. Psychiatrists play a significant role in preventing the imposition of the death penalty on persons who may have mental illness or developmental and intellectual disabilities. In addition to assessing and informing the courts of the mental state of persons at risk of being sentenced to death or executed, they also help develop the law in tandem with contemporary medical and scientific jurisprudence; and provide treatment to persons sentenced to death, with mental illness or developmental and intellectual disabilities. Accordingly, this position statement aims to prevent the imposition on the death penalty on persons with mental illness or developmental and intellectual disabilities.

I. INTRODUCTION

The death penalty remains a punishment in many countries across the world, even though most countries have abolished it as a form of punishment. As of July 2023, 112 countries had abolished the death penalty for all crimes, with only 55 countries being retentionist in practice, i.e., those which continue to carry out executions.¹ The remaining countries have either retained the death penalty for exceptional offences or have retained the death penalty but have not executed anyone in the past 10 years. In 2022, only 20 countries carried out executions.² Even though under international law, the death penalty is to be imposed only “in the most exceptional cases and under the strictest limits”,³ there are multiple instances across countries, where the death penalty is imposed on the most vulnerable persons, including those with mental illness⁴ or developmental and intellectual disabilities⁵, as shown in the sections below.

Various professional organisations have taken a position against members participating in executions,^{6,7} have recognised the disadvantages that persons with mental illness and intellectual disability face in the criminal justice system⁸ and have also taken a position against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities.^{9,10} For instance, in 2018, the World Medical Association adopted a resolution that affirmed that it would be unethical for physicians to participate in capital punishment processes in any way.⁶

The WPA has always aligned itself with social justice, non-discrimination and rights of persons with mental illness.¹¹ It has been instrumental in moulding the role of psychiatrists as one of respecting and protecting the rights of persons with mental illness, and in facilitating recovery and holding hope.¹² For instance, the WPA’s Position Statement on Prison Mental Health states that health care providers should never be involved in cruel, inhuman or degrading treatment and punishment.¹³ The statement holds the view that prisoners shall not be subjected to, and shall be protected from, torture and other cruel, inhuman or degrading treatment or punishment. The statement recognises that “mental disorders have a higher prevalence amongst prisoners than amongst people in the community”^{13(p7)} and underscores the rights of prisoners to healthcare and rehabilitation. In addition, it recognises that the loss of a prisoner’s liberty is punishment itself and that the prisoner should not undergo additional suffering. Further, the WPA’s position statement on the Roles and Responsibilities of the Psychiatrist of the 21st Century highlights the therapeutic role that psychiatrists should play.¹² Its position statement on Social Justice for Persons with Mental Illness acknowledges that persons with mental illness face discrimination and calls upon countries to actively engage psychiatrists and other mental health professionals in the implementation of the UN Convention on Rights of Persons with Disabilities.¹¹ In line with the therapeutic role that it urges psychiatrists to play, the WPA has taken the position that psychiatrists should neither participate in executions nor in the assessments of competency to be executed.⁷

II. SOCIO-ECONOMIC DEMOGRAPHY OF PRISONERS SENTENCED TO DEATH

The United National Secretary-General (UNSG) in their report on the state of the death penalty in the world has acknowledged that socio-economically marginalised and vulnerable communities are disproportionately affected by the death penalty and are overrepresented among those sentenced to death.¹⁴ The UNSG notes that not only does the death penalty disproportionately impact poor and economically vulnerable individuals but it is also discriminatorily applied against persons with mental or developmental and intellectual disabilities. This concern has also been voiced by the UN Special Rapporteur on extreme poverty and human rights.¹⁵

Empirical evidence from multiple countries which frequently impose the death penalty also documents this reality. For instance, data from India shows that 74.1% of the death row population are economically vulnerable¹⁶ and more than 76% of the prisoners sentenced to death belong to marginalised communities, including religious minorities.¹⁶ A study in the US found that poor black men formed a majority of death row prisoners in the state.^{17,18} A study from Bangladesh found that 72% of prisoners belonged to economically vulnerable backgrounds.¹⁹ A similar situation exists in Kenya where the majority of those on death row are poor and have little to no education.^{15,20,21} Similarly, death row prisoners in Pakistan, China, Malaysia and Nigeria have also been found to be from economically vulnerable backgrounds.²²

In addition to socio-economic vulnerability, studies have found that an overwhelming number of death row prisoners experience multiple adversities during childhood and adolescence. For instance, a study in the United States found that a considerable number of those on death row had pre-confinement histories of disturbed families of origin, parental alcoholism, childhood abuse and neglect, and/or personal substance dependence.¹⁷ A study from India found that 82% of the prisoners on death row experienced three or more adverse childhood experiences, and 90% had been exposed to traumatic experiences.²³

III. HIGH RATES OF MENTAL ILLNESS AND DEVELOPMENTAL AND INTELLECTUAL DISABILITIES AMONG PRISONERS SENTENCED TO DEATH

In addition to these vulnerabilities, evidence indicates high rates of mental illness and developmental and intellectual disabilities among persons living under the sentence of death. A study from India found that 62.2% of death row prisoners interviewed had at least one mental illness. Rates of depression and anxiety were 11 and 3 times higher among those interviewed than the community population, respectively. Rates of schizophrenia were approximately 6% higher than the community

population and cognitive impairment was found in 19.3% of the prisoners.^{23(chIV)} The rate of suicidal ideation among prisoners sentenced to death was 13.8%, and eight prisoners had attempted suicide in prison while 94% of them were at risk of suicide.^{23(chIV)} This study also found connections between conditions of death row incarceration and poor mental health and mental illness.^{23(chIV,V,VII)} The study found that persons with intellectual disability were disproportionately represented among death row prisoners. The rate of intellectual disability was found to be 10 times higher than the community population.^{23(chVI)}

Similar evidence has emerged from the US. For instance, one study found that a significant percentage of death row prisoners in the US had histories of significant neurological insult, developmental history of trauma, family disruption and substance abuse. This study found that the rates of mental illness among death row inmates were high, with conditions of confinement appearing to precipitate or aggravate mental illness.¹⁷ A survey conducted in Kenya also highlighted the severe adverse psychological impact of the death penalty. It found “psychological torture and emotional discomfort” to be a prominent impact of the death sentence.”²⁴

IV. INTERNATIONAL LAW ON DEATH PENALTY FOR PERSONS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

While under international law there is no explicit prohibition against the death penalty²⁵, there has been an incremental expansion of categories of persons on whom the death penalty cannot be imposed. Initially, there was a prohibition on the use of the death penalty on juveniles and pregnant mothers.²⁵ The prohibition was later extended to persons with mental illness or developmental and intellectual disabilities.^{3,26,27,28,29(para5d)} Since 1984, the United Nations has called upon the international community to not impose or execute persons with mental illness³⁰ or intellectual disability³¹, or those with “any form of mental disorder”^{32,33,34,35,36,37}. It has referred to the special barriers that persons with mental illness and intellectual disability face in defending themselves.³ It also prohibits the imposition of the death penalty on persons with “limited moral culpability” and “diminished ability” to understand the nature and reason for their execution.^{3(para49)} In their quinquennial report, the UNSG noted that persons with mental illness or developmental and intellectual disabilities might “face a greater risk of incurring the death penalty because of a lack of procedural accommodations in criminal proceedings.”³⁸ The United Nations Special Rapporteur on Torture discussed the death row phenomenon,³⁹ mental suffering of persons on death row, and the “unimaginable anxiety” death row prisoners have over their imminent death. The Special Rapporteur concluded that it was “inherently cruel to execute... persons with mental disabilities” and that it is a “violation of the prohibition of torture and cruel, inhuman and degrading treatment”.^{39,40} In addition, the Special Rapporteur also concluded that the death row phenomenon constitutes torture and cruel, inhuman and degrading punishment and recommended that the death penalty be abolished for persons with mental

disabilities.^{39,40} The Committee on the Rights of Persons with Disabilities has also noted that persons with mental illness or developmental and intellectual disabilities are at a greater risk of being sentenced to death and more likely to have their fair trial rights denied because of lack of procedural accommodations.^{41,42,43,44(para22-23)} Owing to these concerns the Committee has called for the abolition of the death penalty and the suspension of all death sentences of persons with mental illness or developmental and intellectual disabilities.^{41,42,43,44,45(para21)}

V. DOMESTIC LEGAL SAFEGUARDS REGARDING THE DEATH PENALTY FOR PERSONS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

In addition to international law, various countries have also restricted the execution of the death penalty on persons with mental illness or developmental and intellectual disabilities. In the US, imposing the death penalty on persons with intellectual disability is prohibited because it does not conform to the evolving standards of decency and also because the vulnerabilities of persons with intellectual disability put them at a “special risk of wrongful execution.”⁴⁶ With respect to mental illness, the US Supreme Court has held that persons sentenced to death who have lost “sanity”⁴⁷ or who do not have a rational understanding of the punishment⁴⁸ should not be executed as that would amount to cruel and unusual punishment.

The Supreme Court of India has held that onset of mental illness post-sentencing amounts to a supervening factor, warranting the commutation of death sentence to life imprisonment.⁴⁹ Severe mental illness after incarceration has also been recognised as a factor to commute the death sentence.⁵⁰ Execution of such persons is considered to be cruel and unusual punishment. Recently, the Pakistan Supreme Court also prohibited the execution of persons with mental illness because of their impaired ability to comprehend the rationale and reason behind their punishment.⁵¹ In 2015, the Privy Council quashed the death sentence of a prisoner from Trinidad and Tobago who had chronic schizophrenia and in 2017 it agreed that the execution of a person with “severe learning difficulties” was a cruel and unusual punishment.^{38,14}

VI. CONTINUED EXECUTION OF DEATH ROW PRISONERS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITY

Despite these international and domestic legal safeguards, there have been multiple instances where death row prisoners with mental illness or developmental and intellectual disabilities have been executed. This is because national laws are either at odds with contemporary understanding of mental illness and developmental and intellectual disabilities or because the legal threshold is so high as to exclude a large majority of persons with mental illness and developmental and intellectual disability from protection.

For instance, a death row prisoner with intellectual disability and another with schizophrenia were recently executed in the US.^{52,53} Another prisoner in the US was scheduled for execution despite having been diagnosed with bipolar disorder and, who between brief periods of lucidity, had psychotic thoughts, grandiose delusions and smeared himself with his own faeces.⁵⁴ In yet another case, the United States Supreme Court permitted the state of Arkansas to forcibly medicate a death row inmate with an impending execution date so that he could become competent to be executed.^{55,56} In Singapore, a death row prisoner with intellectual disability was recently executed because he did not qualify the domestic legal threshold of 'substantial impairment'.⁵⁷ Pakistan also reportedly executed death row prisoners with mental disabilities.^{38,14} In one instance, Pakistan executed a prisoner who displayed extreme anxiety, paranoia and auditory hallucinations; his mental condition during incarceration had deteriorated to such an extent that he could no longer recognise members of his family.⁵⁸

VII. ROLE OF PSYCHIATRISTS IN DEATH PENALTY CASES

Psychiatrists can play an important role in preventing the imposition of the death penalty on persons who may have a mental illness or developmental and intellectual disabilities by helping the defence in bringing these issues to the court's notice at the relevant and appropriate time. The study from India, for example, found that death row prisoners with intellectual disability had never had their disability identified and the fact of their disability was not presented before any courts.^{23(chIV)} Execution of such persons would be a violation of international legal standards. Psychiatrists may also be required to treat death row prisoners in prison for therapeutic purposes well before the stage of execution. These roles are compatible with the WPA's position that psychiatrists should not be a part of executions, since in these positions, the psychiatrist does not harm the interest of the death row prisoner. In fact, this is in line with the WPA's Code of Ethics which as part of the principle of non-feasance, allows psychiatrists to participate in forensic evaluations that have been authorised by a court or counsel for the detainee.⁵⁹ Psychiatrists are often engaged by the State to determine a person's competency to be executed. This, however, may create a conflict for a psychiatrist since their participation in such proceedings goes against the WPA's Madrid Declaration.⁷

There are multiple reasons for the disjunction between the legal safeguards available and the practical reality that persons with mental illness and intellectual disability continue to be sentenced to death and executed. The law's outdated understanding of various mental illnesses and intellectual disability; the lack of mental health experts aiding the defence in accurately identifying persons who may have a mental illness or developmental and intellectual disabilities; and vague legal thresholds fail to ensure the protection of persons with mental illness or developmental and intellectual disabilities.

Psychiatrists also have a role to play in informing the justice system of contemporary medical standards to enable the law to evolve alongside the science, and to ensure that outdated standards do not govern the administration of justice. For instance, in many countries outdated and unscientific phrases like ‘mental retardation’, ‘lunatic’, and ‘idiot’ continue to influence legal standards. Scientific evidence and understanding of various mental health concerns has progressed to discard vague terms and scientific rigour needs to inform the law as well. Thus, psychiatrists not only play an important role in the administration of justice but also in moulding the correct standards of the law.

VIII. CONCLUSION

Even though there exist legal safeguards which prohibit the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities, evidence shows that persons with mental illness or developmental and intellectual disabilities are more vulnerable to unfair imposition of the death sentence and are disproportionately represented in the death row population. Evidence also suggests that many prisoners experience serious mental illness while on death row and because of the traumatic experience of being sentenced to death.

The administration of the death penalty on persons with mental illness or developmental and intellectual disabilities is against all the principles that the WPA stands for. In light of the information presented in this document, we propose that the WPA adopt a position statement against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities, and the execution of such persons.

IX. AIMS OF THE POSITION STATEMENT

The Position Statement aims to safeguard the human rights of accused persons with mental illness or developmental and intellectual disabilities, particularly, those at risk of being sentenced to death and executed.

X. MAIN TEXT OF THE POSITION STATEMENT

The World Psychiatric Association

Recognises that a majority of death row prisoners across the world belong to vulnerable and marginalised communities and have gone through adversities during crucial stages of their life

Recognises that persons with mental illness or developmental and intellectual disabilities are disproportionately impacted by the death penalty

Acknowledges that the death penalty may be perpetuating a mental health crisis among those sentenced to death

Recognises the international law prohibition on the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities

Acknowledges that persons with mental illness or developmental and intellectual disabilities continue to be executed despite existing international and domestic law safeguards

Recognises that persons with mental illness or developmental and intellectual disabilities are at heightened risk of violations of fair trial rights and an overall violation of their dignity in the criminal justice system

Notes the position of various professional organisations of doctors, psychiatrists, psychologists and other stakeholders against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities

Recognises that criminal law, particularly the law on the death penalty, needs to be aligned with contemporary scientific standards with respect to mental illness or developmental and intellectual disabilities

Acknowledges that legal systems are often not equipped to accurately identify mental health concerns of the accused, which may lead to violations of their right to fair trial

Recommends that mental health evaluations of persons either sentenced to death or at risk of being sentenced to death be conducted at the time of sentencing by the court of first instance, and at every subsequent stage, including at the time of execution, to protect the rights of persons with mental illness or developmental and intellectual disabilities

Recognises that psychiatrists need to be regularly updated with the latest scientific and legal developments so as to provide adequate assistance to the court and to ensure that the law is in line contemporary scientific standards

Recognises that though the WPA discourages psychiatrists from participating in the administration of the death penalty and in assessments of competency to be executed, it does not prevent them from assisting the defence in death penalty cases or from establishing a therapeutic alliance with death row prisoners for the purposes of treatment

Thus, in line with principles enshrined in various Position Statements and its Code of Ethics, the World Psychiatric Association resolves that:

The death penalty should not be imposed on any person with mental illness or developmental and intellectual disabilities and no person with mental illness or developmental and intellectual disabilities should be executed.

XI. RECOMMENDATION FOR ACTION

Persons at risk of being sentenced to death should be subjected to mental health evaluations at the time of sentencing. Mental health evaluations should be conducted at every judicial stage to ensure that persons with mental illnesses or developmental and intellectual disabilities are neither sentenced to death nor executed.

Psychiatrists should assist the defence and the court in death penalty cases to identify persons with mental illness or developmental and intellectual disabilities and contribute to the development of the law, particularly the law on death penalty, to align with contemporary scientific and medical standards. To this end, psychiatrists should be regularly updated with developments in the scientific and legal fields so as to ensure that effective assistance may be provided to the court.

The death penalty should not be imposed on any person with mental illness or developmental and intellectual disabilities and no person with mental illness or developmental and intellectual disabilities should be executed on account of the heightened risk of violation of fair trial rights and overall violation of their dignity in the criminal justice system.

¹ Death sentences and executions 2022 [Internet]. Amnesty International; 2023 [cited 2023 May 16]. 40 p. Index Number: ACT 50/6548/2023. Available from: <https://www.amnesty.org/en/documents/act50/6548/2023/en/>.

² Death sentences and executions 2022 [Internet]. Amnesty International; 2023 [cited 2023 May 16]. 38 p. Index Number: ACT 50/6548/2023. Available from: <https://www.amnesty.org/en/documents/act50/6548/2023/en/>.

³ United Nations Human Rights Committee. UN Human Rights Committee GC/36 Article 6 of the International Covenant on Civil and Political Rights on the right to life [Internet]. UN Human Rights Committee; 2019 Sep 03. 21 p. CCPR/C/GC/36. Available from: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/261/15/PDF/G1926115.pdf?OpenElement>.

⁴ “Mental illness” is also referred to as “psychosocial disability” (United Nations Convention on the Rights of Persons with Disabilities) or mental disorders (APA; ICD-11). This document uses the phrase “mental illness” to cover all disorders characterised by clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour, which may impair functioning without appropriate intervention.

⁵ Developmental and intellectual disabilities are also referred to as Intellectual Developmental Disorder (DSM-5), and Disorders of Intellectual Development (ICD-11), this document uses the term developmental and intellectual disabilities to cover all mental disabilities the onset of which is during a person’s developmental period.

⁶ WMA Resolution on Prohibition of Physician Participation in Capital Punishment [Internet] Proceedings of the 210th WMA Council Session; 2018 Oct; Reykjavik, Iceland. Available from: <https://www.wma.net/policy-tags/execution/>.

⁷ Madrid Declaration on Ethical Standards for Psychiatric Practice [Internet], Proceedings of the General Assembly of the World Psychiatric Association, 1996 Aug 25; Madrid. (Last enhanced by the WPA General Assembly in Buenos Aires, Argentina, on Sep 21, 2011.). Available from: <https://www.wpanet.org/current-madrid-declaration> (“Madrid Declaration”).

⁸ National Alliance on Mental Illness. Death Penalty [Internet]. Available from: <https://www.nami.org/Advocacy/Policy-Priorities/Stopping-Harmful-Practices/Death-Penalty>.

⁹ American Bar Association. Report of the Task Force on Mental Disability and the Death Penalty [internet]. 13 p. Available from: <https://www.apa.org/pubs/reports/mental-disability-and-death-penalty.pdf>.

¹⁰ American Psychiatric Association. Position Statement on Issues Pertaining to Capital Sentencing and the Death Penalty [internet]. 2020 Jul. 2 p. Available from: <https://www.psychiatry.org/getattachment/b6a4c514-509a-4725-a6e6-c844aab515fd/Position-Capital-Sentencing-Death-Penalty.pdf>.

¹¹ World Psychiatric Association, WPA Position Statement on Social Justice for Persons with Mental Illness [Internet]. 2017 Oct. 4 p. Available from: https://www.wpanet.org/_files/ugd/e172f3_b4a2579719e6474292f4e12d4fa4506e.pdf.

¹² World Psychiatric Association, WPA Position Statement on Introduction: Roles and Responsibilities of the Psychiatrist of the 21st Century [Internet]. 2017 Oct. 10 p. Available from: https://www.wpanet.org/_files/ugd/e172f3_ef9bc92ce00b442985fc569859a159bd.pdf.

¹³ World Psychiatric Association, WPA Position Statement on Prison Mental Health [Internet]. 2017 Feb. 11 p. Available from: https://www.wpanet.org/_files/ugd/e172f3_de6f0725d3bf4c97a1a7630c136885bf.pdf.

¹⁴ United Nations Economic and Social Council. Capital punishment and implementation of the safeguards guaranteeing protection of the those facing the death penalty [Internet]. 2020 Apr 17. 51 p. Report No.: E/2020/53.

- Available from: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/V20/022/02/PDF/V2002202.pdf?OpenElement>.
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- ²⁴ Kenya National Commission on Human Rights. The Effects of the Death Penalty in Kenya [Internet]. Kenya National Commission on Human Rights; 2012 December. 15 p. Available from: [https://www.knchr.org/Portals/0/Penal%20Reforms/KNCHR%20Death%20penalty%20survey%20report%20\(Phase%202\).pdf?ver=2018-06-08-154200-080](https://www.knchr.org/Portals/0/Penal%20Reforms/KNCHR%20Death%20penalty%20survey%20report%20(Phase%202).pdf?ver=2018-06-08-154200-080).
- ²⁵ United Nations General Assembly. International Covenant on Civil and Political Rights. Article 6: The right to life, No. 14668. States that the death penalty must only be imposed for the ‘most serious crimes’ (December 1966).
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- ²⁷ United Nations General Assembly. UN General Assembly resolution 73/175 Moratorium on the use of the death penalty [Internet]. UN General Assembly; 2018 Dec 17. 73rd Session, 23 January 2019. 3 p. A/RES/73/175. Available from: <https://undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F73%2F175&Language=E&DeviceType=Desktop&LangRequested=False>. para. 7 (d).
- ²⁸ United Nations Human Rights Council. Question of the death penalty - Report of the Secretary-General [Internet]. United Nations Human Rights Council; 2022 Oct 7. 20 p. A/HRC/51/7 Available from: <https://www.ohchr.org/en/documents/thematic-reports/ahrc517-question-death-penalty-report-secretary-general>.
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- ³¹ United Nations Economic and Social Council. Economic and Social Council resolution 1989/64 Safeguards guaranteeing protection of the rights of those facing the death penalty, 1st Session [Internet]. UN Economic and Social Council; 1989 Jul 14. 1 p. E/RES/1989/64. Available from: <https://digitallibrary.un.org/record/75549?ln=en>. Death penalty should be eliminated for persons suffering from mental retardation or extremely limited mental competence, whether at the stage of sentence or execution.

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- ³² United Nations Commission on Human Rights. Commission on Human Rights resolution 2000/65 The question of the death penalty [Internet]. UN Commission on Human Rights; 2000 Apr 27. E/CN.5/RES/2000/65. Available from: <https://www.refworld.org/docid/3b00f29a14.html>.
- ³³ United Nations Commission on Human Rights. Commission on Human Rights resolution 2005/59 The Question of the Death Penalty [Internet]. UN Commission on Human Rights; 2005 Apr 20. E/CN.4/RES/2005/59. Available from: <https://www.refworld.org/docid/45377c730.html>.
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- ³⁹ United Nations General Assembly. Interim report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment [Internet]. UN General Assembly; 2012 Aug 09. 22 p. A/67/279. Available from: <https://undocs.org/Home/Mobile?FinalSymbol=A%2F67%2F279&Language=E&DeviceType=Desktop&LangRequested=False>. The Report defines death row phenomenon as consisting of a combination of circumstances that produce severe mental trauma and physical deterioration in prisoners under sentence of death. Such circumstances include the lengthy and anxiety-ridden wait for uncertain outcomes, isolation, drastically reduced human contact and even the physical conditions in which some inmates are held.
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