Hunger Strike and Force Feeding Bioethics: A Global Challenge in Corrections

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Objectives

Learners will be able to:

✓ Define what a hunger strike is
✓ Define medical aspects of starvation
✓ Define medical, legal, and human rights dimensions of patients who are hunger striking
Hunger Strike

- Is defined as food refusal used as a form of protest or demand
- Is done by a competent prisoner
- Voluntarily refuses food for a specific purpose
- Usually only liquids are consumed
- Refusal of both food and water is uncommon, because doing so would usually lead to death within a week and would not give the hunger strikers sufficient opportunity to negotiate their demands
- May be done individually or in groups
Notable Global History

- Irish Hunger Strike - 1981
- South African Hunger Strike – Late 1980s
- Turkish Prisoners – 1996, 2000-2003
- US Naval Station at Guantánamo Bay – 2002 to present
The body uses stores of glycogen in the liver and muscles

After 2-3 days fatty acids are broken down into ketones, causing ketosis

Substrate for gluconeogenesis is shifted to amino acids, gradually using up muscle
Extended Starvation

- The adaptation by the brain to use ketone bodies as an energy source permits weeks of starvation to be extended to months.
- Total duration of life depends on initial body protein and particularly fat stores.
- Normal weight survival may be up to 2-2.5 months.
- Obese persons may survive for many months or even a year.
Starvation Process

- Initial short period of euphoria and well-being
- Symptoms of weakness and dizziness, which can be disabling
- Sensation of the feeling of cold
- Hunger and thirst mechanisms are lost
- Emotional lability including mental lethargy, apathy, and irritability – complicating psychological evaluation
- From day 40 onward, progressive asthenia, confusion, and somnolence occur
- Loss of hearing, blindness, and hemorrhage are also possible
Death

- Can occur by several mechanisms
- Intractable ventricular dysrhythmias – most notable
- Lactic acidosis from sepsis secondary to immune system dysfunction leading to small bowel obstruction and multiple organ failure
- May be prolonged with thiamine supplementation
Forced Feeding

Defined as the use of force and physical restraints to immobilize the hunger striker, and the placement of a nasogastric tube to administer nutrition.
Medical Ethics

- Beneficence vs. autonomy
- Humane and kind treatment, duty to preserve life
- Balancing the right of the patient to refuse food and refuse artificial feeding
“Benefit includes respecting individuals’ wishes… [and] avoiding harm means not only minimizing damage to health but also not forcing treatment upon competent people”

“Forced feeding contrary to an informed and voluntary refusal is unjustified… Forcible feeding is never ethically acceptable. Even if intended to benefit, feeding accompanied by threats, coercion, force or use of physical restraints is a form of inhuman and degrading treatment.”
Does support **artificial feeding** in some circumstances

Despite advanced directives, some circumstances may justify a decision to resuscitate or artificially feed

Usually at a stage when the hunger striker is no longer fully conscious and too weak to express a view

Involves administering nutrimentos and liquid parenterally or through a NG tube

If, however, when competence is regained, the hunger striker persists in the refusal for feeding or treatment, the physician should allow to die in dignity, without repeated resuscitation
Held that as a general matter medical treatment that is given for “therapeutic necessity for the point of view of established principles of medicine cannot in principle be regarded as inhuman and degrading.”

This includes force-feeding aimed at saving the life of a fasting prisoner.

Medical necessity must be determined by a physician based on accepted medical standards.

Cannot be aimed at “humiliation and punishment” or inflict “severe physical suffering”
2006 – Ruled physicians could proceed to protect “health and welfare of the accused and avoid loss of life to the extent that such services are not contrary to compelling internationally accepted standards of medical ethics or binding rules of international law
Force feeding is not governed by international human rights law

Eighth Amendment prohibits “cruel and unusual punishment”

Interpreted as prohibiting prison officials from acting with “deliberate indifference” or reckless disregard for a prisoner's health

Permit forced treatment, including medically reasonable force-feeding of a hunger-striking prisoner, if the prison has a “legitimate penological interest” which includes maintaining order in the prison
In a letter to Defense Secretary Chuck Hagel, AMA President Dr. Jeremy Lazarus said:

“Every competent patient has the right to refuse medical intervention, including life-sustaining interventions.”

“The AMA has long endorsed the WMA, which is unequivocal on the point: Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgement concerning the consequences of such a voluntary refusal or nourishment, he or she shall not be fed artificially.”
Questions

How do you feel about artificial feeding?
Do you feel forced feeding is ever ethically acceptable?
Should the preservation/saving of someone's life be allowed if it is against their will?
If by not acting is their deliberate indifference?
What happens when they reach the point of no longer being competent?
What would you want for yourself?
What would you want for your child?
