

FACTSHEET

Hunger strikes and force feeding

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1 What is a hunger strike?

A hunger strike is a refusal of food and/or liquid which lasts for at least 6 continuous days or more. There may be several reasons to carry out a hunger strike, for example, for a particular cause, as a form of protest, to seek attention, to generate publicity, or as a threat. In detention, it is often a form of protest (e.g. to demand recognition of and respect for legal and human rights, or to oppose unlawful conditions or inhumane treatment). Hunger strikes by prisoners raise serious legal and medical concerns.

2 Medical implications

A hunger strike will cause deterioration in health. This factsheet sets out some possible health risks. It is the responsibility of the prison to ensure that the consequences of continued fasting have been properly explained to the prisoner by a doctor and that the prisoner is receiving suitable medical attention during a hunger strike. Speak to a doctor if you are considering a hunger strike.

Starvation is highly dangerous. Not getting any food is a shock to the body. Health effects include:

- Loss of weight, emaciation, and loose skin
- Dehydration
- Fatigue, weakness and lack of energy
- Dull and sunken eyes
- Dull and dry hair
- Colds and other viruses as the immune system is weak
- Feeling Cold
- Low blood pressure and low pulse rate
- Headaches
- Blackouts and dizziness
- Muscle Tightness
- Back pain
- Abdominal pains
- Fluid retention
- Diarrhoea or constipation

- Nausea
- Acne and other skin problems
- Skin is dry, leathery, with cyanosis of the extremities (fingers and toes have a blue colour)
- Brown blotches of pigmentation on the skin
- Bad breath
- Mouth ulcers
- Insomnia
- Depression
- Nervousness
- Nightmares

At the start of a hunger strike, the body uses glycogen stored in the liver and muscles as fuel. This is used up in 24 hours. After 3-5 days of starvation, the body begins breaking down fat in order to produce energy. When the liver is reduced to breaking down fat (instead of the usual glucose), it produces ketone bodies, a toxic by-product. When there are too many ketone bodies in the bloodstream, they can cause a condition called ketoacidosis, which is a potentially lethal condition.

Once the body has used up all fat stores, it starts to consume its own muscles and vital organs for energy. Lasting damage is caused to vital organs such as the liver and kidneys. This can cause organ and cardiac failure. If continued, a hunger striker will ultimately die.

2.1 Medical implications of ending a hunger strike

Ending a hunger strike can be equally dangerous if it is not carried out in the correct way. Starvation causes the stomach to shrink. There are serious risks if a person who ends a hunger strike eats too much food. The shrunken stomach cannot cope. The walls of the intestines of starved people are thin. The stomach can no longer digest normal food. This condition is called alimentary dysfunction. It is vital for anyone who has starved for extensive periods to reintroduce food very gradually – eating tiny meals of bland and easily digestible food.

Anyone who has starved for a period of one day or more should first be rehydrated by means of a drip containing electrolytes and an energy source such as dextrose. A liquid meal supplement should be used in small portions (50 ml at a time) for a few days so that the digestive system can adapt. Thereafter, a semi-liquid diet is recommended for a day or so (e.g. jelly and clear soup). After that, it may be possible to introduce a bland, soft diet (such as porridge, low-fat milk, low-fat yoghurt, liquidised foods). A normal diet may be reinstated only after four or five days.

Reintroduction of food should be done with the advice of a doctor.

3 Force feeding/Artificial feeding

A person on hunger strike will need to consider whether they wish to be fed artificially at any point in their strike. Whilst some hunger strikers will accept artificial feeding to prevent death at critical stages of a hunger strike, others may give express instructions that they do not wish to be fed. As a general rule, mentally competent adults are entitled to take the decision to hunger strike and should not be fed against their will. However, once the prisoner is no longer capable of forming a rational judgment, the doctor may be entitled to intervene.

In some cases, it may be difficult to determine an individual's true wishes, for example in cases where no advance instructions were given by the individual on hunger strike; if the individual is not deemed to be competent to give instructions; if there is a suspicion that the individual is carrying out the hunger strike due to force or duress; or in a case of peer hunger strikes.

Knowing how far a person is likely to take a hunger strike is fundamental. Those willing to fast until death will need to consider the possibility of being artificially fed.

4 Legal Implications of hunger strikes and force-feeding

Everyone, including prisoners, has the legal right to refuse food and liquid. Nonetheless, the practice of artificial and involuntary artificial force-feeding is considered legal if there is a clear medical necessity and methods are not unduly severe. Force-feeding cannot, in principle, be regarded as unlawful if it is considered to be medically necessary, for example, in the case where force-feeding is aimed at saving the life of a prisoner. A doctor should administer the artificial feeding. Artificial feeding should be carried out humanely.

Force-feeding can be an invasive and degrading procedure. If the practice of force-feeding is not prompted by valid medical reasons and is excessively violent and deliberately causes extreme pain, suffering and humiliation, it could constitute a serious violation of international law, including the Universal Declaration of Human Rights, the International Covenant of Civil and Political Rights and the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment. Examples of unlawful force-feeding practices include the use of force, the tying down of limbs and the forcible insertion of a nasogastric tube to a prisoner who is strapped into a restraint chair.

There is a balance to strike between respecting the prisoner's wishes to go on hunger strike and the duty on the prison authority to protect life. Different countries have different policies and procedures on artificial feeding. Some medical staff may not follow international standards or overrule the prisoner's wishes.

The question of whether forced-feeding is lawful has to be considered on a case by case basis. Contact the Prisoner and Family Support Team at Prisoners Abroad to discuss this issue in further detail.

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