

Hunger Strikes: An Overview of Mental Health, Medical, and Administrative Considerations



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Disclosure and Disclaimer

I do not have any relevant financial relationships with any commercial interests

Educational Objectives

- Distinguish the various medical concerns of a hunger strike
- Inspect the role of mental health services in a hunger strike
- Debate the ethical dilemma of autonomy vs. prevention of self-harm

Outline

- History of hunger strikes
- Management of hunger strikes
- Ethics: individual autonomy vs *parens patriae*
- Case study
- Conclusion and references



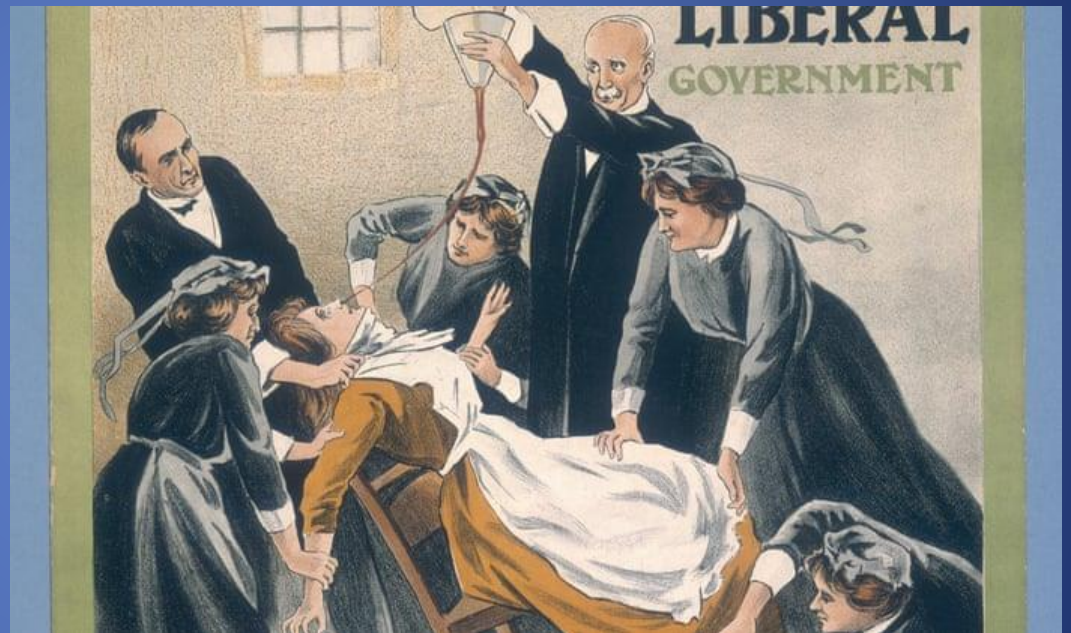
History





A HUNGER STRIKE.

Miss Wallace Dunlop, the suffragist who last Friday was fined £5, with the alternative of a month's imprisonment, for posting a notice on the walls of the House of Commons, and chose the imprisonment, was released from Holloway prison yesterday afternoon. The Women's Social and Political Union has received a telegram from Miss Dunlop stating that her discharge is due to the fact that she instituted a hunger strike in the prison, herself abstaining from food for 91 hours.



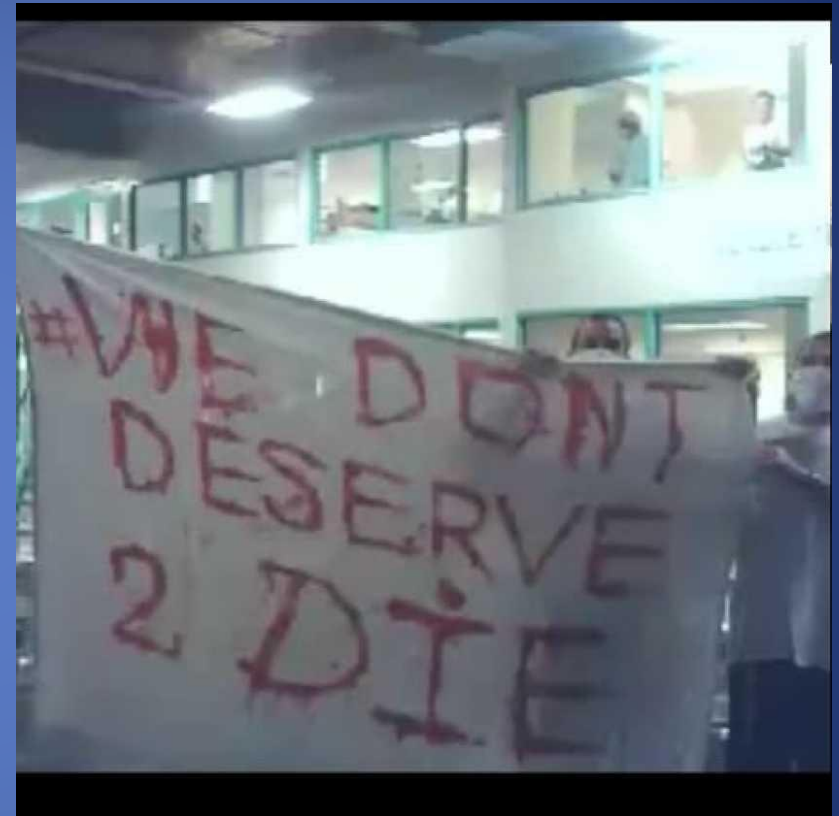


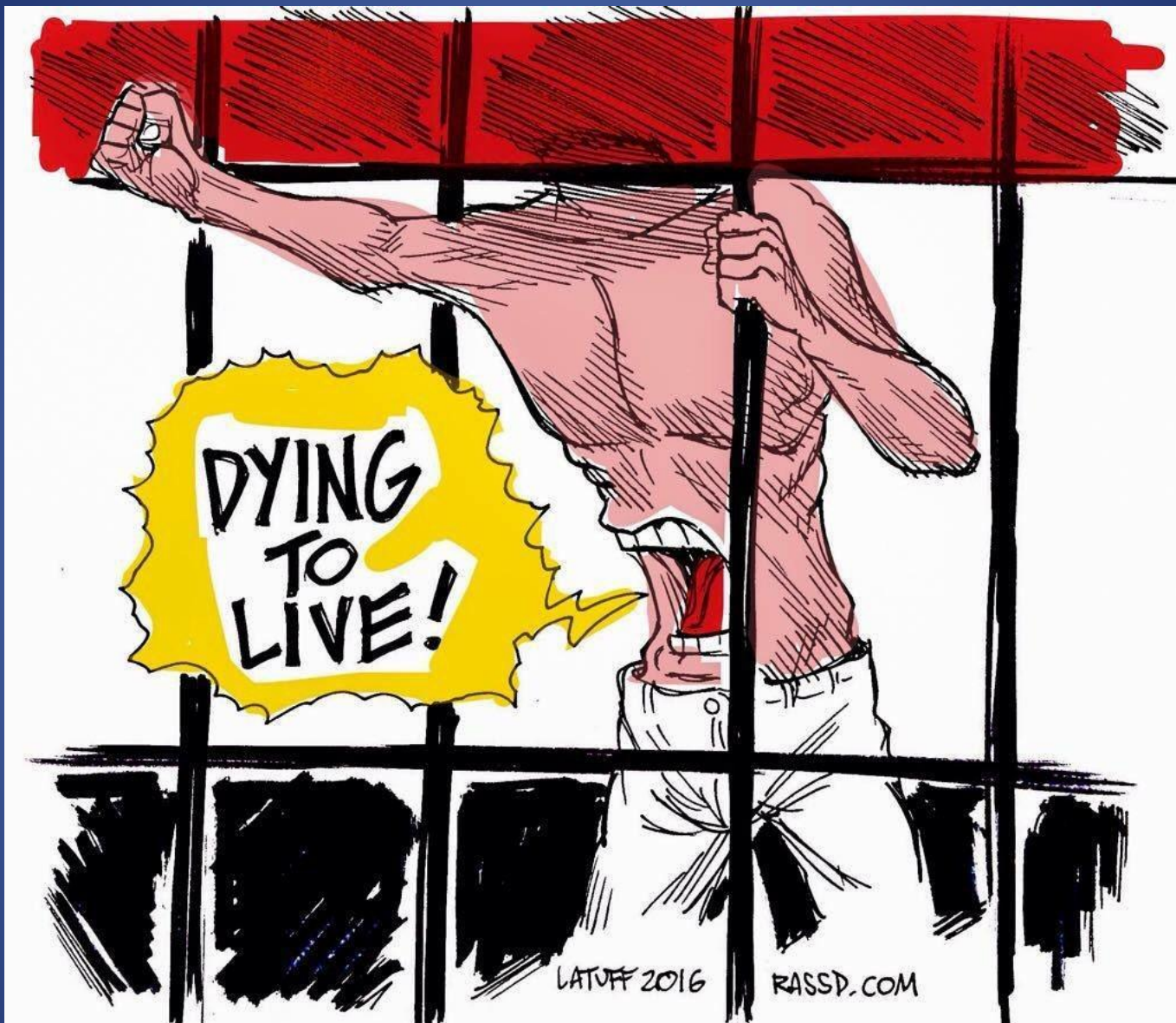












Managing a Hunger Strike



What is a hunger strike?

- Federal Bureau of Prisons:
 - 'communicates to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours'
- WV Division of Corrections:
 - Missing nine consecutive meals



What is a hunger strike?

- NJ Dept of Corrections:
 - 'inmate stating that they are refusing to take in nourishment for the purpose of making a political statement'
- International Committee of the Red Cross
 - 'voluntary fasting for a specific purpose'



What is a hunger strike?

- Dry hunger strikes
 - No food or water intake
- Partial hunger strikes
 - Liquid intake, with or without nutritional value



Why hunger strike?

- Protest fasting
- Religious factors
- Somatic complaints
- Mental disorders



Who hunger strikes?

- Little data re: prevalence
- No correlation for type of crime
- Mental illness?
 - Personality disorders
 - Paranoid, ASPD, BPD



Who hunger strikes?

Reeves et al (2017)

- NJ DOC: 2005 – 2015
- n= 292
 - 71% lasted <4dd
 - 13% with weight loss > 10% BW
 - 45% MH pts
 - 48% PD
 - 17% mood d/o
 - 10% psychotic d/o



Who hunger strikes?

Reeves et al (2017)

- NJ DOC: 2005 – 2015
- n= 292
 - 74% initiated hunger strike while in disciplinary housing



Managing hunger strikes

- Dry hunger strike
 - Death within 4-10dd
 - Variables
 - Ambient temperature
 - Humidity
 - Pre-existing health
 - Most common cause of death: arrhythmias



Managing hunger strikes

- Partial hunger strike
 - Death within 75-80+dd
 - Clinically relevant symptoms after 30dd
 - CNS, cardiovascular
 - Electrolyte imbalances
 - Vitamin deficiencies



Managing hunger strikes

- '72 – 72 rule'
 - 72hrs: ketosis
 - 72dd: death looms
- Caution:
 - CVD, CAD, CKD
 - DM, gastritis, GI ulcers



Managing hunger strikes

- 1st week:
 - Hunger, fatigue
 - Abdominal cramping
- 2nd-3rd week:
 - Weakness, dizziness
 - Orthostatic hypotension, bradycardia
 - Loss of hunger, thirst
 - Permanent chills



Managing hunger strikes

- 3rd-4th week:
 - Slowing mental alertness
- 5th week +
 - Mild confusion, sleepiness
 - Apathy, anosognosia
 - Motor imbalance
 - Visual and audio impairments



Managing hunger strikes

- 5th week +
 - Ocular motility phase
 - Nystagmus
 - Diplopia
 - Vertigo
 - Emesis
- 7th week+
 - Delirium, coma, death
 - Most common cause death: arrhythmias



Managing hunger strikes

- Lab testing:
 - Serum Cr, urea, Na
 - UA
 - Weight
 - 18%: serious medical issues
 - 30%: life threatening
 - monitor closely with 10% wt loss or 10dd of fasting
 - PE



Managing hunger strikes

- Lab testing: results
 - Regular follow up and updates for hunger striker
 - Interpretation
 - Adverse effects
 - Treatment options



Managing hunger strikes

- Resolved hunger strikes
 - Short- and long-term effects
 - Decubitus ulcers
 - Renal failure
 - Neurological complications
 - Refeeding s/d
 - Hypophosphatemia
 - Fluid retention
 - Hyperglycemia



Psychiatry and Mental Health



Psychiatry and mental health

- Primary role of psychiatrist
 - Assess for psychopathology
 - Evaluate decision making capacity
 - Determine motivation
 - Pharmacotherapy
- More responsibilities
 - Liaison
 - Advocacy



Psychiatry and mental health

Assess for psychopathology

- Depressive d/o
- Affective d/o
- Anxiety d/o
- PTSD
- Psychosis
- PD
- Dementia
- IDD
- ASD
- Eating d/o
- OCD
- Phobia



Psychiatry and mental health

- Pharmacotherapy considerations
 - Bupropion: seizure threshold
 - TCA: hypotension
 - Li: toxicity
 - AP
 - EKG changes
 - Hypotension
 - NMS



Psychiatry and mental health

- Pharmacotherapy
 - Ongoing f/u
 - Assess response and tolerability
 - Informed consent vs forced medications



Psychiatry and mental health

- Voluntariness
 - Motivation driving hunger strike
 - Absent of coercion
 - Other peers also engaged in hunger strike
 - Family
 - Media
 - Inappropriate treatment, taunting



Psychiatry and mental health

- Understanding
 - State the meaning of the relevant information
- Expressing a choice
 - State a decision
- Appreciation
 - Explain how information is applicable to oneself
- Reasoning
 - Compare information and infer consequences of choices



Psychiatry and mental health

- DMC
 - Time and task dependent
 - Continually re-assessed
 - No DMC?
 - Proxy decision maker
 - Advanced directives



Psychiatry and mental health

- Other roles
 - Liaison between treatment team, custody, and hunger striker
 - Advocate
 - Identify countertransference
 - Remain OBJECTIVE
- Psychotherapy!



Ethics

Ethics

- Dilemma: forced feeding
 - Individual rights
 - Right to refuse treatment
 - Right to privacy
 - Informed consent
 - State interests
 - Suicide prevention
 - Maintaining security
 - Duty to provide medical care



Ethics

WMA: Declaration of Malta on Hunger Strikers

“Artificial feeding, when used in the patient’s clinical interest, can be ethically appropriate if competent hunger strikers agree to it. However, in accordance with the WMA Declaration of Tokyo, where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the consequences of such a decision, he or she shall not be fed artificially. “



Ethics

- Case law
 - *White v. Narick*
 - *Turner v. Safley*
 - *Thor v. Superior Court*
 - *McNabb v. Dept of Corrections*



Case Study



Case study

- HM, 40s
- Previous incarcerations at the state and county level
- Initiated hunger strike
- Variety of housing options used
 - Inpatient psychiatric unit, outside hospital, 'suicide watch', medical observation unit



Case study

- Interventions
 - Medical services were vigilant for decompensation
 - Nursing monitored for acute emergencies and appropriate referrals
 - MH services rendered
 - Pharmacotherapy
 - Psychotherapy



Case study

- At some point, the hunger strike ended
 - HM released



Case study

- How?
 - COLLABORATION is KEY
 - Various disciplines each playing a crucial role in management need to communicate amongst themselves
 - Custody administration must be kept informed of important developments
 - Multidisciplinary Group Meetings
 - Secures relationships between services and departments



Conclusion



Conclusion

- Hunger strikes are challenging
- Ultimate goal: preserve human dignity



References

Grisso T and P Appelbaum. Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Care Professionals. Oxford University Press, 1998.

Reeves R, Tamburello AC, Platt J, Tepper D, Edelman K. Characteristics of Inmates Who Initiate Hunger Strikes. *J Am Acad Psychiatry Law*. 2017;45(3):302-310.

Reyes H, Allen SA, Annas GJ, et al. Physicians and hunger strikes in prison: confrontation, manipulation, medicalization and medical ethics, part 1-3. *World Med J*. 2013;59:27-36,60-67,97-101.

Rosner R, Scott C. Principles and Practice of Forensic Psychiatry. CRC Press, 2017.

Trestman, Robert L., et al. Oxford Textbook of Correctional Psychiatry. Oxford University Press, 2015.

World Medical Association. WMA Declaration of Malta— A background paper on the ethical management of hunger strikes. *World Med J*. 52.2 (2006): 36-43.

Xenakis SN. Ethics Dilemmas in Managing Hunger Strikes. *J Am Acad Psychiatry Law*. 2017;45(3):311-315.

