

Hunger Strikes

What can U.S. Jails and Prisons teach us?

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Department of Defense vs. U.S. Jails and Prisons A Comparison

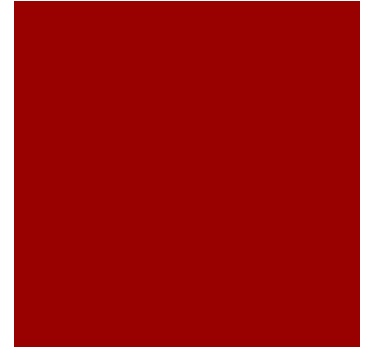


- ⌋ Similarities
- ⌋ Differences
- ⌋ Importance of Context
- ⌋ Comments on the Case
- ⌋ Recommendations

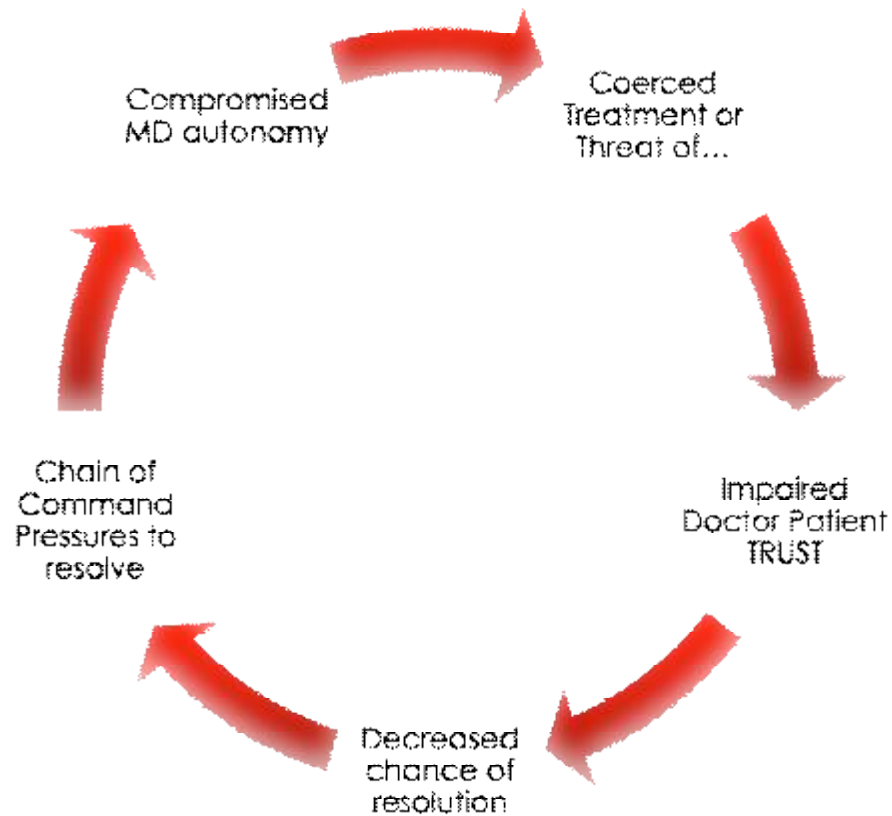
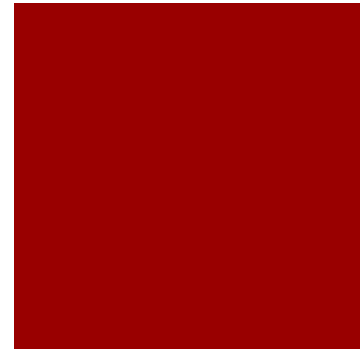


Similarities

- ⌚ Challenge of TRUST between MD and patient
- ⌚ Dual Loyalty
- ⌚ Limits to Autonomy (Chain of Command – Secured Facility)
- ⌚ Limits on MD ability to influence or control treatment environment



Downward Spiral of Impaired Trust in Prisons



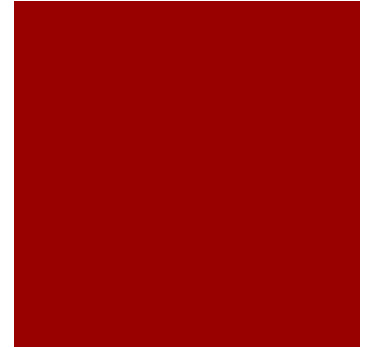
Differences



- ⌚ Wider range of options for addressing grievances in U.S. Prisons
 - ⌚ courts, community, family, press
- ⌚ Access to community medical resources
 - ⌚ community hospital, consultants
- ⌚ Less compelling grounds for grievances
 - ⌚ Detentions more often for common crimes, less for political or social causes
 - ⌚ Conditions of Confinement are different
 - ⌚ Prolonged strikes are rare, group strikes very rare

Differences

- ⌚ Greater institutional autonomy of physicians
 - ⌚ Civilian physician can disobey order and quit
- ⌚ Forced feeding does occur, but only after review by an independent court outside the chain of command
 - ⌚ Courts typically have upheld the right of prisons to force feed when life of the patient is in jeopardy
 - ⌚ Ethical conflict for physician remains



Context and Conditions of Confinement

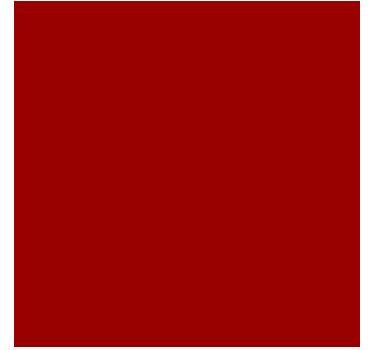


! Respect for Human Dignity = A Secure Facility

- ! “The best way to maintain the security of a prison facility is to respect the basic human dignity of the inmates.”
- ! Not only is it the the right thing to do ethically, from a practical perspective, it deprives the prisoners of the most compelling and legitimate reason to make trouble and to recruit others to their cause.

Case Scenario

- ⌚ Part One: Early in strike
 - ⌚ Clinical autonomy
 - ⌚ Coerced treatment unjustifiable
 - ⌚ Opportunity to head off “Part Two”
- ⌚ Part Two: Late in Strike – Threat to survival
 - ⌚ Clinical autonomy remains
 - ⌚ Informed refusal

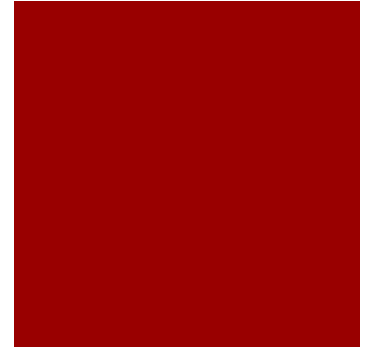


Case Scenario



- ⌚ Throughout
 - ⌚ Work to improve conditions of confinement (preventive medicine)
 - ⌚ There is no adequate clinical solution to a problem created by non-clinical conditions of confinement

Recommendations



⌚ TRUST

- ⌚ Respect clinical autonomy of physicians
- ⌚ Respect physicians duty to patient (patient first)
- ⌚ Don't use physicians for security tasks (interrogations)
- ⌚ Make process TRANSPARENT

⌚ MANAGEMENT

- ⌚ Individualized management of each case
- ⌚ Develop secure clinical resources outside facility

Recommendations

- ⌚ Respect the competent *patient's* autonomy to refuse an invasive medical procedure because
 - ⌚ WMA, AMA (it's the ethical solution)
 - ⌚ U.S. Prisons should do this, too! (that U.S. prisons have legal authority does not mean it is ethical for doctors to force feed).
 - ⌚ Respect for human dignity = security

