

WHAT IS FORCE FEEDING?

Force feeding describes the procedure of any provision of nutrition against the will of a fully mentally competent person considered capable of coming to an unimpaired and rational decision taking into account the consequences of refusing food for a prolonged period of time (1). It is decidedly different from artificial feeding which entails freedom from coercion and informed consent (2). This factsheet deals with the force feeding of detainees on hunger strike.

The UN Committee against Torture has found force feeding of detainees on hunger strike to constitute ill-treatment in violation of the Convention against Torture (3). According to the UN Special Rapporteur on Torture, feeding of hunger strikers that involves threats, coercion, force or use of physical restraints is equivalent to cruel, inhuman and degrading treatment and in some cases torture (4).

The European Court of Human Rights (ECHR) has recognized force feeding as a form of torture or ill-treatment in cases where constraints were used unnecessarily or where feeding was deliberately used to cause severe pain or with the intent to suppress a protest (5,6). The ECHR has considered force feeding amounting to torture unless specific conditions are met relating to demonstrable therapeutic necessity (e.g. to save a life), existence of procedural safeguards (e.g. grounds for starting and ending force-feeding) and the manner in which the force feeding is executed (5,6). At the same time, the decision not to force-feed, even if leading to death, does not violate the right to life of a prisoner (7).

The World Medical Association (WMA) states that for medical doctors, force feeding of a mentally competent person on hunger strike who is proven to act free from coercion or peer pressure is never acceptable as it violates their ethical obligations towards the patient (1).

IN PRACTICE

Force feeding as a method of torture and ill-treatment relates to the context of hunger strikes, understood as the refusal of nutrition for a prolonged period to achieve specific goals (1). Force feeding has been used as a method to break up hunger strikes (8-11). Prominent recent accounts detail the force feeding of detainees in Israel and by the US military in Guantánamo (12,13).

Accounts describe force-feeding via different routes referred to as parenteral and enteral feeding. Enteral feeding refers to the use of a feeding tube inserted via the nose, the mouth, stomach or the small intestine (14,15). Feeding directly via the stomach or small intestine is mentioned but not described in case

studies and reports (14). Parenteral feeding describes intravenous administration bypassing the gastrointestinal tract. In addition, feeding via nutrient enema (injection in rectum) has been observed (10,16).

Feeding against resistance often requires the use of physical constraints including constraint chairs or actively holding subjects down (12,14). Restricting movement might also serve to prevent removal of the feeding tube or limit the ability to vomit up feeding content (17).

HEALTH CONSEQUENCES

Risks of enteral feeding relate to the insertion (e.g. nasal damage), post-insertion trauma (e.g. discomfort or erosions of tissue due to repeated insertion), displacement (e.g. bronchial administration of feed), reflux (e.g. aspiration) or gastro-intestinal intolerance (e.g. nausea) (18). The risks might be higher if feeding is forced (15,19). Nasogastric feeding against resistance can cause bleeding, vomiting and fainting due to pain, for example (14,20). Intravenous feeding can lead to various complications such as pneumothorax (collapsed lung following central line placement), thrombophlebitis (inflammation and clotting of a vein), thromboembolism (blood clot blocking blood stream), air embolism (air bubble blocking blood stream) and catheter related sepsis (life-threatening response to infection).

Moreover, forced "rectal feeding" or "rectal hydration" has been set equal to the experience of rape as it describes the non-consensual penetration of the anus (21,22). There is limited documentation of psychological sequelae of force feeding, but it has been described to lead to general psychological trauma (19). Common to all forms of feeding after long fasting is the risk of developing refeeding syndrome (14,23,24). This is a serious condition with fluid and electrolyte imbalance and derangements of the metabolic, intestinal and cardio-respiratory systems that may result in death (24).

CONCLUSION

Force feeding can amount to torture. Force feeding is an invasive and painful procedure with inherent medical risks that might be exacerbated if the person resists.

In contrast to artificial feeding characterized by freedom from coercion and informed consent, it is never ethical for physicians to assist the force-feeding of mentally competent persons on hunger strike. By following the ethical guidelines on how to manage hunger strikes by the WMA Declaration of Malta, they can play an important role in preventing ill-treatment and torture (1).

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