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Hunger Strikes

Policy Number 1.250

Policy Function Continuum of Care

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Summary This policy provides health staff with guidelines for the management of patients on hunger strikes in the custodial and forensic setting.

Responsible Officer ED Clinical Operations

Applicable Sites

- ☐ Administration Centres
- ☐ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- ☒ Health Centres (Adult Correctional Centres or Police Cells)
- ☒ Health Centres (Youth Justice Centres)
- ☒ Long Bay Hospital
- ☒ Forensic Hospital

Previous Issue(s) Policy 1.250 (Apr 2017; Dec 2013; Oct 2012)

Change Summary

- Minor grammatical changes
- Minor wording changes
- Update hyperlinks
- Clarification of positions in notification pathways
- Reduction of repetition in information

HPRM Reference POLJH/1250

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

A hunger strike can be defined as the voluntary abstinence from food and/or fluid. The objective of this policy is to provide Network health staff with guidelines for the management of patients on hunger strikes and to minimise the health risks associated with hunger strikes. Clear reporting of the patient's refusal of food and/or fluid is required as the patient may elect to refuse food but not fluid, or take small amounts of fluid with medications. The refusal of fluid may pose a more significant risk to the patient's physiological well-being in a shorter timeframe than the refusal of food alone.

Note: this policy applies to all Network patients. This policy operates with some modifications for the Forensic Hospital (FH). Any references to Corrective Services NSW (CSNSW) or Youth Justice NSW (YJNSW) do not apply to the FH.

2. Policy Content

2.1 Mandatory Requirements

The following positions must be advised of patients undertaking a hunger strike:

Custodial Setting:

All patients:

- Network Director of Nursing & Midwifery Services (NDONMS)

Additionally for adult patients:

- Clinical Director Primary Care (CDPC)

Additionally for adolescent patients:

- Clinical Director Adolescent Health (CDAH) and Clinical Director Adolescent Mental Health (CDAMH)

Additionally, for adult mental health patients in custodial settings:

- Service Director Custodial Mental Health (SDCMH) and
- Clinical Director Custodial Mental Health (CDCMH)

Additionally, for inpatients in Long Bay Hospital (LBH):

- Nurse Manager Operations Access and Demand (NMOAD) and
- Clinical Director LBH/FH

Forensic Hospital (FH)

Adult patients:

- Director of Nursing and Services FH (DNS),
- Deputy Director of Nursing (DDON) or FH After Hours Nurse Manager (FHAHNM)
- Clinical Director Forensic Mental Health (CDFMH)

Additionally for adolescent patients

- Clinical Director Adolescent Health (CDAH) and Clinical Director Adolescent Mental Health (CDAMH)

In absence of the above positions, the Executive Director Clinical Operations must be notified

The following process must be implemented for patients known to be undertaking a hunger strike.

Ambulatory Custodial Setting:

1. The Nursing Unit Manager (NUM)/Nurse in Charge (NiC) will notify the relevant Nurse Manager (NM). The NM must notify the NDONMS, the CDPC (adults) or the CDAH, CDAMH (adolescents) and the Service and Clinical Directors of Custodial Mental Health if the patient is under Mental Health care.
2. The NUM/NiC must email a daily update to the NM by 14:00 hours. This update must contain:
    a. A copy of the patient's Standard Adult General Observation (SAGO) Chart [or Standard Paediatric Observation Chart (SPOC) for young people]
    b. Standard Maternity Observation Chart (SMOC) if the patient is pregnant
    c. Daily Fluid Balance Chart
    d. Relevant section of the patient's progress notes, particularly noting any ongoing refusal of food or fluid.
3. The NM must provide daily updates to the relevant Clinical/Service Director(s), AHNM on duty and NDONMS.
4. Should the patient's observations deteriorate, staff must observe the SAGO protocols.
5. The reason for the hunger strike should be obtained and documented, if the patient is prepared to disclose this information. When a patient commences a hunger strike a Joint Case Management Plan between CSNSW/YJNSW and the Network must be developed. Joint Case Management meetings must occur, particularly for repeat hunger strikers or patients who hunger strike for prolonged periods.
6. Counselling and other measures consistent with CSNSW hunger strike policies must occur to resolve the hunger strike.
7. All patients commencing a hunger strike must be placed on the Mental Health Waiting List Priority 1 for assessment.
8. Patients will not be admitted to hospital unless physical or mental health intervention is required due to deterioration in the patient's physical or mental health status. Decisions regarding hospital admission must be made in consultation with the NUM/NiC/AHNM and the onsite Medical Officer/ROAMS Medical Officer.
9. Regular medication must continue to be administered if the patient consents unless contraindicated. The treating or on-call Medical Officer and appropriate Clinical Director and NDONMS must be notified if the patient refuses to take medication. Regular clinical observations should be undertaken as a medication review may be required and changes to the medication regime may be needed. Concerns can be discussed with the treating teams.

10. Patients requiring insulin or oral hypoglycaemic medication will routinely require review by a Medical Officer as the dosage/regimen may need to be modified. Depending on the frequency of the facility's Medical Officer Clinics this may require the patient to be transferred to a suitable location.
11. Any patient refusal for medical evaluation and treatment must be documented in the patient's health record.
12. For patients who have been assessed as lacking decision making capacity by the treating team, the treating Medical Officer will consult with the Clinical Director and consider involvement of the Guardianship Tribunal Board.
13. Food and fluids must always be available and accessible and this must be communicated to CSNSW and YJNSW.

Only upon the advice of the appropriate Clinical Director should the monitoring of a patient undertaking a hunger strike cease.

Long Bay Hospital:

1. The NUM/NiC must inform the NM who will inform the NMOAD.
2. A fluid balance chart must be commenced.
3. If the patient is prepared to disclose the information, the reason for the hunger strike should be obtained and recorded in the patient's medical record.
4. For patients who do not have a joint management plan with CSNSW, a plan must be implemented.
5. Counselling and other measures consistent with CSNSW hunger strike policies must occur to resolve the hunger strike.
6. Food and fluids must always be available and accessible.
7. Patients commencing a hunger strike outside of the Mental Health Unit (MHU) must be referred to the Mental Health team.
8. Patients in the MHU must be reviewed by a treating Medical Officer if the patient is refusing to take routine medications such as Insulin.
9. It is the responsibility of the treating Psychiatry team to inform the Clinical Director LBH/FH and the Co- Director FMH (Clinical).
10. It is the responsibility of the Clinical Director LBH/FH to decide when the monitoring of the patient ceases.

The Forensic Hospital:

1. The NUM/NiC must inform the treating psychiatrist and the DDON or AHNM. The DDON/AHNM will inform the DNS.
2. A fluid balance chart must be commenced.
3. If the patient is prepared to disclose the information, the reason for the hunger strike should be obtained and recorded in the patient's medical record.
4. Food and fluids must always be available and accessible.

5. Patients must be reviewed by a psychiatry registrar if the patient is refusing to take routine medications such as Insulin, in addition to regular medical reviews.
6. Staff are to update and document in the patient's health record any changes as these occur.
7. It is the responsibility of the treating psychiatrist to decide when the monitoring of the patient ceases.
8. It is the responsibility of the treating team to inform the Clinical Director who will inform the Co- Director Forensic Mental Health (Clinical).

2.2 Implementation - Roles & Responsibilities

Network Director of Nursing & Midwifery Services (NDONMS)

- Is responsible for reviewing documentation of all adolescent and adult patients on a hunger strike in the ambulatory setting.
- Is responsible for providing progress reports to the Executive Director Clinical Operations.
- Must communicate with the SDCMH and CDCMH, CDPC and Co-Director Services & Programs (Clinical) regarding mental health patients undertaking hunger strikes.
- Is responsible (where appropriate) for providing progress reports on adolescent patients to YJNSW.

Nurse Manager Operations Access and Demand Long Bay Hospital (NMOAD)

- Is responsible for reviewing documentation of all patients on a hunger strike in the Long Bay Hospital.
- Is responsible (where appropriate) for providing progress reports on LBH patients to the NDONMS

Clinical Director FH & LBH

- Is responsible (where appropriate) to inform and provide progress reports to the Co-Director Forensic Mental Health (clinical)

Director of Nursing and Services Forensic Hospital (DNS)

- Is responsible (where appropriate) for providing progress reports on FH patients to the Co-Director Forensic Mental Health (operations)

Deputy Director of Nursing Forensic Hospital

- Is responsible for reviewing all documentation of all FH patients on a hunger strike
- Is responsible for providing progress reports to the DNS.

Clinical Director Primary Care (CDPC)

- Is responsible to provide consultation where an adult patient on a hunger strike may require hospital admission.
- Is responsible for deciding when to cease monitoring for an adult patient on a hunger strike.

Clinical Director Custodial Mental Health (CDCMH)

- Is responsible to provide consultation where an adult patient under the care of the mental health team may require hospital admission.

Clinical Director Adolescent Health (CDAH)

- Is responsible to provide consultation where an adolescent patient on a hunger strike may require hospital admission.
- Is responsible for deciding when to cease monitoring an adolescent patient on a hunger strike.

Clinical Director Adolescent Mental Health (CDAMH)

- Is responsible to provide consultation where an adolescent patient under the care of the mental health team may require hospital admission.

Nurse Manager

- Is responsible for daily updating the NDONMS/Service Director/DNS and Clinical Director on each patient's progress.
- The Nurse Manager will provide information on the patient's progress as requested, and at the weekly clinical meetings where applicable.
- Is responsible for advising NUM/NiC regarding the cessation of hunger strike monitoring following advice from the appropriate NDONMS/Service Director/DNS.

Nurse Unit Manager (NUM) / Nurse in Charge (NiC)

- The NUM/NiC to notify the appropriate Nurse Manager of all patients on a hunger strike. Details must be recorded in the patient's health record and if known, detailing the reason for the hunger strike and what has been done or can be done to stop it.
- The NUM/NiC is responsible for emailing a copy of the patient's SAGO Chart or SPOC, SMOC if the patient is pregnant, Daily Fluid Balance Chart and relevant section of the patient's progress notes to the Nurse Manager (or to the AHNM should the patient's condition deteriorate after business hours) daily by 14:00 hours. This is not required for FH patients.
- If the patient agrees, the NUM/NiC will ensure that the patients' baseline observations are recorded on a daily basis and electrolytes measured third daily if the patient's fluid input is nil. If the fluid input is nil this must be recorded and the NUM/NiC must discuss this with the Medical Officer.
- The NUM/NiC must facilitate counselling and other measures consistent with CSNSW hunger strike policies to resolve the hunger strike.
- The NUM/NiC will assist with identifying and facilitating any cultural support that the patient may require, including supporting inclusion of a culturally appropriate representative in any care decisions.
- The NUM/NiC will liaise with CSNSW/YJNSW as appropriate to develop a Joint Case Management Plan for patients who continue to hunger strike intermittently or on an ongoing basis.

3. Procedure Content

3.1 Notification and Ongoing Management

When Network staff are notified of a patient's intent to undertake a hunger strike, the patient must be assessed in the Health Centre/Facility if possible. YJNSW process specifies that Network staff will be notified of food refusal after a young person has refused 3 consecutive meals even if they are consuming snacks.

Any volume of food and/or fluid taken during the patient's hunger strike must be documented on a *Daily Fluid Balance* form (SMR120.001) and in the patient's health record. Where appropriate, monitoring of food and fluid intake is undertaken in collaboration with CSNSW and YJNSW staff.

If the patient agrees, the following observations should occur on a daily basis:

- physical general wellbeing assessment
- mini mental state examination (MMSE)
- baseline observations
    - Blood Pressure (BP)
    - Heart Rate
    - Temperature
    - Respiratory Rate
    - Blood Glucose Level (BGL)
    - Weight
- Urinalysis
    - Specific gravity
    - pH
    - Ketones (to rule out starvation ketosis).

In addition, if the patient agrees, electrolytes must be rechecked third daily if the patient's fluid input is nil and includes:

- Venepuncture
    - Urea, Electrolytes, Creatinine (UEC) include magnesium (Mg), Phosphate (PO4) & Calcium(Ca)
- Weekly Full Blood Count (FBC).

Normal and abnormal findings must be documented and any abnormality must be discussed with the treating or ROAMS Medical Officer immediately. If the patient does not agree to have vital signs monitored, this must be clearly recorded on the SAGO Chart/SPOC, SMOC if the patient is pregnant and in the patient's health record.

For Aboriginal patients, involvement of an Aboriginal Health Worker in the care of the patient must be arranged by the NUM/NiC to ensure culturally appropriate support is provided for the patient.

This support may also be sourced from the local Aboriginal Community Controlled Health Services if available.

For other cultural groups, specific cultural advice should be sought from an appropriate person of that culture to fully understand the reason for the hunger strike and negotiate a solution. It is important to ensure confidentiality and respect.

Patients on hunger strikes will continue to have access to standard CSNSW/YJNSW services and programs. However, it is CSNSW/YJNSW policy that no negotiations with the patient regarding correctional/detention centre placement or regime will be undertaken whilst the patients' hunger strike continues. A Joint Case Management Plan of the patient must occur to ensure the patient is safely monitored and efforts are made to encourage the patient to cease the hunger strike. The NUM/NiC must liaise with CSNSW/YJNSW as appropriate to develop the Joint Case Management Plan. Referral to the CSNSW Behavioural Unit should be considered for adult patients and referral to an YJNSW Psychologist should be considered for an adolescent patient.

3.2 Mental Health Referral/Management

Hunger strikes occur for a variety of reasons. While hunger striking may be used as a method of exercising control over situations and/or others, it could also indicate possible mental illness or a means of self-harm in a patient. For this reason a referral to the mental health service must be made for all patients commencing a hunger strike. In facilities where there is no mental health service the Clinical Director will decide if the patient requires transfer to a Health Centre/Facility with mental health services. The decision to transfer will always be decided as clinically indicated (and not as a result of the patient's reason for commencing a hunger strike). The decision to admit the patient to a mental health facility may be made by the treating or on-call Psychiatrist, who will initiate the appropriate transfer arrangements, which may include scheduling the patient under the *Mental Health Act 2007*. Patients with the intent of self-harm/suicide through hunger striking must be placed on a mandatory notification and self-harm incident logged on the Incident Information Management System (IIMS). Patients in the Forensic Hospital will be managed on site unless there is a physical health deterioration, in which case they will be transferred to Prince of Wales Hospital for treatment.

3.3 Medical Management

The Network has a duty of care to its patients; however Network staff will not routinely admit the patient to hospital, either within or outside the correctional/detention system unless medical or psychiatric intervention is necessary. The patient must be informed of this at the commencement of the hunger strike and reminded when necessary. Patients deemed mentally competent must have their right to undertake a hunger strike respected. Medical management should then focus on counselling and ongoing support. Patients on a hunger strike must be reviewed by a Medical Officer weekly (or third daily if the patient is also refusing fluids). The relevant Clinical Director must be informed of progress. A Joint Case Management conference between CSNSW/YJNSW and the Network must be held weekly to determine ongoing care. If it becomes necessary to admit the patient to either the Mental Health Unit (MHU) or the Medical Subacute Unit (MSU) at Long Bay Hospital, the staff of MHU/MSU must consult with the CDPC and/or CDCMH and maintain local protocols consistent with this policy.

3.4 Re-establishing food/fluids and Refeeding Syndrome

The re-establishment of food/fluids should not be forced. Mentally competent patients have the right to refuse food and/or fluid and the law recognises this. Staff must be mindful of this and respect the patient's decision.

The consideration of involuntarily refeeding a patient is a serious matter and requires consultation with the CDPC and/or CDCMH for adults, the CDAH and/or CDAMH for young people, and the EDCO and/or the Chief Executive prior to this being considered. The rights of the patient and their health status must always be carefully considered. Reference should be made to the Network policy 1.085 *Consent to Medical Treatment – Patient Information* including Section 3.11 regarding compulsory medical treatment if applicable.

Food and fluid must always be available for the duration of the hunger strike even if it is not requested. This becomes more important if physical symptoms exist.

Patients who have been on a hunger strike for seven days or longer must be reviewed by a Medical Officer prior to commencing refeeding as these patients are at risk of developing refeeding syndrome. Rapid refeeding, particularly with carbohydrates may precipitate several metabolic and pathophysiological complications, which may adversely affect cardiac, respiratory, haematological, hepatic and neuromuscular systems leading to clinical complications and even death (Stanga, Z 2008, p. 687). If a Medical Officer is not on site, the NUM/NiC can seek advice from ROAMS Medical Officers during business hours. However, a multidisciplinary treatment management plan should be discussed with Clinical Directors or their delegates. Specialist dietician advice should be sought as necessary. Admission to hospital may be required. Severely malnourished patients are at particular risk of developing refeeding syndrome, whose features include:

- Salt and water retention leading to oedema and heart failure, which may be exacerbated by cardiac atrophy
- Hypokalaemia due to rapid cellular uptake of potassium as glucose and amino acids are taken up during cellular synthesis of glycogen and protein
- Hypophosphataemia due to increased phosphorylation of glucose
- Rapid depletion of thiamine, a cofactor in glycolysis, leading to Wernicke's encephalopathy and/or cardiomyopathy. (Thiamine is required for carbohydrate metabolism and without it the re-introduction of food can cause an acute thiamine deficiency and result in Wernicke's encephalopathy with permanent neurological damage)
- Hypomagnesaemia due to cellular uptake of this mineral (Stanga, Z 2008, p. 688).

Malnourished patients at increased risk of developing refeeding syndrome include patients with chronic alcohol use, cancer, chronic infectious diseases (i.e. HIV, tuberculosis), diabetes, the elderly (Stanga, Z 2008, p. 688) and patients on psychotropic medications.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	*Crimes (Administration of Sentences) Act 1999* *Mental Health Act 2007*
NSW Ministry of Health Polices and Forms	*Recognition and Management of Patients who are Clinically Deteriorating* SMR110010 *Standard Adult General Observation (SAGO) Chart* SMR110019 *Standard Paediatric Observation Chart (SPOC)* SMR110.013 *Standard Maternity Observation Chart (SMOC)*
Network Policies and Procedures	1.322 *Recognition and Management of Patients who are Clinically Deteriorating* 1.319 *Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit* 1.085 *Consent to Medical Treatment - Patient Information (ImpG)*
CSNSW Policy	Sec 7.8 *Inmates who go on a Hunger Strike or Refuse to Eat V1.3 November 2015*
External Resources	Brockman, B. *Food refusal in prisoners: a communication or a method of self-killing?* *The role of the psychiatrist and resulting ethical challenges* (*Accessed 7 Nov 2016)* Journal of Medical Ethics (1999) 25: 451 – 456 Stanga, Z et al 2008, *Nutrition in clinical practice – the refeeding syndrome: illustrative cases and guidelines for prevention and treatment. (Accessed 7 Nov 2016)* Journal of Clinical Nutrition, vol. 62, pp. 687-694 Brockman, B. *The implications of starvation induced psychological changes for the* *ethical treatment of hunger strikers* (*Accessed 7 Nov 2016)* Journal of Medical Ethics (2003) 29: 243 – 247 *World Medical Association: Declaration of Malta on Hunger Strikes* Adopted by the 43rd World Medical Assembly, St Julians, Malta, November 1991 and editorially revised by the 44th World Medical Assembly Marbella Spain, September 1992 and revised by the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006. (*Accessed 7 Nov 2016)*

Appendix 1 (This flowchart is not applicable to the FH patients)