Voluntary total fasting - guidelines for health workers

The fact that the hunger striking individual may be perceived as deliberately harming him/herself, may lead the doctor to believe that no care is indicated. Believing that this attitude would be an abrogation of medical responsibilities, the Faculty Board of the Department of Medicine at the University of the Witwatersrand adopted a set of principles concerning the medico-ethical considerations involved in the treatment of detainees on hunger strike. These principles are summarised below.

- Health personnel, particularly the doctor (and preferably a senior doctor) must inform the hunger striker of the health consequences of voluntary total fasting (VTF) and of the complications that may develop.
- The paramount principle is fidelity to the will of the patient and no pressure should be put on the person to break the fast.
- No threat to withdraw medical attention should be made and the hunger striker should be assured that normal nursing care will be available at all times.
- Permission (preferably in writing, to protect medical staff) should be sought for non-invasive monitoring, eg regular measurements of weight, pulse, blood pressure and temperature as well as blood and urine tests, X-rays and so on. It must be explained that these measurements will be used to inform the patient of impending serious consequences of the fast, when medical intervention will be offered.
- Symptoms should not be ignored and the causes should be sought.
- While the patient is mentally competent (as assessed by at least two doctors, one of whom should be senior) the doctor must obtain written instructions, in the early stages of the fast, as to the wishes of the patient regarding resuscitation, should s/he become confused or unconscious. This statement must be kept strictly confidential and must be respected. The patient may alter it at any stage. If there are no written instructions to the contrary, the patient should be resuscitated.

If the hunger striker is a minor or has dependants and becomes comatose or stuporose, the doctor should take legal advice (and advice from senior medical

colleagues) before deciding how to proceed, especially if there is a risk of death.
- If medical intervention (eg intravenous fluids and electrolytes, glucose, antibiotics etc) is deemed necessary, it should be offered with full explanations as to the reasons for the intervention as well as the risks of refusing or delaying such treatment.

Acceptance of the treatment does not necessarily indicate the fast has ended. Refusal of part or all of the intervention must not prejudice any other aspect of health care or monitoring.
- Once the fast has ended (for whatever reason) refeeding and other medical treatment must be instituted. This includes the management of psychological problems, especially those associated with detention.
- If conditions of "hospitalised detention" preclude access to family and other people, to media and study material, it is the doctor's duty to try to alleviate the conditions through the appropriate channels.
- A return to prison is likely to cause the recurrence or intensification of the problems which caused the hunger strike in the first place. Such patients, once ready for discharge, should not be sent back to prison without their written consent.

Released detainees display their restriction orders after a 24 day hunger strike

The psychological effects of detention and hunger strikes on mental health

The everyday problems that people have to cope with can change the way they think and behave. Apartheid creates many stresses and frustrations and with the state of emergency, all these stresses become intensified. Over the last few years, thousands of people have been detained. Although many people emerge from detention strengthened in their resolve, there is much evidence that detention can cause severe stress, often requiring psychological intervention.

After detention, people may have problems communicating and may withdraw from their families or from the community at large

An ex-detainee has outlined some of the emotions experienced while in detention. The detainee's prison experience begins with the process of dehumanisation; the detainee becomes a number. He or she may be inclined to identify with the oppressor during solitary confinement when the jailer is the only human contact allowed. The detainee may go through a period of fantasising often about release. Depression, understandably, is a common experience. A summary of the common stress responses to detention that many ex-detainees have reported is outlined below:

- Thinking all the time about the bad experience.
- Flashbacks; an ex-detainee may relive experiences such as interrogation.
- Feeling sick and pains in the body.
- Problems with sleeping; these include problems of getting to sleep, waking often and nightmares.
- Problems with eating.
- No interest in life and a withdrawal from family, friends and the community.
- No energy and feeling tired all the time.
- Problems with sex.
- Bad concentration, bad memory and difficulty reading.
- Feeling guilty about leaving other detainees in prison, or about things one might have said during the pain of interrogation; feeling bad to be alive.
- Changing quickly from one mood to another.

Flashbacks: many ex-detainees relive their bad experiences in detention, such as interrogation

Mood swings - detention can cause extreme stress, making people change suddenly from joy to saddness

- Getting angry about small things. Often an ex-detaince may realise that the anger is more than the other person or situation deserves. It is natural to feel angry about all that has happened but it is impossible to direct that anger at the people who caused the ex-detainee's suffering. The anger sometimes comes out at other people over small problems.
- Irritability; some detainees report that they cannot do the things they easily coped with before detention, for example, chairing a meeting and responding to many different people at the same time.
- Not caring for oneself or other people.
- Feeling afraid, for example if a car stops outside the house at night.
- Feeling nervous and worried.
- Feeling grief and loss.
- Feeling depressed.

Levin reports that three significant psychological varieties of stress inevitably accompany detention conditions. These have been identified as debility, dependency and dread. (1)

Debility (or weakness)

This results from the manipulation by the jailer of the detainee's environments. Stimulation is lacking and is aggravated by lack of sleep, abnormal amounts and types of exercise, physical torture, beatings, electric shocks and inadequate food. All these stresses promote specific psychological reactions.

Dependency

A dependency may be created and maintained by the inability of the detainees to control significant aspects of their social environment. This dependency begins, according to Levin, from the "instant of capture and tends to grow as captivity continues". Detainees may feel helpless as their needs are not met. This results in experiences of fear. The detainee may also identify with the oppressor. This identification occurs when the detainee is helpless and dependent on others.

After release from detention people may experience problems with sleeping

Dread

This may be a consequence of a number of fears which result directly from the inability of the detainee to control or predict events. Dread is a type of continuing fear that is made up of all the small fears a detainee may have. One fear is that the detention will continue indefinitely. There may also be a fear of what the jailers might do while the person is in detention and fear of what may happen to oneself and one's loved ones, when detainees are released. Detainees are vulnerable to torture and beatings but often the smallest amount of abuse can produce this response and clearly demonstrates the vulnerability of the detainee.

Prison experiences are usually beyond the detainee's control. They are not predictable in any meaningful way. Detainee are often unable to effectively confront these conditions because of the apparent unaccountability of those with whom they are in contact. All power is ultimately in the hands of the detaining authority. Thisuncontrollability, unpredictability and unaccountability add to the promotion of the dependency, debility and dread responses.

Responses to stress

Responses to these stresses may include depression, anxiety and occasionally a severe disorientation in which the detainees may be unable to understand the reality of their situation. These responses can result in suicide. The anxiety response precipitated in a detained person is known as Post Traumatic Stress Syndrome (PTSD). This is probably the most frequent syndrome to occur after the detainee is released. Post traumatic stress develops into an ongoing stress syndrome.

Continuous fears may be experienced and are related to harassment and the possibility of rearrest. Many ex-detainees, on their release, report that they live in fear of going back to prison, and of visits by the security police.

Many released detainees have been subjected to severe restrictions. In some cases, these prevent them from continuing their studies or resuming employment. Under the restrictions, they must report to police stations at least once, and in many cases, twice a day. The cost of transport to and from police stations is an added burden to families already under financial strain. People are usually restricted to their homes for the most part of 24 hours and are subjected to constant surveillance by the security police to ensure they are not breaking their restriction orders. They have been released from one type of imprisonment into another.

Other effects of detention may include difficulties with studying. This is because students are often unable to concentrate for extended periods. The psychological effects of detention may interfere with reading, concentration and memory. Their

problems are also made worse by the interruption of their studies as a result of detention. Because ex-detainees may be having difficulty coping with their own feelings and problems, the problems of others may seem like a burden. Also, family and friends, who see the suffering of the ex-detainee, often want to help but do not know how. It is often difficult for the ex-detainee to communicate with others and to talk about their feelings. They should be encouraged to talk to people who have had the same experience. It is often easier to talk to such people and can help the ex-detainee to recover.

Hunger strikes

The present protest action of detainees is a desperate attempt to end arbitrary and indefinite detention. The hunger strike is the last weapon of detainees and prisoners and is undertaken after all efforts to highlight their plight have been exhausted. Hunger strikers will probably be experiencing intense emotions and sensitivity and understanding is required from health workers and other people who come into contact them. Some of the emotions that hunger strikers may experience are outlined below.

Making the decision

Deciding to join a hunger strike is a desperate attempt to compensate for the helplessness experienced in prison. This helplessness includes having no power or control over one's life and no voice to describe or negotiate one's situation. A final expression of one's power is the power over one's body. The decision to join a hunger strike may lead to a new feeling of inner strength and personal power. This may offset the helplessness experienced before. Hunger strikes also represent an appeal to humanity to take heed of the situation. However, the asumption is that there is a common respect for human life which is put above any political, social or racial differences.

The effects of fasting and of hospitalisation

Although hunger strikers may have a feeling of strength on being able to overcome the needs of the body, it becomes difficult to deal with increasing levels of physical pain. After a certain period of fasting, thinking may become confused and detainees may no longer realise that their lives are in danger. Emotions may include a sense of power and triumph (at having acted effectively and caused reaction) and an anticipation of improved treatment. There may, however, be a strong fear of the damage that one may be inflicting on one's body. This may be followed by a feeling of passivity.

One may even begin to resign oneself to one's fate. Being put on a drip may cause a sense of relief together with some disappointment; one may feel invaded, with the initial feeling of power being taken away.

After coming off the strike

After coming off the strike and having been released there may be feelings of guilt at leaving comrades behind and anger about those not released. At the same time one may feel a sense of power as a result of effective action. If redetained, the person may feel anger together with the resolve to fight to the death the next time. Alternatively, there may be feelings of extreme helplessness and passivity.

What can be done about all these feelings

This article has mentioned many of the emotions and problems experienced by detainees on hunger strike, in prison and after their release. Detainee services, established in various parts of the country, have counsellors who are trained to understand the specific problems experienced by detainees. A description of these services, and how to contact them, is provided elsewhere in this edition of *Critical Health*.

References

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