



Contents lists available at ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/jflm

Original communication

Episodes of voluntary total fasting (hunger strike) in Spanish prisons: A descriptive analysis



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ARTICLE INFO

Article history:

Received 17 April 2015

Received in revised form

12 June 2015

Accepted 13 June 2015

Available online 21 June 2015

Keywords:

Prison
Hunger strike
Emancipation
Prisoners
Incidence
Spain

ABSTRACT

Objective: To provide a description of the frequency and main features of the episodes of voluntary total fasting (VTF) taking place in Spanish prisons.

Material and methods: Information on the episodes of VTF reported between 04/01/2013 and 03/31/2014 was gathered. Once the appropriate informed consent was given, other data on social, demographic, penitentiary and clinical aspects were collected. A descriptive study of such variables together with a bivariate analysis was then carried out by means of standard statistical techniques and binary logistic regression models. IBM SPSS Statistics v.20 software was used for this purpose. This study was approved by an accredited Clinical Research Ethics Committee.

Results: 354 episodes of VTF took place among an average population of 29,762 prisoners. Therefore, the incidence rate was 11.9 VTF episodes per ‰ inmates-year. Informed consent (IC) was given in 180 cases (50.8%). 114 were of Spanish nationality and the average age was 38.7 years old (95% CI 37.2–40.1). The median duration of the episodes was 3 days (IQR 1–10), ranged between 1 and 71 days. The main reason was a disagreement on the decisions of treatment groups (57 cases, 31.7%). The average weight loss was 1.3 kg (70.8 vs. 69.5; $p < 0.0001$) and 0.7 of the BMI (24.5 vs. 23.8; $p < 0.0001$). 60 prisoners (33.3%) lost no weight at all and only 8 (4.4%) lost over 12% of the basal weight (8.5 kg). Ketone smell was identified in 61 cases (33.9%) and ketonuria in 63 (35%).

Conclusions: Only one third of those who go on hunger strike in prison actually fast. Revindicative episodes of voluntary total fasting are somewhat common in Spanish prisons, but rarely are they carried out rigorously and entail a risk for those who fast.

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1. Introduction

Voluntary total fasting or hunger strike could be defined as the voluntary refusal to take any solid food except for water.¹ It is usually a means of protest, sometimes the last, carried out by people who seek to change a specific political legal or administrative situation which is viewed as unfair or damaging to their interests. It is a method of non-violent resistance or pressure most commonly seen in prisons and other detention facilities where the protests of those hosted rarely have the impact that they would like to. This is one of the main features of this method of resistance: the need to obtain enough social impact to force the pretended change. The other main feature is that this is essentially a non-violent method: hunger strikers' only weapon is their health and their life. The sole victim is the detainee himself. Those who go on hunger strike seriously threaten the administration to whom they present their claim, risking valuable assets such as their own health and life, as to force a dialogue which has not been initiated before, or at least not to the requested extent. It is an effective method of protest since the pressure exerted by strikers, sets the administration before the engagement of giving in into their protest or watching how they progressively threaten their health and their life. This behaviour usually manifests through "outbreaks" especially in enclosed settings such as prisons, due to the repetitive behaviours among detainees.²

The ethical deontological and legal aspect of hunger strike, as well as the way of treating these patients, has been a long-lasting concern among healthcare professionals.^{3,4} There is a wide variety of literature on this issue, from the World Medical Association (WMA),^{1,5,6} to other authors.^{7–10} Some studies address the issue of the frequency of these events in prisons though only partially.^{8,11} Anyway, there are no publications thoroughly addressing the frequency of Voluntary Total Fasting (VTF) episodes in prisons and their main features. We have only found a doctoral thesis on this issue¹² and as far as we know there are no publications on this issue in Spanish prisons.

The main objective of this paper is to study the incidence of voluntary total fasting in Spanish prisons, any related factors and the actual realization of fasting among those who go on hunger strike.

2. Material and methods

Descriptive prospective multi-center longitudinal study of VTF episodes occurred in Spanish prisons between April 1st 2013 and March 31st 2014. VTF episodes are considered when at least 24 h voluntary fasting is reported.

28 prisons took part in the study: Alicante I, Alicante II, Villabona-Asturias, Quatre Camins-Barcelona, Modelo-Barcelona, Brians I-Barcelona, Burgos, Caceres, Puerto III-Cadiz, El Dueso-Cantabria, Castellon I, Albocasser-Castellón II, Cordoba, Albolote-Granada, Jaen, Las Palmas II, Ponent-Lleida, Mansilla-Leon, Madrid II, Madrid IV, Madrid VI, Murcia I, Ocaña I, Ourense, Dueñas-Palencia, Topas-Salamanca, Sevilla I and Picassent-Valencia. The average imprisoned population throughout the study year (addition of the arithmetic mean of each facility the last day of every month throughout the year) was 29,762 people, while the total imprisoned population in Spain as to 12/31/2013 was 66,765.¹³ The inclusion criteria were: being over 18 years old, keeping a reported voluntary fast for over 24 h and giving written informed consent (IC) to take part in the study. All the prisoners denounced of hunger striking by the prison officers were interviewed. Legally, these prison officers have to communicate immediately to the prison's Management when a prisoner manifests his desire of starting or ending a hunger strike in writing; the officers are also meant to

inform every 24 h if the striker has tasted any aliment, or if he is acquiring food products on the prison commissary. These informs are used to determinate the beginning, the ending and the duration of the periods of fasting.

By means of direct observation of the participants through interview, daily clinical assessment and the complementary tests provided by the study protocol, we obtained variables on affiliation, socio-demographic aspects, penitentiary record, weight, clinical record, analytical results and the reasons for fasting. We also collected variables on the capacity, type and population hosted in each prison. Furthermore we collected data on the judicial response to the potential consultation of prisons on the conduct to be followed for prisoners who voluntarily fast and the possibility of conscientious objection of healthcare providers. All participants were subject to a determination of urine pH, ketonuria and proteinuria between days 3 and 10 of VTF and blood tests were conducted between days 7 and 15, which considered, among other parameters, blood sugar, albumin and ketone bodies levels. All these aspects were gathered in a Data Collection Sheet (DCS) created for this purpose.

All the data gathered on DCS was loaded in a Microsoft Excel sheet created ad hoc and later transferred to IBM Statistics SPSS v.20 software for analysis. Prior to any type of calculation, data was cleaned by means of two techniques: range tests and unknown or missing value distribution by means of the MVA (Missing Value Analysis) procedure.

The statistical analysis included a descriptive univariate study of the variables in the sample which were presented in the following way: qualitative variables as absolute and relative frequencies, quantitative variables as means with 95% confidence intervals (CI) if they presented a normal distribution according to the Kolmogorov–Smirnov test, or medians with the corresponding interquartile ranges (IQR) if not.

Second a standard bivariate analysis was carried out, by comparing the main anthropometric measurements at the beginning and at the end of the follow-up period. The means of variables normally distributed were compared by means of Student's T test for related samples (pre and post measurements) and the Wilcoxon rank sum test was used for variables not normally distributed.

All VTF episodes lasting 24 h or less were not considered and the rest were divided into three categories according to duration (ordinal variable): 2–7 days, 8–14 days, over 14 days. These were compared as ordinal categorical variables by means of the Chi-square linear trend test. For quantitative normally distributed variables the ANOVA test was used to compare means over periods. As to compare medians for not normally distributed variables we used the Kruskal–Wallis test.

As for binary dependent variables a bivariate comparative study was carried out by means of binary logistic regression models. Odds Ratios with their corresponding 95% CI were determined and a level of statistical significance under 0.05 was adopted in all cases.

The study received the appropriate administrative permission to be carried out. Furthermore, the protocol was approved by an accredited Clinical Research Ethics Committee alien to the penitentiary institution.

3. Results

A total of 354 VTF episodes were reported in 22 prisons, thus with an incidence rate of 11.9 per every thousand inmates and per year. Only 180 gave written informed consent as to be included in the study. The main features of the participants are included in Table 1. The average duration of VTF episodes was 3 days IQR (1–10) ranged between 1 and 71 days. A fasting period of 2–7 days was the

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