

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-624
Applicability: Institutions
Policy Code: Public Access
Iowa Code Reference: Chapter 229
Chapter 6: Health Services
Sub Chapter: Acute/Specialty Services
Related DOC Policies: HSP-619
Administrative Code Reference: N/A
Subject: Hunger Strike
ACA Standards: 5-ACI-3B-14
Responsibility: Dr. Michael Riley
Effective Date: February 2024
Authority:

1. PURPOSE

To ensure the proper management of patients who state their intent to enter into a "hunger strike".

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to appropriately manage patients who orally, or in writing, or by their actions, state their intent to enter into a "hunger strike" status.

3. PROCEDURE

- A. In general, a patient who has the capacity to make healthcare decisions has the right to refuse care/treatment, even when doing so is injurious to their health or threatens their life. Presumably, that right may be extended to the refusal of nourishment required to sustain life. The task of the licensed medical practitioner is to keep the patient apprised of their health status and the likely consequences of change or deterioration. The providers are the health consultants to the patient.
- B. The following procedures are applicable, as long as a legally competent patient persists in their refusal to accept nourishment:
 1. Upon staff recognition of a hunger strike, whether declared verbally, in writing, or by actions of refusing to eat at least three meals in succession, nursing staff will assess the patient and

complete a progress note to include a full set of baseline vitals, including weight. Data will be documented in the vitals flow sheet of the electronic medical record, and the *Food Consumption Log*, **HSF-801A** will be initiated. Nurse encounters, including a full set of vitals, will be recorded every eight hours thereafter, and weight checks shall be recorded daily. Refusal of vital signs and/or weight checks shall be entered in the medical record.

2. The patient is to be provided a regular institutional diet. Any diet modifications (other than those required for security reasons) are to be authorized by a licensed medical practitioner and supported by objective data documented in the patient's health record. Meals will be provided at scheduled times in the patient's cell and will be taken away if not consumed after a reasonable period.
3. Commissary items will be removed from the individual's possession such that an accurate monitoring of all food intake can be accomplished. The patient shall, however, at all times have the availability of water or alternative hydration options at their disposal.
4. Patients exhibiting signs of avoiding food or fluids due to mental illness or acute medical conditions, and who are at risk of malnutrition, but have not stated they are on a hunger strike, should be promptly referred to the medical department of the facility for assessment.
5. Upon completion of 72 hours of a hunger strike, the patient will be designated as being under Medical Care Observations (MCO) status and will be scheduled for a physician encounter by the provider upon the next clinic day. Subsequent physician encounters will occur every three days thereafter, or more frequently if indicated. The medical provider documentation will include that the patient has been apprised of their health status and the likely consequences of any change or deterioration. All requirement of MCO status will be strictly observed.
6. After 72 hours of a hunger strike, nursing staff will schedule a referral to psychology staff for a mental health assessment. The psychologist will refer the patient to psychiatry services if clinically indicated.

7. Except as authorized per **Iowa Code Chapter 229**, “Hospitalization of Mentally Ill Persons”, there shall be no forced intake of nourishment.
8. A *Food Consumption Log*, **HSF-801A** shall be initiated upon refusal of nourishment. This form may be initiated for individuals eating on the unit, and/or while in segregation. The unit officer will complete the form, documenting the amount or portion of food/fluids consumed each meal period. This form shall be reviewed by nursing staff each shift. Once the form is completed, it shall be scanned into the EMR.
9. In the event the patient exhibits a clouded mental state, raising concerns about their capacity to competently continue refusing nourishment, there is to be consideration of a potential urgent transfer to the Emergency Department at the University of Iowa Hospital and Clinics.
10. Competency may be an issue when mentally ill patients enter into a hunger strike or refuse nourishment. Mental health staff should be consulted if there is a mental health concern. Legal consultation may also be needed to appoint a guardian if it is deemed the patient is unable to make decisions for themselves.
11. The Health Services Administrator, Administrator of Nursing, and the institutional Executive Staff Team will be notified of the patient hunger strike by the Nursing Services Director. This will occur at the initiation and termination of the hunger strike and then weekly or more often if indicated due to any substantial change in health condition.
12. Discontinuation of MCO may occur when the patient accepts nourishment and is compliant with medical recommendations section IV.E. **(HSP-619)**