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Letter to the Editor

HUNGER STRIKE AND ANTIPSYCHOTIC TREATMENT

Dear editor,

Hunger strike is defined as a non-violent resistance or pressure in which participants fast in order to protest a person, an organization, or an idea (Yakıncı 2011). It is supposed that a person who is on a hunger strike has made the decision with his/her free will. Medical doctors are expected to respect such decisions and should refuse to provide medical attention in line with the World Medical Association Declaration of Malta 1992 on hunger strikers, and general instructions issued in 1990 and 1994 by the Turkish Medical Association. It is accepted that a hunger strike is not a suicide, and the non-provision of medical treatment by a physician will not be regarded as "physician assisted suicide" (e.g., euthanasia). It is asserted that refusal of treatment by the patient is a fundamental right, and the physician is required to respect the patient's intentions, even if he/she dies of it. In our country, there are hunger strikes in prisons due to political reasons.

The psychiatric assessment of a hunger striker is quite crucial during his/her first medical examination. In case of refusal of medical treatment, the patient must be capable of forming an unimpaired and rational judgment in order for a physician to give consent to such intention. Hunger strike cannot be mentioned in the presence of anorexia, depression and delusional disorder diagnoses (Getaz et al. 2012). Medical attention may be given to a patient in case the hunger striker is diagnosed with delusional disorder or depression. However, it may not be easy to identify a hunger striker with such diagnoses since most hunger strikers also refuse a formal psychiatric examination, and therefore, it may not be always possible to evaluate his/her thought content. In addition, it may not be easy to separate a patient with paranoid type delusional disorder that may believe he/she is getting poisoned with medical attention or nourishment. Patients with negativism and mental retardation related to depression with psychotic features may be overlooked as a normal mood that becomes evident due to prison circumstances or hunger, and pass unnoticed. In some cases, diagnosis is obtained through treatment. Antipsychotic treatment may provide favorable results in cases where the thought content of a person involved in a hunger strike cannot be evaluated in a reliable manner.

The results of a hunger striker undergoing an antipsychotic drug treatment or ECT (Electroconvulsive therapy) after diagnosing him/her with depression with psychotic features or delusional disorder are currently unknown. No study has yet been carried out on this topic. If a patient has a favorable response to antipsychotic drug treatment, it may be possible to prevent deaths.

There are points open to discussion in the medical, ethical and legal aspects of this subject. With this manuscript, we aim

to attract the attention of clinicians to this subject and hope to have this subject discussed in more relevant platforms.

Yours sincerely.

Alper Evrensel, MD, Assist. Prof., Psychiatrist
Electroneurophysiology, Üsküdar University, İstanbul
e-mail address: alperevrensel@gmail.com
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