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Miller I. *A History of Force Feeding: Hunger Strikes, Prisons and Medical Ethics, 1909-1974*. Basingstoke (UK): Palgrave Macmillan; 2016 Aug 26.

Chapter 8 Conclusion

Since 1909, force-feeding has proven to be ethically contentious. Discussion of the issue has overlapped, at different historical junctures, with broader conversations about prisoner welfare, medical ethics, human rights, and civil rights. These discussions were set against historical contexts, including female suffragism, the Irish War of Independence, Irish Civil War, Cold War, and the Northern Irish Troubles. Public opinion on force-feeding was shaped by the exigencies of each of these particular contexts. Yet, regardless of historical setting, broadly similar ethical debates were played out. These primarily related to whether:

- i. force-feeding amounts to torture;
- ii. prison doctors have an ethical duty to preserve life; and
- iii. the state has the right to over-rule medical decision-making to preserve the lives of prisoners who refuse to eat.

Despite the World Medical Association formally declaring force-feeding as unethical in 1975, the very same questions have once again re-emerged during the so-called 'War on Terror'. Guantánamo Bay is the latest space in which governments have chosen to tackle the problem of prison hunger strikers with the stomach tube. Numerous critics have rallied to denounce the re-emergence of force-feeding and situated the practice within broader institutional problems such as the loss of basic human rights and dignity.

Although suffragette force-feedings retain a prominent place in public perceptions of the history of the practice, this study has revealed a far wider story. Using Britain, Ireland, and Northern Ireland as a case study—a geopolitical space in which force-feeding debates were rehearsed throughout the twentieth century—this study has revealed a far more complex, multifaceted history. It has also addressed key questions posed about force-feeding with the hope of broadening present-day discussions being waged by bioethicists and human rights campaigners. Force-feeding first emerged as a contentious issue in England during 1909 when suffragette prisoners, including Mary Leigh, were fed with a stomach tube against their will. Little did the Home Office know that its decision would instigate over a century of heated conversation about the ethical implications of force-feeding. Suffragettes were fed in a more disciplinary socio-cultural environment than exists today, one in which prisons still relied heavily on Victorian moral principles and negative gendered presumptions perpetuated by the medical profession itself. The suffragettes made claims about force-feeding that still resonate today. They pointed out that providing 'patients' with medical treatment without their consent constitutes a violation of basic medical ethical principles; that prison doctors often feed prisoners in an intimidating and degrading manner; and that the forceful insertion of a feeding tube can cause serious, and lasting, physical and emotional damage, even death.

The Home Office stopped feeding suffragettes as the First World War commenced. Yet the British government had by now realised the effectiveness of force-feeding in quelling prison rebellions being staged by politicised prisoners. It saw no reason not to force-feed hunger striking republican prisoners in sites such as Mountjoy Prison, Dublin, during the tumultuous years leading up to the War of Independence and the Civil War. But force-feeding took on new meanings in revolutionary-period Ireland. It became upheld as a telling example of British aggression on Irish soil, as a hostile act that ultimately killed a leading Irish republican: Thomas Ashe. From 1917, force-feeding was rarely performed in Ireland. Yet the state only abandoned the practice in Ireland due to the political meanings that had become associated with the stomach tube and the potential social unrest that have ensued should further prisoners die. The government was less concerned with the medical ethical implications of force-feeding prisoners (as demonstrated by the ongoing use of the practice in English prisons). A general impression exists that the British government was willing to allow hunger strikers to die during the War of Independence, as demonstrated by the high-profile positioning of the 1920 death of Terence MacSwiney in the Irish historical psyche. In reality, thousands of imprisoned hunger strikers were released prior to completion of their sentence in this period. The government allowed their bodies to waste and decay, but rarely let them be entirely eradicated through the act of dying. Indeed, and perhaps ironically, it was the Irish government of the 1940s who had few qualms about letting imprisoned republicans starve themselves to death if they wished.

In twentieth-century England, force-feeding continued to be seen as an appropriate, and highly effective, means of tackling prisoner hunger striking. Inspired by an increasingly fashionable form of prison protest, numerous First World War conscientious objectors decided to refuse food to protest against the harsh, violent institutional conditions which they encountered. Indeed, the context of war provided a setting that supported the use of violence against those who seemed to pose a threat to the military cause. While this group of prisoners elicited considerable media attention, even in a climate of imposed censorship, the same could not be said for the large number of convict prisoners who chose to protest by the simple act of refusing to eat throughout the twentieth century. Convict prisoners went on hunger strike to protest against an array of conditions including adverse institutional conditions, excessive punishments, poor quality diets, or simply due to a desire to attract attention and prove their innocence to the public. Yet it tended to be only individuals who formed part of a cohesive group who attracted public interest, such as Cold War-period peace protestors. The protests of most hunger strikers passed barely noticed. They were force-fed behind the secretive walls of the prison; their protests were swiftly ended by the forceful insertion of a stomach tube.

Public debate on the ethical implications of force-feeding was only truly reignited in the 1970s during the Northern Irish Troubles. The feedings of Marian and Dolours Price between 1973 and 1974 captured international attention. Although the gender and age of these hunger strikers played an important role, force-feeding was now being discussed in a context that emphasised the importance of human, prisoner, and patient rights. The formation of the modern human rights and bioethics movements provided a suitable setting for the practice to be formally denounced. From the mid-1970s, prisoners were no longer fed against their will. Yet prisoners continued to hunger strike. Allowing starvation to run its natural course presented new medical, bodily, and political problems. Rather than being subjected to the inherent violence of force-feeding, hunger strikers were now allowed to perpetrate violence on their own bodies. The issue of force-feeding had finally been closed, so it seemed. At least until the American government once again resorted to the practice at the start of the twenty-first century.

To connect to present-day concerns, this study has focused on three key areas: prisoner experiences, medical ethics, and public responses. In all of the historical contexts discussed in this study, prisoners portrayed force-feeding as painful, degrading, and emotionally traumatic. Many claimed that the insertion of a stomach tube was accompanied by verbal and physical abuse, restraint, and intimidation. These insinuations about prison medical encounters ran counter to government suggestions that 'artificial feeding' was safe, harmless, and ethically unproblematic. Undoubtedly, many prisoner accounts were exaggerated, particularly those that served propaganda purposes at the time. Yet they were remarkably consistent. It is hard to imagine that having a stomach tube forcefully inserted into one's body and food poured into the stomach would not be painful, physically and emotionally. Yet force-feeding has been performed—and still is at Guantánamo—in a western socio-cultural context that abhors the idea of needless pain being inflicted upon vulnerable individuals, one that shares cultural sensitivities towards torture and brutality. The harsh treatment of politicised prisoners is, supposedly, something confined to eastern or third world countries, not in the seemingly civilised west. For such reasons, force-feeding causes emotional conflict among the public. It is generally performed to support wars and conflicts which, at their core, are being waged to protect western liberal culture. Yet, today, force-feeding directly contravenes the basic underlying principles of 'civilised' culture; it seems to draw us closer to the supposed violence of alien, non-western societies whom we are waging war against. An examination of prisoner experiences draws us into the inner life of the prison, illuminating the physical and emotional landscape that surrounds hunger strikers.

Although normally discussed by historians in terms of its political implications, prison hunger striking is undoubtedly a medical problem. Hunger strikes, at their core, are about bodies, emotions, and ethics. Since 1909, prison doctors have been called upon to care for starving prisoners, whether by using stomach tubes or monitoring the health of starving prisoners. Many were cast as aggressive individuals willing to collude with government agendas of subduing recalcitrant politicised prisoners. Yet the reality is undoubtedly more complex. Doctors, such as Raymond Dowdall, seem to have resorted to the stomach tube with remarkable vigour; his attitude towards prisoners was inflected by the broader contexts of the Easter Rising and Anglo-Irish conflict. But it is reasonable to assume that many doctors truly believed that they had a medical ethical duty to preserve the lives of prisoners who might otherwise die from starvation. Force-feeding was certainly an unpleasant task, but was it really any less pleasant than watching bodies decay and death occur? Others perhaps had mixed emotions; personal considerations such as avoiding legal action undoubtedly influenced decisions made to feed. Today, doctors who force-feed at Guantánamo are often accused of complicity with government agendas relating to the 'war on terror'. Yet historical analysis reveals diversity of opinion and willingness to force-feed.

Public opposition has always coalesced around ethical considerations, and still does. Suffragettes, Irish republicans, convict prisoners, and PIRA members all elicited support even from individuals who had no enthusiasm whatsoever for the particular political agendas of hunger strikers. Indeed, many deplored the violence being waged by political militants. Nonetheless, they formed an emotional connection with prisoners whom they imagined to be deeply suffering, their sensitivities to pain encouraged them to speak out against force-feeding and protect the vulnerable. Situating force-feeding debates in particular historical and socio-cultural contexts helps us to understand the nature of this opposition. Yet, even when diversity of medical opinion is taken into account, historical analysis seems to make clear that force-feeding has held clear disciplinary value (as exposed by an examination of convict prisoner feedings); that politicised prisoners are vulnerable to being fed in a violent, degrading manner; that force-feeding has proven itself to be potentially unsafe even in the most careful of medical hands; and that the practice clashes with western sensitivities towards pain and torture. Moreover, today, force-feeding is at odds with a general drive towards patient autonomy which occurred from around the 1980s which began to prioritise the rights of the comatose and other patient groups to be able to die, or refuse nourishment, if they wished (or if their representatives wished). Medical paternalism is meant to have given way to patient autonomy which, in turn, highlights the capacity of patients to choose their own direction and, in some instances, to starve themselves to death.

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