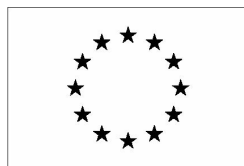


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Delegation of European Union in the Republic of Serbia

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Monitoring of Medical Care of Prisoners on Hunger Strike

Niš, May 2011.

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Monitoring of Medical Care of Prisoners on Hunger Strike

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Introduction

One of the rules of exact sciences is that it is impossible to make a targeted change if the condition of the object of potential change is unknown and what kind of obstacles to implement the change are there. The image of the existing condition, as well, must not be watered down by a form of statistical data.

This publication presents results of one-year monitoring of the respect of right to appropriate medical care of prisoners during hunger strike, which is one of the activities within the project entitled “Extended coalition for the reform of prison system” supported by EU Delegation in the Republic of Serbia. Processed cases of hunger strike are from three different penitentiaries in Serbia (Nis, Sremska Mitrovica, Pozarevac) and they represent a picture of real treatment of individual by health care services during sentence serving and in case of hunger strike.

Wide range of missing related to hunger strike should be considered from the angle of area from which the lack comes (ethics, expert knowledge, missing procedures, lack of external and internal expert control, horizontal and vertical organization...)

The contents of this publication are aimed to contribute to more qualitative work of health care services, above all, by insisting on application of already existing national norms and their accommodation to international standards in this area. Equally important aim of this publication is a humane treatment of individual/patient in special conditions which is, all together, a part of the reform of prison system.

Road from the existing to preferred is long and narrowed by numerous obstacles and problems and every step made is precious.

About the project and the activity

Project title:

Extended coalition for prison reform

Overall objectives:

1. To increase competences (level of knowledge, skills and experience) of NGOs (extended coalition) in the field of democratic reforms
2. To contribute to the prison reform concerning combating discrimination of female and disabled prisoners and rights on proper medical care of prisoners during hunger strike/ one particular segment of medical care
3. To increase cohesion among NGOs working in different fields.

1. Specific objectives:

2. To increase level of education and skills of NGOs, members of extended coalition in the field of: gender aspect of monitoring conditions of detention; Gender issue generally and European prison standards concerning rights of female prisoners; UN and EU standards regarding torture and other inhuman treatment generally and ethical standards of medical care of prisoners during hunger strike
3. To increase level of (NGOs` coalition) experience in reform process;
4. To contribute to the improvement of situation of disabled and medical care of prisoners during hunger strike during serving their sentences, based on international standards.
4. To increase theoretical level of knowledge and understanding of gender issue in places of detentions
5. To establish links and initiate cooperation between ministries of health and justice in the field of reform of prison sanctions execution.
6. ***Improvement of exchange of information and specific knowledge among NGOs active in different areas***
7. To increase the sensibility of widest public regarding prisoners` rights, especially in the part of right to medical care and right of disabled persons to adequate accommodation and medical treatment, if type of disability requires that.

Activity: **Monitoring the respect of proper medical care of prisoners in hunger strike** in four prisons (Niš, Sremska Mitrovica, Požarevac i Valjevo)

Method of monitoring of respect of right to appropriate medical care:

1. Identification of prisoners in hunger strike
2. Visits (provision of approvals for visits, producing of questionnaires, interviews, reports after every visit and annual one, distribution of reports, giving recommendations)
3. Repeating of visits

General information about institutions in which prisoners serve sentence and are covered with monitoring:

Names of institutions:

- Penitentiary Niš,
- Penitentiary Sremska Mitrovica,
- Penitentiary Zabela

Type of institution: Closed type institutions with semi-opened and opened divisions

Authorities in charge of institutions:

Ministry of Justice- Directorate for the Enforcement of Criminal Sanctions

Heads of institutions:

- Živorad Branković (Niš),
- Milan Pavlović (S.Mitrovica),
- Željko Gradiška (Požarevac).

CHRNis Team

Monitoring Team members: Milan Jovanović, attorney; Ničić Branislav, specialist of internal and urgent medicine; Verica Milošević, psychologist

Project coordinator: Lidija Vučković.

THE WORLD MEDICAL JOURNAL

WMA Declaration of Malta

A background paper on the ethical management of hunger strikes

The following background paper and glossary of terms were prepared by the British Medical Association in association with the revision of the Malta Declaration currently being considered by WMA Council and National Medical Associations.

Introduction

Physicians need to understand the background to the guidance given in the World Medical Association's Declaration of Malta. This paper aims to set out that background and some authentic case examples are included to illustrate how complex this area of practice can be.

Although the Malta Declaration sets broad international standards for managing hunger strikes in custodial settings, physicians still need to use their own moral judgement in particularly complex situations. To do this, they should be aware of the various different forms of fasting which stem from differing intentions on the protesters' part and which require different handling. Hunger strikers' motivations and their perseverance in a particular kind of hunger strike can differ greatly. Gaining their trust can be difficult but is crucial for doctors, who must be able to act independently from the detaining authorities. Physicians also need to be alert to the pressures which can be exerted on hunger strikers in custodial settings not only by the authorities but also by peer group hierarchies and sometimes even by physicians themselves. For example, if doctors ask hunger strikers to give advance instructions at the start of a fast saying whether or not they would refuse resuscitation at a later stage, it may be difficult for the hunger strikers to do anything other than refuse artificial feeding, without losing face with their peer group. This may not be a truly valid and informed choice unless physicians can discuss it in private with the hunger striker. Physicians need to understand the clinical and moral criteria concerning when to resuscitate a protester and when to abide by such a refusal of treatment. The crucial differences between "artificial" and "force" feeding need to be understood. Physicians also need to be aware of the symptoms and the clinical physiology of the different stages of fasting in order to give accurate medical counselling to patients about what to expect. (Such advice can be found in the 'Course for prison doctors', chapter 5, by the World Medical Association, Norwegian Medical Association and International Committee of the Red Cross at <http://lupin-nma.net>). Health professionals often act as mediators between patients, authorities and other people such as patients' families. They can be in a position to facilitate facsaving opportunities which could bring the hunger strike to an end for the benefit of all involved. This paper seeks to help them do that.

Definition of "hunger strike"

As explained in the glossary, a "hunger strike" involves food refusal as a form of protest or demand. Such fasting is particularly undertaken by people in custodial settings who lack

alternative means to gain attention and bring pressure to bear to obtain some goal. Short term rejection of food rarely gives rise to ethical dilemmas as health is generally not permanently damaged as long as fluids are accepted. It is important, however, for physicians to have a clear frame of reference on how to define a serious “hunger strike”.

Excluded here are shortlived fasts which peter out within 72 hours. If hunger strikers continue to refuse both nutrition and hydration for more than 48 hours, however, they risk significant harm. Dry fasting without any fluid intake which persists for more than a few days would fall within the definition of “hunger strike” used here but, fortunately, this is rare. As the body cannot survive more than a few days without fluid, death would occur within the first week which, from the protesters’ perspective, is too short a period for negotiation to be effective. In short, the term “hunger strike” as discussed here refers to protest fasting without any intake of food but with ingestion of adequate quantities of water.

In the first days of fasting, the body uses its stores of glycogen in the liver and muscles. Ketosis occurs and is discernible clinically on the breath or by laboratory test in the urine. It subdues the voracious sensation of hunger experienced during the first days of fasting. It can be argued that total fasting (taking water only) for longer than 48 - 72 hours is the clearest definition on metabolic grounds for the term “hunger strike”. Glycogen stores are exhausted by about day 10-14 and certain amino acids take over as the substrate for gluconeogenesis. Muscle, including heart muscle is gradually lost. Close medical monitoring is recommended after a weight loss of 10% in lean healthy individuals and major problems arise at a weight loss of about 18%. Hunger strikers need to be aware that dehydration is a risk as they lose their sensations of hunger and thirst.

The medical duty to establish competence and motivation

Assessing patient competence and gaining an understanding of the purpose of the fast is crucial for physicians. Good communication and trust are essential here. Fasting as a symptom or manifestation of a psychiatric disorder such as anorexia or depression requires a totally different approach, so assessing patients’ mental health must be a first step for physicians. People suffering from any serious psychiatric or mental disorder likely to undermine their judgement need medical attention for their disorder and cannot be permitted to fast in a way that damages their health. Fasting for religious reasons should also not be confused with protest fasting but should be respected. It is generally not health threatening and does not raise dilemmas when undertaken by an otherwise healthy person. Two main categories of individuals embark on hunger strikes with quite different intentions and motivation. In potentially coercive contexts, (which include any situation of detention) it is important for physicians always to determine for themselves what are the exact motives for refusing nourishment.

Some food refusers fast to gain publicity to achieve their goal, but have no intention of permanently damaging their health. Their goal may seem relatively petty or it may involve reasons of principle. As they do not wish to die, these protesters often agree to artificial feeding being provided at some stage and may actually request medical assistance in monitoring their fast. Those who repeatedly make this type of protest can come to be seen as exercising a form of blackmail by the authorities, who then let strikes continue to test protesters’ resolve. Physicians need to clarify privately with protesters, at regular intervals, how far they are willing to go and when they expect and desire medical interventions to be made to prevent lasting harm to their health.

The other very different category consists of what might be seen as very determined hunger

strikers who are not prepared to back down unless their goal is actually attained. Individually or in groups, they may differ in their mode of fasting but they share a determination to risk their health or their lives for a cause. Political hunger strikers often fall into this category. Unlike the food refusers who rely on medical help to prevent serious harm, this category of protesters often mistrust physicians, whom they see as belonging to the detaining system. Such protesters pose a serious challenge to medical ethics, as their willingness to take fasting to the extreme inevitably raises difficult questions about whether and when to intervene and the thorny ethical question of whether feeding contrary to patients' expressed wish can ever be justified. In this paper, we have rejected the term "death fast" which is sometimes used to describe a determined hunger strike. The term is unfortunate in that it appears to assume death is the inevitable outcome. By perceiving death as the objective of the fast, opportunities for constructive dialogue may be lost from the outset. It is seen by the authorities as establishing an unacceptable ultimatum with no leeway for discussion. This can deter doctors from even attempting to mediate

The medical duty to attempt to establish "voluntariness"

"Voluntary total fasting" is a term often used, but fasts in detention are seldom total. Most protesters accept fluids and sometimes the rejection of food too is less than total. Participation can also be more coerced than voluntary, particularly in long collective hunger strikes. The authorities may want to stop protests by finding acceptable compromises but pressures may come inadvertently from staff, such as guards, whose taunts and derision of protesters can lead to a hardening of positions. Detainees may also suffer coercion from peer groups in subtle as well as obvious ways. These often complex situations can lead to the point where it becomes virtually impossible for a protester to cease fasting voluntarily. The informed and voluntary nature of individuals' food refusal are key aspects that physicians need to ascertain once mental competence has been established. Physicians must do their utmost to speak to each patient privately, out of earshot of all other people but with an interpreter if necessary. It is important that interpreters are not connected with the detaining authorities or the patient's peer group and that they are aware of the confidentiality expected of them. Those orchestrating collective hunger strikes are often reluctant to allow such talks, as this undermines their authority. This is possibly the most complex situation to deal with in determining whether hunger strikers are indeed genuine volunteers. The subsequent extent to which medical confidentiality can be guaranteed in custodial settings needs to be discussed with the patient. Physicians should do everything in their power to engage in frank discussion with patients and gain their trust. Where protesters appear to be fasting under duress, a solution may be to separate those individuals in hospital on a medical pretext, thereby extracting them from the influence others and allowing them, if they agree, to resume nourishment on medical grounds. Pressure may still come from relatives or the media. Families often alert the media, hoping this will heighten the pressure on the authorities to make concessions but it can also increase pressure on the protester not to give way.

Physicians sometimes cannot gain the trust of patients. In such situations, it may be possible to bring in an external physician unconnected with the detaining authority or one nominated by the patient to ascertain whether the fast is truly voluntary. If the "voluntariness" of the decision appears to be established, protestors' decisions should be respected. It is likely that some cases of coercion go undetected, even if all reasonable precautions are taken, but in the absence of evidence to that effect, physicians must listen to and abide by what patients say.

Physicians can discuss with patients the flaws or lack of logic in their expressed wishes without exercising undue pressure. Experience shows that particularly in highly political hunger strikes, decision making is far from simple. There may be situations where physicians need to challenge the patient rather than accept that person's views at face value. It is here that the importance of trust and the confidentiality of the individual interview become of paramount importance. There are cases in which physicians, confronted with an apparently fanatical hunger striker, can use their position of trust and medical authority to try to bring the protestor to reason.

Case example 1 – Difficulties of establishing a hunger striker's real wishes

A physician, visiting a collective hunger strike involving many politically motivated prisoners, listened carefully to the story of a female protestor. She had suffered many hardships, including rape and the loss of family members. She was barely 20 years old and appeared politically motivated almost to the point of fanaticism. Her intention, she said, was to fast unto death to protest against oppression. The physician decided to test her determination as he was not convinced her words reflected her real wishes. He took a firm stance, arguing that her apparent choice to die seemed wrong after all she had already endured and survived. In his view, her decision was ill thought out and he said that, as a doctor, he was unwilling to let her waste her life but wanted her to reconsider. The young woman was shocked as nobody even she had questioned her intention previously. She burst into tears but, on reflection, agreed that she did not want to die. As they talked, the doctor's careful reasoning and analysis of her situation helped her to identify her real wishes. The conversation between them was kept confidential but the woman agreed to accept nourishment which was given on a medical pretext to avoid pressure being brought to bear upon her by her peer group. The doctor's willingness to probe deeper than the woman's superficial statements allowed him to test whether her statements really were an autonomous expression of her views. Her readiness to hear his arguments made the hunger striker reevaluate her intentions and realize that she had suppressed her true feelings. The example shows how complex such issues can be and the risks of accepting an individual's views without any question

The duty to provide accurate information to patients

Physicians need to explain to each protestor the implications of fasting for that person. This entails first taking a detailed medical history and conducting an examination so that existing medical conditions are identified and discussed. They should objectively warn patients who suffer from ailments that are incompatible with prolonged fasting, not to embark on a hunger strike or to restrict themselves to a limited form of fasting. Conditions such as diabetes, gastritis, gastric or duodenal ulcer and many metabolic diseases are contraindications to total fasting. Only if fully informed, can protesters make a truly voluntary and informed decision on whether to embark on a hunger strike. They only have a chance of obtaining their goals if there is enough time for the authorities under pressure to react. The likely duration of their fast is therefore of paramount importance to hunger strikers, especially if they have difficulties in making their plight known to those outside who can try to exercise influence. It will be essential for hunger strikers to know as accurately as possible how long they personally could fast. The fatal outcomes of total fasting were first documented during the 1980 and 1981 hunger strikes in Northern Ireland where death generally occurred between 55 and 75 days. Similar experiences have confirmed this wide time bracket. The threeweek interval is due to differences in initial physical constitution and individual adaptation. It is not possible to predict any time span more precisely. Protesters need to be advised that death occurs some time after

six full weeks of fasting and survival after ten weeks of total fasting is practically impossible. They also need to know that in the final clinical stages of fasting, they will no longer be capable of discernment and need to make clear in advance what they expect physicians to do for them then.

The duty to give counselling

Medical counselling may often be a key element in determining the duration of a hunger strike. Physicians often find that some patients do not believe them, even when they try to give objective counselling. Some people who are detained understandably mistrust physicians, whom they see as working for the authorities. Doctors can have a difficult task convincing hunger strikers that they are acting on their behalf, partly because in many cases doctors are unable to show that they are neutral. In such situations, there is a role for outside physicians, not only to give medical advice, but also to act as neutral intermediaries in negotiations with the authorities. Doctors are often able to play a crucial role, but only if they obtain the trust of the patient. In some cases, transferring a hunger striker to hospital on the pretext of performing further tests may serve a humanitarian purpose, allowing the protester to resume nourishment on the doctor's orders. Detainees, however, confide in the physician only if they are convinced that medical confidentiality will be respected. The element of trust is here all important. To give accurate advice and counselling, physicians need to clarify the type of hunger strike that will occur. Most so called "total fasts" involve protesters accepting water but abstaining from all foodstuffs. Different cultures, however, have different notions of how fasting should be defined. Salt (either NaCl alone or a combination of minerals) is often added to the water and possibly sugar or other sweet substances such as honey. Some cultures define fasting in terms of abstaining from solid food (substances that need to be chewed) or from food that is cooked or heated. They may discount the ingestion of milk, honey or even nutrients such as eggs but the duration of the fast remains the crucial element. Physicians need to make clear to hunger strikers that nontotal or partial strikes, if prolonged, lead to death but at a much later stage than a total fast.

Some forms of partial fasting are considered as "cheating" by the authorities. This can lead to controversy about the seriousness of the protest. Prolongation of the period for potential negotiation, however, is often beneficial to the final outcome and helps avoid deaths. Therefore physicians can find themselves in an apparently counterintuitive situation. They may see more advantages in terms of lifesaving opportunities in a longer hunger strike which allows more time for negotiation rather than a short fast which is more restrictive in terms of what can be ingested and therefore more lethal. Physicians need to avoid implying to protesters or the authorities that nontotal fasting is not serious or lacks credibility. They should not challenge partial hunger strikers on the nontotal quality of their protest fast. Physicians need to understand that partial fasting for a lengthy period of time can be a legitimate form of protest which could provide more time to find a facesaving solution for all involved and thus be instrumental in avoiding fatal outcomes. They must not, however, let themselves be manipulated by either the authorities or the hunger strikers.

Physicians must not give erroneous clinical testimony or advice. Prison doctors, for example, have been known to threaten hunger strikers with grave medical sequelae that are fictitious. In one example, doctors told hunger strikers that fasting caused impotence, with the sole purpose of frightening them into giving up their fasting. This sort of action is completely unethical and undermines any trust that hunger strikers may have in the medical profession

The duty to maintain confidentiality

The duty of confidentiality is as strong in custodial situations as in the community. It is never an absolute requirement in either context if serious harm would result from non disclosure and physicians need to make an evaluation about where the best balance unable to maintain some aspects of patient's confidentiality, this should ideally be made clear at the start of the consultation. Wherever possible, however, physicians should respect patient confidentiality as the maintenance of trust depends upon it. This applies to nonmedical information given to physicians by patients. For example, physicians interviewing hunger strikers might learn the names of the ringleaders of the protest, but they would lose patients' trust and may put them at risk of reprisals if they disclosed that information to the authorities.

Case example 2 – Challenges in maintaining confidentiality

In a collective hunger strike, the physician realised that the hunger strikers needed to prolong their protest to allow time for the negotiation of their goals but none wished actually to risk their lives. As the protest was the focus of media attention, however, they could not be seen to be lacking in commitment and so while ostensibly refusing normal food, they privately agreed with the doctor to accept some nutrition and hydration intravenously. The physician maintained the trust and confidentiality of the prisoners by not disclosing the full situation to the prison authorities who, recognising that normal food was still being rejected, eventually threatened to end the strike by force feeding. The physician intervened and explained that he had the situation under control without force. Both sides in the protest were engaged in a drama where neither was willing to be seen to concede. The doctor's ability to agree privately with the prisoners to provide artificial feeding allowed time for both sides to reach an acceptable compromise without publicly losing face.

Hunger strikers also need to be aware that requiring a doctor to maintain their confidentiality can in some cases have potential disadvantages for them. Such aspects need to be discussed at an early stage .

Case example 3 - Challenges in the preservation of confidential information

A political prisoner on hunger strike complained to a visiting physician that he had been forcibly fed while semiconscious contrary to his verbal advance instructions. The prisoner wished to register a formal complaint. Having listened carefully to the prisoner's story, however, the doctor had doubts as to whether the prisoner had indeed been fed against his will since although semicomatose, he was a strong man who could have exhibited some signs of resistance. In fact the prisoner had made no effort to resist and later, in private, he confided in the physician that he was relieved to have been resuscitated but that these facts had to be kept confidential both from other prisoners and from the prison authorities. The doctor, therefore, was obliged to continue the pretence of taking the complaint seriously but in cases such as this, physicians also need to explain to hunger strikers the risks of such a deception since in future situations, it would be assumed that the hunger strikers did not want to be resuscitated unless they had made their real views plain. A hunger striker in this situation would have a particularly difficult dilemma if asked to sign a formal advance directive refusing future resuscitation since this would either force him to expose his real views or it would mean that he risked being allowed to die in future if evidence were lacking of his real feelings. In this case, as a last resort, the confidentiality of the prisoner's discussion with the visiting physician could arguably be breached to avoid that harm but this would really need to be discussed in advance with him

The advantages and disadvantages of communicating with families

Families may support detainees' fasting or try to get the authorities to intervene to save the prisoner's life regardless of that individual's views. Given, however, that people in custodial settings often have only limited ways of making their own genuine views known, physicians attending them can find it useful to communicate with their relatives. Direct contact with them may provide crucial background information allowing them to make the best decision. Cases also arise where physicians find themselves at odds with a family demanding intervention which the patient refuses. In many countries, the family of a prisoner on hunger strike has the legal right to require medical intervention. While keeping this in mind, physicians should never forget that their primary professional commitment is to the patient. Where families support the hunger striker or openly lobby for media attention, the authorities may be reluctant to allow family visits and physicians may have an important role as intermediary. Although pressures on hunger strikers should obviously be kept to a minimum, this should not be an excuse to suppress family visits.

Is there a duty to act as mediator?

The role of mediator is outside physicians' obligations in most circumstances but in the context of hunger strikes, they can be particularly influential in saving life if they are willing to do so and have the trust of both sides. They also need an objective view of the true situation. They may then be in a position to negotiate and possibly obtain concessions from both sides. They have to decide from the start, however, whether they can act as a medical intermediary between hunger strikers and the authorities and if they cannot, they need to make that clear to patients and not pretend to play the role. Prison doctors are likely to be in a privileged position if they have the trust of the prisoners and the confidence of the prison authorities. If hunger strikers trust and confide in them, physicians are able to evaluate how urgent is the need for mediation. Most hunger strikers desperately want to find a way out of the confrontation and often stop fasting if they obtain some minor form of concession from the authorities. In such cases physicians may be in the best position to negotiate some compromise between the two parties. When the demands of hunger strikers are very obviously out of reach, prison doctors must not fall into the trap of pretending otherwise or insinuating that a solution is achievable through mediation. They should make clear that they are outside the negotiations but the crucial role of providing accurate information to patients about their medical condition should continue.

The duty to remain objective and independent

Medicalisation of hunger strikes often occurs and can threaten physicians' ability to act independently. Local law may require medical monitoring of the hunger strike and the status of a particular hunger striker can also influence the attention given to that person. Physicians may have to balance objective medical observations with pragmatic facesaving situations, in order to buy time for essential negotiations to produce results. They must avoid pandering to any particular interest group by giving medical information or advice that is scientifically questionable or inaccurate.

Physicians working for prison administrations or other detaining authorities sometimes cannot be really independent. Even if they are fully aware of the ethical implications of a terminal hunger strike, without external support they are often powerless to oppose administrative decisions imposed on them by the authorities. Medical associations have a duty to inform physicians of international ethical guidelines that should be respected at all times and to provide support for them. Independent physicians ideally should be permitted to counsel hunger strikers

in the interest of all involved and in order to try to avoid any fatal outcome. Some countries do allow this, and these physicians' independent status ensures their credibility as acceptable intermediaries for all parties concerned.

Management of medical conditions during a hunger strike

The WMA's training module on prison health care contains a detailed account of the clinical stages undergone by hunger strikers between the first days of fasting and the final stage between 45 to 75 days later when death occurs from cardiovascular collapse or severe arrhythmias. As well as the physical aspects, physicians need to be aware of patients' mental and psychological disruptions. Refusal to take sustenance leads to a clinical syndrome that resembles, but is not equivalent to starvation. In the latter case, body depletion is a dragged out process, with little caloric intake, but still minimum absorption of vital elements such as vitamins or proteins. It is this intake that differentiates total fasting in a hunger strike situation (taking just water) with starvation in concentration camps. Among the symptoms experienced by long term hunger strikers are significant gaps in memory and inability to concentrate. They live for the moment. Total fasting forces the body to find substitute sources of glucose, essential for providing energy, to the brain in particular. Lack of calorie intake disrupts the usual pathways, and complex mechanisms kick in to replace the external energy source. The body begins to digest itself, breaking down the various tissues so as to have a constant supply of glucose. If the fasting leads to medical complications, it is the duty of physicians to do more than merely take notes and monitor vital signs. There is need for them to enter into a serious discussion with each hunger striker. It cannot be stressed enough that the privacy of the medical consultation is of paramount importance, so as to avoid any meddling or coercion, from any side, and for physicians to be able to play their role

Artificial feeding, forcefeeding and resuscitation

It is important that physicians understand the moral and practical distinctions between forcible feeding, artificial feeding and resuscitation. The WMA Malta Declaration gives some leeway to the treating physician, who should have the final word in deciding what is best for the patient, all factors being taken into consideration. Forcefeeding, however, is out of the question. If the protester's intent is to extend the fasting as long as possible, there should be advance discussion between the physician and hunger striker to clarify the expectations on either side. In particular, physicians need to be clear what actions they have patient consent for once the fasting has clouded the patient's mind and coherent communication becomes impossible. Physicians must discuss the crucial issue of artificial feeding and resuscitation before that stage. In some countries, patients' known wishes dictate what the physician does after consciousness is lost. In others, this is not an option and physicians may be prosecuted if they fail to intervene to save the hunger striker's life. Physicians need to know clearly what attitude to adopt and also make this clear to the hunger striker, so that they can reach a decision in common. If, for personal reasons, physicians cannot accept the patient's decision, they should say so and step aside so that another physician can act according to the informed decision of the hunger striker.

Artificial feeding should not involve coercion. It may be prescribed by a physician or be imposed by a judicial authority. This occurs usually at a stage when the hunger striker is no longer fully conscious and too weak to express a view. Artificial feeding involves administering nutriment and liquids parenterally or through a nasogastric tube. Even when physicians agree to respect patients' advance refusals, some circumstances may justify a

decision to resuscitate or artificially feed a hunger striker who has lost competence. A justification would be for example, that the situation has changed after the patient lost awareness so that the advance refusal may be considered inapplicable to the new scenario. If, however, when competence is regained, the hunger striker persists in the refusal of feeding or treatment, the physician should allow the person to die in dignity, without repeated resuscitations.

Physicians should never condone or participate in forcible feeding or any other enforced measures which may amount to cruel, inhuman and degrading treatment. When hunger strikes have a political component, the authority in charge may decide to end them by force and order the forcible artificial feeding of protesters. This may be decided very early on in the fasting, when there is no actual medical need to administer nutrition. It should be realized in this respect that the authorities often have specific agendas when ordering doctors to artificially feed (or forcefeed) hunger strikers. While claiming to want to save lives, some coercive authorities clearly intend to repress the principle of protest. For example, the authority may decide to force feed hunger strikers after two weeks of fasting, when there is no immediate medical need to intervene. It may also be decided to feed prisoners who resist by brute force, tying down their limbs and forcibly inserting a nasogastric tube. This coercion is what defines forcefeeding. It is not necessarily carried out by medical staff but may involve medical orderlies if doctors refuse

Case example 4

In a collective hunger strike, the degree of commitment to the fast varied considerably among the hunger strikers. It was clear to the visiting physician that some prisoners were absolutely determined to fast until they died. These prisoners not only refused all nourishment and drank only water but they resisted all attempts to provide nutrition by nasogastric tube. If tubes were inserted against their will, they used them to suck out any nourishment that had gone into their stomach. Other prisoners in the same strike however, told the doctor privately that they were willing to accept an intravenous line or nasogastric tube as long as they could maintain the pretence publicly that these interventions were done against their will. Since all the prisoners were saying publicly that they were unwilling to be artificially fed (even though privately some were saying the opposite), the first task for the doctor was to separate the prisoners from each other without in any way indicating that some were willingly accepting nutrition. Eventually, however, it was bound to become clear which prisoners were determined to fast to death since the physician recognised that it would be unethical to force feed those who were genuinely resistant. He hoped that by separating them, each of the prisoners would have some opportunity to reconsider their decision away from the influence of the peer group in a situation of privacy. For those who maintained their fast, their decisions were respected

Gaining support from professional associations

Physicians can find themselves in difficult situations if they want to comply with the international guidelines which are in conflict with local legislation. They may face the dilemma of whether to do everything to save a person's life or respect the right of individuals to dispose of their bodies as they please. This question is often further complicated by religious or legal issues. Local law may require physicians to intervene, even against their will, if a hunger striker's life is at stake. On the other hand rights of individuals to determine what is done to them. Where individual rights are respected, hunger strikers have a chance to have their decisions respected. Physicians encountering difficult dilemmas should appeal

to their national associations or directly to the World Medical Association for guidance and support. It may also sometimes be necessary to have help from a perceived neutral organization, such as doctors from the ICRC (International Committee of the Red Cross), Council of Europe CPT (Committee for Prevention of Torture and Inhuman Degrading Treatment and Punishment) or similar organizations

Declaration of Malta Glossary To be read in conjunction with the background discussion paper on management of hunger strikes.	
Advance instructions / advance directive	<p>Mentally competent patients can give consent or refusal in advance for future medical interventions, in order for their wishes to be known if later mental impairment leaves them unable to express a view. Advance instructions are a useful indicator of an individual's views but only if the person making them is aware of the implications and not pressured to make a certain choice. These criteria can be hard to meet in custodial settings but are not invariably absent. Physicians need to be aware that at the start of hunger strikes, there can be pressure for hunger strikers to prove that their intentions are serious which may push them into making an illconsidered advance refusal of resuscitation. Where possible, physicians need to discuss this privately with hunger strikers and ascertain their real intention. Some advance instructions truly reflect the individual's wishes but others do not. Physicians need to assess the evidence. Advance instructions can be written or verbal but have no value if made under duress. They may also be invalid if the situation has undergone significant change since the individual lost competence and it is no longer what he or she expected it to be. (See WMA statement on advance directives, Helsinki 2003).</p>
Artificial feeding	<p>Although often seen as synonymous, artificial feeding is not the same as forcible feeding. All forcefeeding is artificial but not all artificial feeding is forced. Artificial feeding in hunger strikes can be a solution for hunger strikers who do not want to endanger their health but who refuse to take nourishment normally for reasons of their own. Artificial feeding is acceptable if hunger strikers make known their agreement to it by any means or, if incompetent, they have not refused it in advance.</p>

Force feeding	Force feeding not acceptable. It involves use of force and physical restraints to immobilise the hunger striker. Although described as life saving, it is sometimes implemented as a coercive measure to break a hunger strike
Autonomy	Physicians should respect patients' autonomy by not overriding their voluntary, informed and competent decisions. In the case of hunger strikes, this means physicians should respect patients' refusal of feeding. It is important for physicians to explain accurately to hunger strikers the potential health impact of prolonged fasting and to advise them on how to minimise the harmful consequences by for example, increasing fluid and vitamin intake. Consent and refusal are invalid if the result of coercion. Autonomy is one of four key principles that are frequently portrayed as core to modern medical ethics.
Beneficence & Non maleficence	The duty to benefit (beneficence) and not harm (non maleficence) are also part of the four key principles but need to be interpreted holistically. Imposing treatment in the face of valid patient refusal is seen as a harm not a benefit. In custodial settings, this raises questions about whether prisoners or detainees can make such free choices.
Best interests	Physicians are morally obliged to act in patients' best interests but this does not mean prolonging life at all costs. An assessment of best interests must be a balance between seeking the best medical outcome and a consideration of the patient's own views, values and preferences. Physicians do not act in patients' best interests by overriding patients' strongly held wishes.
Confidentiality	All patients, including detainees, have rights of confidentiality but these are not absolute rights. Consent to disclosure should generally be sought from competent individuals. Information about incapacitated individuals can be disclosed if it is in their best interests. For all patients, disclosure is also permitted if it prevents serious harm to others. In hunger strikes, information about the patients' views and medical condition should be shared among health professionals providing care. Information can be given to other people such as relatives and lawyers with hunger strikers' consent.

Dual loyalties	Physicians supervising the management of hunger strikers often have contractual duties and obligations to other agencies, such as prison authorities. The WMA strongly emphasises that medicine is a privilege that invariably carries certain responsibilities. All medically qualified individuals must demonstrate the professional duties of beneficence and nonmaleficence even when they have dual loyalties and even if their work does not involve the actual provision of care. This means that all people who have been trained as care givers have the same ethical duties of care givers even when not employed to provide care.
Eating/fasting	Good communication depends on all parties understanding common terms in the same way. Different cultures have very differing views on what constitutes fasting or accepting nutrition. This is addressed in the WMA background paper and also in chapter 5 of the WMA's Internet course for prison doctors on www.lupin.nma.net .
Hunger strike and „Voluntary Total Fasting“	Refusing nutrition takes different forms. The terms “hunger strike” and “voluntary total fasting“ are sometimes used interchangeably even though fasting may be neither voluntary nor total. The ”voluntariness” of the individual’s decision is a key issue for physicians in assessing whether to abide by it. Partial or shortterm food refusal rarely raises ethical dilemmas. The most accepted definition of a hunger strike is total fasting (taking only water) for over 48-72 hours. Salt, minerals or sugar may be added to water. Dry fasting where all nutrition and hydration are refused is uncommon and leads to death within a week. A hunger strike is not equivalent to suicide. Individuals who embark on hunger strikes aim to achieve goals important to them but generally hope and intend to survive.
Justice	Justice is another of the commonly cited four key principles of medical ethics. In this context, it is the requirement for physicians to treat hunger strikers fairly, by listening to their views and trying to minimise undue coercion from any source.
Physician/physician assistant	The WMA primarily addresses its guidance to physicians but in the context of hunger strike management, other health professionals are likely to be involved and should be encouraged to abide by the Malta Declaration. Professional guidance for other groups such as nurses and paramedics, for example, generally reflects the same principles.
Undue pressure/coersion	Informing hunger strikers of the implications of their decisions and encouraging them to reflect are essential and do not constitute undue pressure. Attempting to dissuade them from fasting by threats, including the threat of forcible feeding, is not acceptable.

III/ Analysis of results of monitoring of respect of right to appropriate medical care of hunger strikers' in prison

Analysis covered 10 cases of hunger strikes of prisoners in three different penitentiaries in Serbia. In nine out of 10 cases, prisoners directly addressed Center for Human Rights-Niš, while one of the cases was reported by Directorate for the Enforcement of Criminal Sanctions. The length of these hunger strikes together with a significant loss in weight of all the prisoners clearly testify about the seriousness of the strike and prisoners' conviction in justifiability of their own requests.¹

1. Results of structured interviews with prisoners

First set of questions had such a concept to check the accordance of the existing practice with the potential enforcement of Malta Declaration. The other set of questions followed up the enforcement of certain paragraphs in the Codex of Medical Chamber of Serbia which are related to hunger strike and their enforcement is mandatory for doctors in everyday work and this obligation derives from the license necessary for work.

1.1. Analyses of reply which follow up Malta Declaration

All the prisoners refused all kinds of food during hunger strike. They took different kinds of liquids (water, coffee- with or without a small amount of sugar or salt). In two cases prisoners, based on their own decision, radicalized the strike by stopping taking any liquids. However, third prisoner did not take liquids due to the lack of knowledge because he believed that if he took even water that would not be hunger strike anymore.

One prisoner received infusion of liquids for three times, and to the other one the doctor gave infusions to drink. Only one striker took vitamins for some time and they were given to him by an inmate.

In seven cases prisoners wanted to force out transfer to some other penitentiary. The request for transfer is either the only one or is rarely combined with some other reason or protest. In two cases the intention of striker was to accomplish, as they believed, right to appropriate medical care (in combination with other requests). Other kinds of problems that were reason for strike were- discrimination on national base, either of the prisoner himself or of the others, which the prisoner observed and wanted to draw attention to; overpopulation; lack of hygiene; unfair verdict in prisoner's opinion; non-advancement through categories which is not justified based on objective indicators.

In four cases of hunger strike the prisoner brought up a rational request, without wish to draw and get the attention of the environment, from which it derived that the strikers were determined. One of the prisoners has a clear request, motivated by religious reasons. In two cases there is a combination of clear request and prisoner's protest. In three cases the motivation for hunger strike is clear protest.

During the hunger strike, when asked in which case they would stop the hunger strike i.e. which result would satisfy them, all the interviewees replied that it would be in case of the realization of their request, i.e. solution of the problem. Strikes stopped in case of: realization of the request (1);

¹ Details related to each case separately are given in the reports on individual cases and are a part of this publication.

promise given by competent body, accepting objective circumstances related to submission of the request for the problem to be solved, in case that life is endangered and once, based on the recommendation of the European Court.

When asked whether anyone- meaning representatives of the Directorate, doctors, other persons made pressure on them during the hunger, in seven cases prisoner gave explicit and negative answers. In one case a prisoner says that he was subjected to pressures until exact date and that from then on, he was not. In two cases replies are explicit and positive.

From the questions that should give wider explanations and check the correctness, the following answers, we understand as objective pressure to hunger strikers, were given. One of the prisoners was told, by a supervisor, that he would not achieve anything and his treatment officer suggested to him to stop with the hunger strike and that his requests would be taken into consideration then. In other case the prisoner was advised to stop the hunger strike because he jeopardized his health. In the third case a prisoner was advised by supervisor and treatment officer not to strike because he had not achieved anything with his previous hunger strike, and he would not achieve anything with this one. Furthermore, when a striker told one of doctors that he took some sugar and salt besides water, tea and coffee, the doctor told him that taking sugar and salt meant that he was not on hunger strike. Fourth one was forbidden to make phone calls from the phone booth from the moment when he started the hunger strike. When suggested by authorized representative to take vitamins and liquid with sugar and salt, he replied, that in that prison, if a prisoner took these supplements, it would mean that he was no longer on hunger strike.

What is common for these replies is that they were given by persons, excluding one, who previously had said that they had not been subjected to pressure. This statement can point to previously recognized decreased sensibility of prisoners to different kinds of pressure, which is most frequently manifested in not recognizing behaviors to which they are subjected and which stand for pressure. Center for Human Rights Niš obtained quite similar results during the research related to recognizing psychological torture of prisoners, and which is, in its core, a decreased feeling of self-respect.

In two cases there was a subjective feeling of being subjected to pressure.

In all cases of hunger strike, the interviewees replied that it was a voluntary hunger strike.

In eight cases of hunger strike, the doctor asked the striker about the reasons for hunger strike. In one case, the prisoner was examined but was not asked why he was on hunger strike. One prisoner said that until the 11th day of strike he had not been examined and thus could not have been asked for the reason of hunger strike by a doctor.

In none of the cases the doctor asked the prisoner, at the beginning of hunger strike, if he wanted to be helped later, in case of losing consciousness. In two cases the doctor asked the prisoner for the instructions, in the second half of the strike and in private. One of the prisoners cannot remember whether he was asked for the instructions, at all.

In six cases, the prisoners did not give instruction about medical intervention in case of losing consciousness, and one cannot remember if he gave the instruction. Only in three cases prisoners gave instruction about medical intervention in case of losing consciousness.

All the hunger strikers replied that the doctor never recommended them taking vitamins during hunger strike.

In none of the cases did the doctor visit the prisoner during hunger strike.

In seven cases prisoners were medically checked by a doctor on daily basis, but the examinations mainly consisted from measuring of weight and blood pressure. In three cases prisoners were not medically examined every day.

None of the prisoners was explained difference between artificial and force feeding. In six cases prisoners were never asked whether they would accept artificial feeding. In one of the cases a prisoner does not remember and in three cases they were asked in the later phase of the strike. Regarding these three cases, for two times the conversation was in private and once the striker was asked in front of the others. When asked the same question by the attorney, in four cases the prisoners replied that they would not accept artificial feeding. In four cases prisoners were artificially fed during the hunger strike, they did not resist it and we understood that it was not force feeding no matter what kind of reply the prisoner had given earlier.

Only in one out of ten analyzed cases, a prisoner was medically examined by a psychiatrist.

In none of ten cases the doctor contacted striker's family.

In five cases of hunger strike, the prisoners are explicit that they did not trust doctors who followed up their cases. At remaining five, trust is present to some extent and it varies depending of personality of a doctor which they exclude as an exception and dependently from the phase of the strike.

In none of the cases other prisoners teased or made fun of strikers during hunger strike. In three cases strikers experienced staff's attitude towards strike as negative or ironic.

All processed cases of hunger strike were individual.

Only in one case of hunger strike a prisoner is explicit that doctors, especially one female doctor, introduced him with the consequences of hunger strike to his health. In the remaining (at least eight cases) strikers were not introduced by doctors, on daily basis, with the influence of hunger strike to their psychical and physical health. In only three cases the prisoners said that they are introduced with the fact for how long a healthy person can hunger strike. That information was received by the authorized representative- member of CHRNis Team.

In four cases of hunger strike the prisoners reported that they suffered from some chronic disease and that they took therapy regularly. One prisoner is first category disabled worker, which is a consequence of many years long work in mines. One of the strikers does not suffer from any chronic disease but he has three peaces of shrapnel in his body, as a consequence of the war. In four cases prisoners replied that they did not suffer from any chronic disease.

None of the strikers was examined by a doctor from other institution. In nine cases the prisoners did not ask to be medically examined by a doctor from some other institution, and in the tenth case the prisoner asked how to realize that. He got a reply that he should submit the request to the Head.

1.2. Extracts from the Codex of Professional Ethics of Medical Chamber of Serbia dealing with prisoners- hunger strikers

.....

Doctors' actions in special institutions

Article 31.

A doctor employed in closed type institutions and others in which the prisoner is accommodated by law, personally protects the rights of the patient and their physical integrity and dignity.

Force medical treatment and feeding is allowed only in cases where a person is not able to consciously decide about that.

.....

In prisons, a doctor makes efforts that mentally diseased people are adequately medically treatment and to be maximally protected from discrimination based on their mental disease. It is specially related to protection from sexual, physical or other abuse, as well as from physical or psychological torture.

According to his/her abilities, a doctor must prevent, i.e. report any action that is not allowed and which could have impact on personality, physical or psychological condition of the patient.

Actions in case of hunger strike

Article 33.

When considers that during the hunger strike a prisoner or other person is aware of tribulation, the doctor must not suggest artificial feeding or participate in it.

The opinion of the doctor that a person is aware of tribulation must be confirmed by another doctor. Both doctors have to explain the consequences of tribulation to his health condition.

All the time of the strike the doctor has to check up whether a striker has become incapable of making decisions due to exhaustion.

When the striker becomes mixed up and incapable of making smooth decision or falls into coma, the doctor is free to, in the name of patient's interest, introduce artificial feeding. In this situation, the doctor is obliged to, within the limits of his/her possibilities and professional knowledge, provide, without delay, urgent medical assistance.

1.3. Analyses of reply which follow up the Medical Chamber Codex in the part dealing with hunger strike

In all processed hunger strikes none of the prisoners was force fed. In four cases prisoners were artificially fed, and for many times during hunger strike. They did not give their consent in advance but they did not resist.

Bearing in mind that no one, in sense of doctors or staff did not make pressure on prisoners, i.e. prisoners did not recognize their behavior as a pressure during hunger strike, in nine cases there was no need for doctors to protect prisoners. In one case a doctor was not informed about the

pressure that treatment officer and supervisor made on the prisoner and thus he did not protect him.

In seven out of ten cases, prisoners were not introduced by doctors with the consequences of hunger strike to their psychical and health condition. In two cases, prisoners were introduced with these facts in the second part of hunger strike. Only one female doctor in Niš Penitentiary introduced a prisoner with consequences of hunger strike to his health in detail.

In none of the cases another doctor from another institution introduced the prisoner with the consequences of hunger strike to his health.

In seven cases of hunger strike, the strikers were daily medically examined by doctor. Most usually the examination was brought down to measuring weight and blood pressure and other medical examinations were done sporadically. In three cases, medical examinations were not done on daily basis. Psychological condition of a striker was not examined in none of the cases.

In six cases of hunger strike prisoners said that they did not lose consciousness. In three cases prisoners said that their reasoning was difficult and in three cases prisoners were artificially fed.

2. Preferable contents of prison hunger striker's medical examination

2.1. In cases of food refusal

Medical examination should be overall, comprehensive and if possible, at the same time. Complete examination comprises estimation of somatic functions and psychical condition of a striker. Somatic examination should include measuring of weight, blood pressure and heart frequency. Auscultation of heart and lungs, as well as presence of swellings on extremities check also represents an everyday duty of a doctor.

Estimation of physical status is not only a privilege of a psychiatrist, but at the same time it is a task for a doctor who examines the patient everyday. Two things are most important- determining of prisoner's abilities to voluntarily and consciously bring a decision about hunger strike and understand instructions and explanations he gets from the doctor, as well as recognizing of psychiatric patients as counter indication of competent decision making at all.

Besides these everyday duties, a special task of a doctor is to introduce the striker with the impact of starvation to his health condition and eventual consequences. Doctor's opinion that a person is aware of the consequences of hunger strike for his own health need to be confirmed by another doctor.

Laboratory analyses (sugar in blood, blood analyses, urea, creatinin, transaminasis, urine analyses) are necessary to be done once a week.

The doctor should introduce hunger striker with general information about hunger strike (for how long a healthy person could starve, examples from the practice...) and to check from other contacts whether the patient is introduced with this information.

A doctor is expected to recommend to the patient vitamins taking (especially B1 thiamin).

All these should be explained to a striker in a way appropriate for him (in line with his education and understanding abilities) and additionally checked if he understood everything.

In case when hunger striker's health condition requires engagement of other medical specialists, the doctor is obliged to ask the Management of the Penitentiary to provide it.

When a striker becomes vitally endangered or incapable of making rational decisions, a doctor is obliged to introduce artificial feeding in the name of prisoner's interest. In this situation a doctor is obliged to give urgent medical assistance without delay.

All the doctors that get in touch with the patient are expected to have unique, uniform behavior.

2.2. In cases of food and liquids refusal

If a striker refuses liquids too, a doctor should be aware of seriousness of situation: increased danger for prisoner's health and shorter available time and to adjust his behavior to it.

He is obliged to introduce the striker, on daily basis with the impact of not taking liquids and food in organism, in general as well as with the impact of such a strike to his health condition and eventual consequences.

A doctor should introduce a hunger striker with general information (for how long such a strike can last, what can be the consequences...) and to try to suggest to him, in form of support, to take at least liquids, so that his chances for the fulfillment of the request could be more realistic. This conversation must be done in private, in form that enables preservation of the respect and dignity of hunger striker.

In case of such a strike, a doctor should examine the prisoner twice a day where the extent of the examination remains the same as in cases of only food refusal. Laboratory analyses must be done on daily basis.

Bearing in mind that much faster psycho-physical impairment is expected, it is necessary to check up his/her ability of rational decision making.

All the things expected from the doctor during hunger strike remain as obligation in this case as well, bearing in mind that the doctor has to be aware of possibility of a sudden worsening of prisoner's health and to react in this sense.

2.3. In special cases (chronic diseases, repeated strikes, long lasting strikes...)

In cases when a prisoner suffers from some chronic disease (diabetes, insufficiency of kidneys, ulcer on stomach, asthma, increased blood pressure...) a doctor is obliged to pay special attention to this when he follows up the patient. He is expected to introduce the striker with possible worsening of the existing chronic disease due to the hunger strike, and to, at every day examination, obligatory carry out additional diagnostic procedures important for concrete disease (measuring sugar in blood, oxygen saturation, estimation of kidneys functions...)

If these additional examinations show the worsening of the existing disease, a doctor is obliged to inform the patient with that.

In cases of repeating of the strike in the short period of time, as well as in the advanced stage of strike, the doctor has to be aware that energy reserves with the patient are spent and that metabolic changes in his organism happen much faster. Because of that, everyday medical examination should comprise mandatory laboratory analyses of blood and urine.

3. Medical documentation keeping

All the things that are important for the patient- (time of hunger strike, day of hunger strike, applied diagnostic procedures, results of examinations, given therapy) should be daily, in detail and tidily registered in the medical file. Results of what was done as well as unexpected worsening of striker's health condition should be described in detail.

If during hunger strike and everyday conversations happen that the patient changes his attitude about significant issues related to strike, a doctor is obliged to register this change in the medical documentation.

Signature and facsimile of the doctor who carried out examination is an integral part of medical documentation.

4. Analyses of medical documentation in processed cases of hunger strike

Out of ten processed cases of hunger strike, Center for Human Rights Niš had opportunity to have direct insight in just one medical file and to directly speak to doctors and get additional explanations. In nine remaining cases the prisoners gave their written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoners based on their own request and they submitted them to Center of Human Rights-Niš together with the consent for insight in medical documentation. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information.

In five cases of hunger strikes, medical examination was done on daily basis. During the examination body weight and blood pressure were always measures, while complete clinical examination (heart, lungs, presence of swellings) was done periodically. Time of the examination was not always registered in the medical file. The code of the disease in line with International classification was registered, together with the day of strike and applied therapy. What is common for these five cases is that each prisoner was daily introduced with the consequences of hunger strike to his health.

In three processed cases submitted medical documentation is incomplete, medical examinations are superficial, time and day of hunger strike were not registered. The doctor did not introduce the striker with danger to his health for single time.

In one case of hunger strike, the prisoner suffered from insulin independent diabetes. The doctor was introduced with this fact and all that was registered in the medical file. For all the time of hunger strike, sugar level in blood was never measured.

In two cases, after regular, legally established request of the prisoner to get a copy of his medical file, documentation which is provided is not related to the period of hunger strike.

In three out of ten cases submitted documentation was so badly done that it made the insight in it significantly difficult.

After the analyses of obtained documents, it could be stated that Health Care Service in Niš Penitentiary performs its work with more professionalism although, there are many lacks in their work, as well.

5. Psychological findings of prisoners

The aim of everyday estimation of mental condition of a prisoner is to determine his competence for strike which comprises that it is voluntary, that he is ready to understand the act and consequences of the strike.

In conditions of project realization, especially when the access to prisoners is significantly difficult and reduced, as in this one, it was important to, somehow, verify cases of hunger strike, so that they could be treated from then on, in that way. For determining mental status in ten cases of strike, structured and free interviews were used, as well as Revised Beta test of intelligence. They had two purposes: to define the competence of the striker to bring the decision for the strike and to detect psychiatric disorder where starvation would be a symptom or manifestation of disorder, not a consciously brought decision with realized purpose.

The common thing for investigated hunger strikes is that mental health of strikers is preserved. Cognitive abilities of strikers and level of intelligence (which goes from slightly under average to upper limit of average intelligence) are on the level that enables rational bringing of decisions about hunger strike with realized purpose and consequences of hunger strike.

III/ Individual reports on the monitoring of respect of right to appropriate medical care in ten cases of hunger strikes of prisoners

and

Reports on the interview with the prisoner in the period of hunger strike

1) V.B. (1), Niš Penitentiary, period of strike: 26.07.2010. – 09.08.2010.

Report on structured interview with the prisoner:

Note (1): The report was produced based on the two visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team)

Out of all possible forms of food refusal (only food, food and sweet drinks, food and water...) prisoner V.B. during the hunger strike did not take food but he was taking liquids- water and coffee. He was taking some vitamins which other prisoner gave him for some time, but he stopped because he did not feel well.

The intention of a striker was to be transferred to Penitentiary Sremska Mitrovica where he had started with sentence serving. He was transferred to Niš 3 years ago when Penitentiary Sremska

Mitrovica was being reconstructed. He submitted a request for transfer which was rejected. As reasons for transfer he gave the distance of Zrenjanin (a town where he comes from) from Niš, his father's disease and bad material situation in which his family was for which reason they could not visit him. During the interview the prisoner said that he felt discriminated in Niš Penitentiary because of his Hungarian origin and that it was not the case in Penitentiary Sremska Mitrovica because there are more Hungarian and other nationalities' prisoners. His other intention was to get the cease of sentence serving so as to ensure care for his father who got injured in the fire in their family house, all this in cooperation with Social Care Service.

Based on the clearly given request, it could be concluded that V.B. belongs to a group of decisive hunger strikers who have a rational request and without wish to draw and get the attention of the environment.

During the interview the prisoner said he would stop the hunger strike in case both his requests were approved. He would stop even if he was sent to Sremska Mitrovica only.

The prisoner said that no one either made direct pressure on him to start with the hunger strike or to stop it. During the hunger strike one of the supervisors said that he would not achieve anything with it, while the treatment officer recommended stopping with the strike and then his requests would be considered.

It was a voluntary hunger strike.

During the first medical examination the doctor asked him why he was on a hunger strike.

During medical examinations none of doctors asked the prisoner whether, in a later phase of strike, he would like to be helped (infusion). Thus, he did not give instructions about what kind of help he would want to be given in case of losing consciousness.

Prisoner V.B. does not suffer from any chronic disease, but because of nightmares which occurred due to trauma he had gone through, he regularly takes therapy prescribed by a psychiatrist few months ago. As well he has problems with blood pressure.

V.B. said that the doctor had introduced him with the impact of hunger strike on his health. The doctor advised him to take more liquids so as to avoid the collapse of his kidneys.

He was not explained the difference between artificial and force feeding and he was not asked whether he would accept artificial feeding. If he was asked he would not accept artificial feeding

During the hunger strike the psychiatrist did not examine him.

The doctor did not get in touch with his family. The prisoner does not have basic trust in doctors, but he emphasizes that one female doctor was very good.

The aim of hunger strike was the realization of requests.

He started the strike on 26.07.2010. He had 83, 3 kg then and at the end of the strike, on 15th day-09.08.2010. he had 73.1 kg. He was promised to be granted transfer to Penitentiary Sremska Mitrovica. The procedure for his transfer had already been started, he got a positive opinion on the collegium of Penitentiary Niš and request for transfer was sent to Directorate for the Enforcement of Criminal Sanctions in Belgrade. As well he was promised to advance to category

``B". This category implies sentence serving in a semi-opened part of Penitentiary Sremska Mitrovica as well as free weekends he would use for visits to his sick father.

Starvation was not based on religious reasons.

During the hunger strike nobody from the prisoners teased him or made fun of him for the fact that he was on hunger strike.

Doctors did not introduce him in detail with the consequences to his mental and health condition the hunger strike might cause. Everyday medical check-ups, based on prisoner's statement, were brought down to occasional measuring weight and sometimes to more detailed examinations.

The prisoner said that he thought well before making decision to start a hunger strike and he thinks that he had no other means to accomplish his goals. He did not know for how long one could be on hunger strike until the attorney explained him.

He was not medically examined by any other doctor outside the institution (Penitentiary)

Questions following the Medical Chamber Codex, in a part dealing with hunger strike:

Nobody force fed or artificially fed him during the hunger strike.

Bearing in mind that nobody- speaking about Directorate, other doctors, other staff in Penitentiary, made pressure on the prisoner during the hunger strike, there was no need for a doctor to protect him.

The doctor did not introduce the prisoner with the consequences of a hunger strike to his mental and health condition.

Other doctor (outside) Penitentiary did not examine him.

Out of all needed daily examinations of psychical and health condition, the prisoner was measured weight and blood pressure on daily basis and rarely subjected to other medical examinations.

Besides somatic parameters, assessment of mental health and reasoning abilities of the striker are of a great importance. The assessment is necessary so as to exclude starvation as a manifestation of psychical disorder and to determine the competence of a striker to realize the purpose and consequences of starvation. Psychiatrist is the most competent for this assessment but this should be the obligation of the doctor as well in everyday contact with a prisoner.

During this hunger strike he did not lose consciousness.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner based on his request and he submitted them to the Center of Human Rights-Niš, together with the consent for the insight in medical file. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information.

V.B. starts the hunger strike on 26.07.2010. The prisoner refuses prison food from dinner (examination done at 18.40), body weight 83,3 kg, blood pressure 160/100 mm/Hg, introduced with the consequences that hunger strike could cause to his health.

In the submitted medical documentation there is no follow up of prisoner's medical condition from 27.07.2010. (second day of hunger strike) till 02.08.2010. (eighth day of hunger strike).

From 03.08.2010.(ninth day of hunger strike) till 09.08.2010. (end of strike) medical examination was done every day. Time of the examination was not always written in. During the examination his body weight and blood pressure were always measured and complete medical examination (heart, lungs, presence of swellings) was done only occasionally. Day of hunger strike was regularly written in the medical file.

The prisoner was introduced, on daily basis, with the consequences of hunger strike on his health. On 09.08.2010. (fifteenth day) the prisoner stopped the hunger strike. V.B. body weight was 73,1 kg, blood pressure 130/85 mm/Hg, he felt good, without hardship.

In a submitted medical file there is no evidence of additional diagnostic procedures (if they are done during the hunger strike), as well as received therapy.

Comment on the insight in medical documentation:

Submitted medical documentation was insufficient and copy of medical file was technically very badly done. For that reason, insight in medical documentation and evaluation of done was made difficult.

The doctor is obliged to introduce the hunger striker with the consequences of the strike to his health. Based on the statement of the prisoner and having taken insight in his medical file, we observed discordance.

Complete clinical examination is not full, it was not done on daily basis and time of examination was not registered in the medical file.

Psychological findings of V.B.

In order to determine cognitive abilities and IQ of the prisoner V.B. an interview and testing of the prisoner was done on August 5th 2010. after 13th day of hunger strike. Revised Beta test was used.

During the interview and work, V.B. is adequately motivated and cooperative. In test situation, his attention is without significant oscillations. In certain amount there is insecurity expressed through verbalized need for confirmation of the correctness of work.

Beta IQ of the prisoner V.B. is 92 which is the level of low limit of average intelligence.

After observation, interview and results of testing, it could be concluded that cognitive abilities and logical reasoning abilities of prisoner V.B. are preserved.

Recommended measures:

1. It is necessary that documentation is complete and technically correct when handed over to a prisoner, based on his request, in order to enable insight and assessment of what was done by doctor. If documentation is not complete, it is necessary to have valid explanation about the missing part of documentation.
2. In case of a hunger strike a doctor is obliged to introduce the striker in detail about possible consequences of hunger strike to his health. It is necessary that he explains to a striker a difference between artificial and force feeding. All the explanations should be adequate to the level of education and cognitive abilities of the striker. The doctor should additionally check if the striker understood all the explanations well.
3. All this is comprised in the Codex of professional ethics of Medical Chamber of Serbia which stipulates the actions of doctor in case of a hunger strike. The respect of this codex is influenced by the license that gives possibility for work to every doctor.
4. Medical examination during the hunger strike should be overall and comprehensive, done on a daily basis, at the same time and always registered in the medical file.

Report on Visits

Place: Niš, Penitentiary

Date of the visit/s: 29.07.2010. and 05.08.2010.

Prisoner V. B., ID number 7063, who is serving sentence was visited by the attorney, based on his call, for two times- 29.07.2010. and 05.08.2010. The interview was held in the room for visits. There were engaged with the control of the parcels but they were not directly supervise the discussion between the prisoner and attorney.

The prisoner says that he was moved from Sremska Mitrovica Penitentiary during the reconstruction of this prison, based on the Decision No 702-00-1191/2007-05 from 26.09.2007. He has not been sent back yet, no matter the fact that his place of residence is in a village close to Zrenjanin. Based on the rule, the prisoner is sent for sentence serving to a prison closest to his place of residence, because in that way it is much easier and more economical to accomplish the right to visit, right to receiving parcels and other rights that the prisoner is entitled to during sentence serving. The prisoner addressed the Directorate for the Enforcement of Criminal Sanctions with a claim for transfer which was rejected. As reasons for transfer he gave distance between Niš and Zrenjanin, his father's disease and bad financial situation in his family is and which cannot visit him for that reason. Prisoner's father V. Đ. was injured in the fire in their family house. He has injuries of his extremities and very bad overall condition because of his age (he is 73 years old). His neighbors take care of him but he is not sure until when it could last because no one is obliged to do that and everything depends on their free will. His intention was to get the cease of sentence serving so as to ensure care for his father who got injured in the fire in their family house, all this in cooperation with Social Care Service. Prisoner submitted the claim for cease of sentence serving which was rejected by the Decision of Directorate for Execution of Criminal Sanctions, No 24-02-00289/2010-05 from 26.07.2010. The lawyer lodged a complaint to this Decision to the Minister of Justice of the Republic of Serbia.

The prisoner said that he started hunger strike on 26.07.2010. He doesn't take food, he takes only water and coffee with some sugar. He took vitamins which other prisoner gave to him but he did not feel well and he stopped taking them. The aim of the striker is to be moved to Sremska Mitrovica where he had started sentence serving. The other aim is the adoption of his claim for the cease of sentence serving.

During the interview, the prisoner said that he felt discriminated in Niš Penitentiary for his Hungarian nationality and that it was not the case in KPZ Mitrovica because there were much more Hungarians and other national minorities.

He is on voluntary hunger strike and from the beginning of hunger strike (first day 29.07.2010.) no direct pressure has been made on him. Only, on one occasion, one of the supervisors told him that he would not achieve anything with it.

However, during the second visit (05.08.2010.) he said that his treatment officer told him to stop the hunger strike and then his requests would be taken into consideration. He answered that he could stop his hunger strike only when all of his requests were fulfilled. He said that he was, as well, offered to visit his father escorted by the security staff, but that he had to pay alone for that escort, mentioning the amount of 8.2000,00 dinars, for which he did not have money. He adds that a short visit home means nothing to him and that he needs the cease of his sentence serving so as to provide care for his father.

Starting from the first day of hunger strike he was examined by a doctor, on daily basis. At every examination his body weight was measured. At the beginning of hunger strike he had 83,3 kg, and on the day of second visit (05.08.2010.) he had 74,5 kg. On every day of hunger strike weight loss was registered. As well, the doctor informed him every day about his current health condition and influence of hunger strike. The doctor advised him to take more liquids so as to maintain kidney's function.

Prisoner V. B. does not suffer from any chronic disease, but because of night mares caused by trauma that he went through, he regularly takes therapy prescribed by a psychiatrist few months ago. He also has problems with blood pressure.

Date of the visit: 13.08.2010.

The prisoner informed the attorney that he had stopped with hunger strike on 09.08.2010. because he reached the agreement with Penitentiary Niš. He got promise that his transfer to Penitentiary Sremska Mitrovica, the nearest one to his place of residence-Zrenjanin, would be approved. The procedure for his transfer has already been started, he got positive opinion at collegiums in Penitentiary Niš and his request for transfer was sent to Directorate for the Enforcement of Criminal Sanctions in Belgrade. As well, he was promised to advance to category B2. This category implies sentence serving in a semi-opened part of Penitentiary Sremska Mitrovica, as well as use of free weekends he would use to visit his sick father. This information was conveyed from Penitentiary to him by his treatment officer (he does not know her name because she has recently become his treatment officer).

In case that the promise was not kept, V. B. will continue with hunger strike, but he will not take water or any other liquids then.

Date of the visit: 26.08.2010.

Prisoner V. B. said that his father V. Đ. had passed away on 22.08.2010. One of the reasons for which he asked to have his sentence ceased is the need to help his father who had been severely injured in the fire that year. He has been asking for transfer and cease of sentence serving for four months and if his request had been approved he might have provided better care for his father and he might be alive now. The prisoner said that he was informed about his father's death the following day, on 23.08.2010 so that there was no way to attend the funeral.

The prisoner is in a very hard emotional state because his father was the last member of his close family and now he is left without anyone. He repeated that he felt discriminated because of Hungarian nationality, that the staff, especially his treatment officer behaved badly with him and that they did not accept any of his requests.

Related to the promises given during the hunger strike, by Penitentiary Niš, about the transfer to Penitentiary in Sremska Mitrovica, the prisoner said that nothing was fulfilled.

He announced that he would continue with the hunger strike from Monday 30.08.2010. This time he will not stop until all of his requests are adopted and promises given by Niš Penitentiary kept.

2) V. B. (2), Niš Penitentiary, Period of strike: 13.09.2010. – 08.10.2010.

Report on structured interview with the prisoner:

Note (1): The report was produced based on the two visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team)

Out of all possible forms of food refusal (only food, food and sweet drinks, food and water...) prisoner V.B. during the hunger strike did not take food but he was taking liquids- water and coffee

The intention of a striker was to be transferred to Penitentiary Sremska Mitrovica where he had started with sentence serving, which was the reason for his previous hunger strike. In the meantime his father passed away and the information about that was announced with delay so that he could not attend the funeral and his request to attend 40 days memorial ceremony (which is a tradition in Serbia) was not adopted.

He is additionally motivated by bad attitude of the staff towards him in Penitentiary Niš. He wants to go back to a prison which is the closest to his place of residence and he thinks that he is discriminated because of his Hungarian origin.

Based on the clearly given request, it could be concluded that V.B. belongs to a group of decisive hunger strikers who have a rational request and without wish to draw and get the attention of the environment.

During the interview the prisoner said he would stop the hunger strike in case he was transferred to Sremska Mitrovica.

The prisoner said that no one either made direct pressure on him to start with the hunger strike or to stop it. They advised him to stop the hunger strike because he jeopardized his health.

It was a voluntary hunger strike. During the first medical examination the doctor asked him why he was on a hunger strike.

During medical examinations none of doctors asked the prisoner whether, in a later phase of strike, he would like to be helped (infusion). Thus, he did not give instructions about what kind of help he would want to be given in case of losing consciousness.

Prisoner V.B. does not suffer from any chronic disease, but because of nightmares which occurred due to trauma he had gone through, he regularly takes therapy prescribed by a psychiatrist few months ago. As well he has problems with blood pressure.

V.B. said that the doctor had introduced him with the impact of hunger strike on his health and examination consisted of measuring weight and blood pressure only.

The doctor did not recommend him to take vitamins but he examined him on daily basis.

He was not explained the difference between artificial and force feeding and he was not asked whether he would accept artificial feeding. If he was asked he would not accept artificial feeding

During the hunger strike the psychiatrist did not examine him.

He does not know whether the doctor got in touch with his family. The prisoner has trust in doctors who follow him.

The aim of hunger strike was the realization of requests. He started the strike on 13.09.2010. He had 79, 5 kg then and at the end of the strike, on 17.09.2010. he had 77.1 kg. Starvation was not based on religious reasons.

During the hunger strike nobody from the prisoners teased him or made fun of him for the fact that he was on hunger strike. Some of the staff from Niš Penitentiary told him that he was on hunger strike in vain and that he would not achieve anything with it.

Doctors did not introduce him in detail with consequences of hunger strike to his mental and health condition. Everyday medical check-ups, based on prisoner's statement, were brought down to occasional measuring weight and sometimes to more detailed examinations.

The prisoner said that he thought well before making decision to start a hunger strike and this time he was decisive to strike until the accomplishment of his goals. The prisoner got transfer to Sremska Mitrovica Penitentiary.

The prisoner did not ask to be and he was not medically examined by any other doctor outside the institution (Penitentiary)

Questions following the Medical Chamber Codex, in a part dealing with hunger strike:

Nobody force fed or artificially fed him during the hunger strike...

Bearing in mind that nobody- speaking about Directorate, other doctors, other staff in Penitentiary, made pressure on the prisoner during the hunger strike, there was no need for a doctor to protect him. Some of the Penitentiary Staff advised him to stop the hunger strike.

The doctor did not introduce the prisoner with the consequences of a hunger strike to his mental and health condition.

Other doctor (outside) Penitentiary did not examine him.

Out of all needed daily examinations of psychical and health condition, prisoner's weight and blood pressure were measured on daily basis and he was rarely subjected to other medical examinations.

Besides somatic parameters, assessment of mental health and reasoning abilities of the striker are of a great importance. The assessment is necessary so as to exclude starvation as a manifestation of psychical disorder and to determine the competence of a striker to realize the purpose and consequences of starvation. Psychiatrist is the most competent for this assessment but this should be the obligation of the doctor, as well, in everyday contact with a prisoner.

During this hunger strike he did not lose consciousness, but he said that it was much more difficult to be on a hunger strike than previous time.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner based on his request and he submitted them to the Center of Human Rights-Niš, together with the consent for the insight in medical file. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information.

V.B. starts the hunger strike on 13.09.2010. In the submitted medical documentation follow up of health condition of a prisoner during this hunger strike misses completely, as well as evidence on carried out diagnostic procedures and applied therapy, so that the insight was not realized.

Comment on the insight in medical documentation:

In the medical documentation, submitted at the request of the prisoner, follow up of health condition of a prisoner during this hunger strike misses completely, as well as evidence on carried out diagnostic procedures and applied therapy. Possible considerations can go in several directions, such as lack of medical follow up of the strike, potentially insufficient and selective ensuring of respect of prisoner's rights and similar.

Psychological findings of V.B.

There was no need to carry out new psychological testing because of short period between two hunger strikes in which there could not be a significant change of intellectual and cognitive level of the prisoner. Psychological finding in which it was said that Beta IQ of prisoner Varga is 92 which is the level of low limit of average intelligence. Cognitive abilities and logical reasoning abilities of prisoner V.B. are preserved.

Recommended measures:

1. After the request of the prisoner it is necessary to provide complete medical documentation for the given period.

(Bylaw on House rules in penitentiaries and district prisons, Article 29 "...Based on the request of the prisoner, penitentiary is obliged to provide a copy of documentation on his health condition.")

2. In case of a hunger strike a doctor is obliged to introduce the striker in detail about possible consequences of hunger strike to his health. It is necessary that he explains to a striker a difference between artificial and force feeding. All the explanations should be adequate to the level of education and cognitive abilities of the striker. The doctor should additionally check if the striker understood all the explanations well.

All this is comprised in the Codex of professional ethics of Medical Chamber of Serbia which stipulates the actions of doctor in case of a hunger strike. The respect of this Codex is influenced by the license that gives possibility for work to every doctor.

3. Medical examination during the hunger strike should be overall and comprehensive, done on a daily basis, at the same time and always registered in the medical file.

Report on a visit to a prisoner

Date of the visit: 17.09.2010.

Prisoner V.B. said that the promise for transfer he was given was not fulfilled and there were no implications that it would be fulfilled (for which reason he has been on hunger strike recently). That is why he decided to start the hunger strike again. He started the strike on 13.09.2010. He takes water and coffee, no other liquids or food in any form. He asked for and was approved transfer to the Department under Special Supervision but after a shorter stay there he was sent back to previous pavilion. He is communicative but he looks bad, probably as a consequence of previous hunger strike.

He thinks that he has right to serve his sentence closer to his place of residence- Zrenjanin, that most of the prisoners serve sentence in this way and that for that reason, it is much more difficult for him to accomplish the rights that he is entitled to- right to being visited by his family, parcels are hardly delivered, he cannot communicate with anyone in his mother tongue...He repeated that he felt discriminated because of his Hungarian nationality, that Penitentiary staff- especially his treatment officer treat him badly, that they do not approve any of his requests. They also did not approve his request to be taken to the 40 days memorial to his father, i.e. they said that he could go only in case that he pays transport himself, which is impossible for him.

Prisoner will stop hunger strike once he is transferred to Sremska Mitrovica Penitentiary. This time he will not give up hunger strike until his goals are accomplished.

V.B. served his sentence in Sremska Mitrovica Penitentiary until 26.09.2007.(date of the Decision of Transfer) when he was, in a group of around 100 prisoners temporarily moved to Niš Penitentiary, until the completion of adaptation works in Mitrovica. This information matches with the information Attorney had, as a member of CHRNis monitoring team, from the period of

monitoring prison conditions in Penitentiary Niš (2007-2008) when we identified the increase in number of prisoners caused by inflow of group of prisoners which was temporarily moved to Niš and it was expected that they would be sent back by June 2008.

3) M. K., Niš Penitentiary, period of hunger strike: 18.09.2010. – 26.10.2010.

Report on structured interview with the prisoner:

Note (1): The report was produced based on two visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team)

M.K. is a disabled worker of 1st category, as a result of spine injury. Injuries and diseases are result of work in a mine (Aleksinački rudnici) in Soko Banja.

During the hunger strike (from 18.09.11. till 26.10.10., in total 38 days), M.K. was taking only water and tea.

His intention was to accomplish right to appropriate medical care.

The other reason for the strike was the fact that he did not advance through categories, although he had good behavior. It is evident that he does not belong to „incident“ group, he is accommodated in „elderly people“ part, and besides mentioned disability,, he cannot see well, and his glasses are broken (he cannot go to the ophthalmologist's for examination)

Third reason for his dissatisfaction is that his inmates ill treat him and make use of him in financial sense, since he has a retirement fee for disabled people.

Motivation for hunger strike was he fulfilled the right to medical care. He stopped the hunger strike on 38th day, since there was not a hint that he would accomplish his goal, to get appropriate medical care.

During the hunger strike nobody made pressure on him. It was a voluntary hunger strike. The doctor asked him why he was on a hunger strike. He cannot remember if the doctor asked for instructions whether he would like to be given help in case of losing consciousness, or that he gave any instruction in case of losing consciousness.

Out of chronic diseases, the prisoner suffers from: heart problems, epilepsy, injury of spine vertebra, his spine is exposed. As well, he cannot see well, has ulcer in duodenum. As a consequence of many years long work in the mine and injuries, the prisoner is disabled worker of 1st category.

The doctor did not inform him on daily basis about the consequences of the strike to his health.

The doctor did not recommend him to take vitamins.

The doctor did not visit him every day, but he was taken to the doctor and only his body weight was measured, rarely examined.

He was not explained difference between artificial and force feeding.

He was artificially fed many times.

He was examined by a psychiatrist.

He does not know whether the doctor got in touch with his family.

The prisoner says that he did not trust the doctors who followed up his case.

The aim of his strike was the accomplishment of right to appropriate medical care which means accomplishment of his request.

He was on hunger strike from 18.09.2010. till 26.10.2010. At the beginning he had 73 kg and in the end 62 kg.

Starvation was not based on religious reasons.

When asked whether anyone teased him or made fun of him, he replies, that no matter strike, he had problems in the „wing“, that he was exposed to ill treatment by other inmates who often robbed his box, steal his cards and make use of him in financial sense.

The doctor did not introduce him with the consequences for the health in general and consequences for his health.

He does not know for how long a healthy person can stay on hunger strike. He did not ask to be examined by another doctor.

Questions following the Medical Chamber Codex, in a part dealing with hunger strike

During the hunger strike he was not force fed.

There was no pressure on him by prison services so there was no need for the doctor to protect him.

He was not force fed during hunger strike.

The doctor did not introduce him with the consequences of hunger strike to his psychical and health condition.

He was not medically examined by any other doctor outside the institution and was not introduced with consequences.

His body weight was measured on daily basis, while his psychical and health condition were not determined.

During the hunger strike he lost consciousness for many times and then he got infusion.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner and he submitted them to his attorney who is at the same time a member of the Team within the project, based on the authorization, request and consent for insight in medical file, which the prisoner gave for the collection of these data. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information

Having taken insight in provided medical documentation a devastated fact could be stated: after a proper legal request of the prisoner to get the copy of the whole personal medical file, as well as a letter by prisoner's advocate for the provision of medical file, medical documentation that is not related to the period of hunger strike (from 18.09.2010 till 26.10.2010- in total 38 days) was provided.

As a result of all these requests, only reports from specialist doctors were provided, with dates before and after the hunger strike, from which it could be seen that prisoner M.K. suffered from chronic obstructive lungs disease (HOBP), that he had had myocardial infarction, that he suffered from epilepsy and that he was a disabled worker of 1st category, which was a consequence of a many years long work in mines.

Comment on the insight in medical documentation

Based on the request of a prisoner or a person determined by a prisoner, the penitentiary is obliged to provide a copy of documentation of health condition, and according to the Article 29, Paragraph 2 „Of the rulebook on house rules in penitentiaries and district prisons“ “ (Official Gazette of the Republic of Serbia No. 72/2010 from 08.01.2010.).

It is implied that provided documentation should be in line with prisoner's request or a request of a person determined by the prisoner.

Psychological findings of M.K.

Prisoner M.K. was interviewed and tested on 23.02.2011. in order to determine IQ and level of his cognitive abilities.

During the conversation he is cooperative and communicative, while he shows resistance for testing, for objective reasons. M.K. is long-sighted and bearing in mind that he does not have glasses, that difficulty brings his motivation for work to a minimum.

Beta IQ of the prisoner M.K. is 89 which is the limit level of under average and average intelligence. His cognitive abilities are on the average level.

Recommendations:

1. After precisely, clearly, legally established request for obtaining a copy of medical documentation, the result should be a complete, technically correctly done documentation related to required period. If the documentation is not as required, it is necessary to provide a valid explanation why it was not done in line with the request, which was not done at this occasion.

2. When a prisoner on hunger strike is a person whose health condition is already jeopardized, a special care of health care service is needed, especially of doctors. In this concrete case, it is about a disabled person of first category, which is a consequence of a many years long work in mines. Besides that, health condition of M.K. is additionally jeopardized by chronic diseases (HOBP, epilepsy, myocardial infarction). All together, this represents a far big risk for a hunger strike of this person. Health care service should pay special attention to strikers like this one. The reason for that is the fact that they can maintain much shorter period of hunger strike, and, as well, the strike can contribute to unexpectedly fast and unpredictable worsening of the existing chronic diseases. The result of this information should be daily detailed medical examinations, specially targeted to follow up of the existing chronic diseases.

Report on a visit to a prisoner

Place: Niš, Penitentiary

Date of the visit: 23.02.2011.

Prisoner M.K., identification number 8216, who is serving sentence in Penitentiary Niš, was visited by the attorney. The interview was held in the room for visits. There were security service officers present in the room. They were not directly supervising the interview.

The prisoner says that he was on a hunger strike in the period from 18.09.2010. till 26.10.2010. (in total 38 days). During the hunger strike the prisoner was taking only water and tea.

The reason for which he was on a hunger strike was inappropriate medical care. The prisoner is disabled worker I category (consequences of spine injury). He is accommodated in the so called "elderly" unit (C\$). Injuries and disease are mainly caused by his work, as he worked as a miner in Aleksinački rudnici.

The prisoner says that he has heart problems, suffers from epilepsy, that his spine is exposed and that he has consequences from the injury of spine vertebra. He does not receive adequate therapy and he does not receive medicines according to medical reports from examinations done in the period while he was free. As well, he cannot see well, his eye glasses are broken and he cannot go to the ophthalmologist's. He has an ulcer in the duodenum, both internal and external.

The reason for the strike was, as well, the fact that he had been in "V" category for a very long period of time and that he fulfilled conditions for the advancement through categories. Besides that, he has problems with inmates, they ill treat him and make use of him in the material sense. Generally, sentence serving is very hard for him, but the hardest thing is that he does not receive proper medical care.

He stopped the hunger strike because he felt very bad and there was no a single hint that he could realize his goal- to get a proper medical care.

During hunger strike he was taken for medical examinations every day and it was usually only weight measuring. He says that more detailed examinations were rarely done. The prisoner says that he had 73 kg on the first day of hunger strike and on the last day he had 62 kg, and that he

lost, in total, 11 kg. He was artificially fed with infusion for several times because his medical condition worsened. At that occasion he lost consciousness and they had to carry him to the doctor's.

4) I.N.(1) , hunger strike period: 20.09.2010. – 19.10.2010.

Report on structure interview with the prisoner:

Remark (1):

The report was produced based on three visits of convict's legal representative (who is also a member of the Centre for Human Rights Niš monitoring team) and based on one visit by a team approved by the Administration for Enforcement of Criminal Sanctions.

Out of possible forms of food rejection (only food, food and sweet drinks, food and water...) prisoner I.N. during a hunger strike from 20/9/2010. to 05.10.2010. took only water, coffee and salt, and refused food. From 05.10.2010. (16th day of the strike) to 19.10.2010. he stopped taking the liquid and salt. Based on the testimony of inmate he received fluid infusion for three times.

According to the prisoner's statement his intention was to be dislocated to a prison on Kosovo and Metohija because he is from the village Gornje Kuće close to Gnjilane. In that way he would be closer to his family and they could visit him.

Based on the fact that his request was clear, it could be concluded that I.N belongs to a group of decisive hunger strikers who have a rational request, without wish to draw and get the attention of his environment.

During the interviews with the prisoner he expressed his determination to stop the hunger strike only if his demands are met. However, during the strike, he realized that his medical condition significantly worsened. At the same time accepted the legal advice from his legal representative that the solution to his problem and fulfillment of the request required more time than he had if he continued with a rigorous hunger strike. These were the reasons that made him end the strike. At the same time I.N. remains persistent in stressing out his request for transfer to a prison in Kosovo and Metohija.

During the hunger strike representatives of Directorate, doctors, other prisoners did not make any pressure to stop the hunger strike. From the moment when he stopped taking water, some of the guards, treatment officers and doctors advised him to take water.

The prisoner was on hunger strike on voluntary basis.

On the first day of hunger strike he wrote a statement about it and submitted it to the Security Service. On the same day he was medically examined by a doctor who asked him to give the reasons for a hunger strike.

During medical examinations none of the doctors asked the prisoner for his consent- i.e. in case of losing consciousness if he would be willing to be treated (infusion). In that way, he did not give any instructions about what he should be offered in case of losing consciousness. Bearing in

mind that the prisoner lost consciousness for several times and that artificial feeding was done, it is reasonable that the prisoner had nothing against it.

Based on the statement given by I.N. he had many years' long problems with kidneys and breathing. In the available medical documentation there is no definitive confirmation about the existence of severe diseases that would require a special treatment during hunger strike.

Based on his statement he went to the doctor for medical examination on daily basis. Sometimes, the medical examination consisted from measuring weight, sometimes from a more detailed examination. He had orders for measuring sugar in blood, but the inspection had not been done. He had insight in the result of weight measuring but he showed doubt regarding the correctness of the measuring results.

He responds negative to the question whether the doctor informed him on a daily basis about the negative impact of the strike on the health. The prisoner is not informed how long a healthy person, including him, can remain without food or without water and food. When, during the strike, he stopped taking water, one of the doctors told him that his kidneys would collapse. The doctors did not recommend him to take vitamins.

He was not explained a difference between artificial or force feeding and he was not asked whether he would accept artificial feeding. He said that, after he had stopped taking water, he was artificially fed with infusion, for three times, which he did not resist.

The prisoner did not know whether the doctor got in touch with his family and he did not believe that the doctor did it. He partially believed to the doctors who were following his case and he doubted in them because he thought that the balance was calibrated before his measuring.

He responds negatively to the question whether he was seen by a psychiatrist and how often from the beginning of hunger strike.

His starvation was not based on religious reasons. .

He started hunger strike on 20.09.2010. when he weighed 87kg. One day before the end of the strike he weighed 77.5 kg.

None of the prisoners teased him or made fun of him for being on hunger strike. Some of the staff advised him to stop the strike because he would jeopardize his health. After having stopped taking the liquids, one of the doctors told him that his kidneys would collapse.

The doctors did not introduce him in detail about the consequences to his physical and health condition due to hunger strike. Daily medical examination, based on the statement given by the prisoner, used to come to only weight measuring and sometimes more detailed examinations.

He did not ask for medical examination by another doctor nor he was medically examined by another doctor out of the institution.

Questions that follow up the Medical Chamber of Serbia, in the part that deals with hunger strike:

The prisoner was not force-fed during the hunger strike but he was artificially fed for three times and he thinks that he lost consciousness for three times. He did not give previous consent for artificial feeding but he did not object it.

Bearing in mind that no one, in sense of Department, other doctors, employees in Penitentiary Niš did not make any pressure on him, during the hunger strike, there was no need for the doctor to protect him.

The doctor did not introduce the prisoner with the consequences to his mental and physical health due to hunger strike but he was warned of consequences if he stopped taking water.

The doctor from another institution did not examine him.

Out of needed daily diagnosis of psychical and health condition the only thing that was done is weight measuring on daily basis, while other examinations were rarely done. Besides somatic parameters, the assessment of striker's mental health and reasoning ability is of a great importance as well. The assessment is necessary in order to exclude starvation as manifestation of mental disorder and determine the competence of striker to realize purpose and consequence of starvation. Psychiatrist is the most competent for this estimation but this should be obligation of doctors in every day contact with the prisoner too.

During the strike he lost consciousness and after having stopped taking water, the prisoner was slow and had difficulties in thinking while reasoning was with difficulties as well.

Insight in medical documentation

Remark (2):

The prisoner gave his written consent for insight in his medical file to the Center for human rights Niš- for free use in purpose of realization of the Project "Extended coalition for prison system, reform" Prisoner's lawyer got copies of medical file. This lawyer is at the same time a member of the Team within the project, based on the authorization, request and consent for insight in medical file and which prisoner gave for the collection of this information. In this way use and publication of data are completely in line with the Law on protection of personal data

I.N. starts hunger strike on 20.09.2010. (first day of strike).

Prisoner refuses prison food, his weight is 87 kg, blood pressure 110/80 mmHg, lungs and heart without disease, introduced with the consequences on his health. The examination was done every day except for 23.09. and 25.09.2010. Time of examination was sporadically written in (in most of the cases it lacks). During examination his weight and blood pressure were always measured while complete medical examination (heart and lungs) and presence of swellings was only periodically done. The code of the disease was always written in line with international classification of diseases, as well as the day of strike and received therapy. On 27.09.2010. (Eighth day of strike) ultrasound of kidneys and adrenal glands was done and no significant changes were recorded.

From 05.10.2010. (16th day of strike) refuses intake of water.

On 06.10.2010. (17th day of strike) They took blood for lab analyses and the results were written in the medical file.

On 11.10.2010. (22nd day of strike) blood for lab analyses taken.

On 15.10.2010. (26th day of strike) blood for complete lab analyses taken

On 18.10.2010. (28th day of strike) Complete blood test done.

On 19.10.201. (29th day of strike) End of hunger strike; Body weight of prisoner I.N. is 77.5 kg, blood pressure 90/60 mmHg.

After the end of the strike on 21.10.2010. he was medically examined and special diet (introduction of food) was determined.

On 22.10.2010. Complete lab analyses done- biochemical and blood test not written in the protocol)

On 31.10.2010. Complete lab analyses done.

Comment on the insight in medical documentation

Medical doctor is obliged to introduce a hunger striker with the consequences of hunger strike on his mental health. Based of the statement given by the prisoner and insight in his medical file, the following discordance is observed:

Complete medical examination is not complete, it was not done on daily basis and time of the examination was only sometimes written in.

In case of hunger strike it is necessary to have everyday complete medical examination of a striker (heart and lungs examination, presence of swellings). Bearing in mind that I.N. states many years' long problems with breathing and kidneys, special attention should be paid to examinations of these systems.

Based on the statement given by I.N. during hunger strike he lost consciousness for several times and he was artificially fed at this occasion. Worsening of his health condition was not clearly described in medical file, only the given therapy was written in.

On 22.10.2010. after the end of hunger strike, complete lab analyses was done but this was not written in the medical file and there is only a report from the laboratory.

Psychological findings for prisoner I.N.

In order to determine cognitive abilities and IQ I.N. interview and testing of a prisoner was conducted. Revised beta test was used. During interviews and work I.N. is adequately motivated and cooperative. In test situation, his attention fluctuates and easily turns to the surrounding stimuli. Mild slow motion, characteristic for I.N. which is reflected in the way of speaking, walking and movement, is present during the work in the test situation. Uncertainty is evident, verbalized in the need for repeating operating instructions. However his motivation for

work is strong, so that shows perseverance in the effort to fully complete it. Beta quotient of I.N. IQ = 80 which is below the average level of intelligence. It can be concluded that his cognitive skills and the ability of reasoning are at the same level.

Recommendations

1. In case of hunger strike, the doctor is obliged to introduce the hunger striker with possible consequences of the strike on his health. It is necessary that he explains to a hunger striker a difference between artificial and force feeding. All explanations should be appropriate for the level of education and cognitive abilities of the striker. The doctor should additionally check whether the striker understood all explanations.

All these are comprised with the Codex of Serbian Medical Chamber professional ethics which stipulates actions of doctors during hunger strike. Respect of this Codex is conditioned by a license that gives each doctor right to work.

2. Medical examination in case of hunger strike should be comprehensive, all comprising, performed on daily basis, at the same time and that time should be written in the file.
3. Results of medical examination (everything done) should be written in the medical file, in details.
4. In case of hunger strike, every change of prisoner's health condition to worse should be written in medical files, as well as received therapy and time when it happened.

Report on a visit to a prisoner

Place: Niš penitentiary

Date of the visit: 01.10.2010

Prisoner I.N., identification number 7070, who is serving sentence in Penitentiary Niš, was visited by the attorney- 01.10.2010. The interview was held in the room for visits. There were security service officers present in the room. They were not directly supervising the interview with the prisoner but who were physically too close and had nothing else to do (usually they are engaged with the control of the parcels and they do not follow the discussion between the prisoner and attorney.).

The problem that is always present with the room for visits is that it is impossible to realize the confidentiality of talks which is anticipated by Article 70 Paragraph 2 of the Law on the Enforcement of Prison Sanctions "The visit of authorized person can be supervised only by observing, not by listening". When the interview is made in one part of the room it can be clearly heard in the other part of the room. So, the discussion between the prisoner and the lawyer can always be heard, and it is guards' free will, whether they want to listen to it or not. Glass or Plexiglas separation wall would solve this lack.

The prisoner says that he was transferred, based on the Agreement between UNMIK and FRY, from Penitentiary in Kosovo and Metohia to Penitentiary Sremska Mitrovica in 2004. Later he was transferred to Penitentiary in Niš. Situation in Kosovo and Metohia was very difficult in 2004

for all the citizens, especially for Serbs and that is the reason why he was transferred to a prison in Central Serbia. However, the situation in Kosovo has completely changed and situation in prisons is much better. That is why the prisoner requests to be transferred to appropriate institution in Kosovo and Metohia.

He says that he wrote to institutions in charge in Kosovo and they expressed their readiness to take him back. The reason why he asked for transfer is that his whole family lived in the village of Gornje Kusce, near Gnjilane. It is very difficult to come to Niš from this village. Besides geographical distance there is also a problem of crossing administrative line, very badly organized transfer of passengers and bigger financial expenses in order to realize all these. That is why it is almost impossible for him to realize family visits; it is difficult to receive parcels as well as to realize other rights that the prisoner has according to the Law on the Enforcement of Prison Sanctions.

The prisoner addressed the Directorate for the Enforcement of Criminal Sanctions with a request for transfer which was rejected. Bearing in mind that his sentence expires in 2021, it would be much easier both for him and his family to serve the rest of the sentence in Penitentiary in Kosovo.

The prisoner says that he started the hunger strike on 20.09.2010. He does not take food; he takes only water, salt and coffee. He says that he has problems with breathing because of asthma as well as pain in his kidneys. The intention of the striker is to get the transfer to a penitentiary in Kosovo and Metohia, where he originally started sentence serving.

5) I.N.(2), Niš Penitentiary, period of hunger strike: 17. 01. 2011. – 17. 03. 2011.

Report on structured interview with the prisoner:

Note (1): The report was produced based on three visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team)

Out of all possible forms of food refusal (only food, food and sweet drinks, food and water...) prisoner I.N. refused all kinds of food during the hunger strike while the type of the liquids he took changed. At the very beginning he was taking only water and coffee and later, he started taking some salt and tea with little sugar.

The intention of a striker was, as in previous hunger strike, to be transferred to a prison on the territory of Kosovo and Metohia. He was moved by wish to be closer to his family and thus able to meet them. He said he would stop the hunger strike only in the case he was moved to Kosovo and Metohia.

I.N. belongs to a group of determined hunger strikers.

In the first period of hunger strike it could be said that pressure was made on him in the way that supervisor and the treatment officer advised him not to strike because he had not achieved anything with previous hunger strikes and he would not achieve anything again. On the other occasion, when he told to one of the doctors that he was taking some salt and sugar besides water, coffee and tea, the doctor told him that taking sugar and salt meant that he was not on hunger

strike. Based on prisoner's statements from 04.02.2011. no one from the staff said anything similar to him in the following period.

It was a voluntary hunger strike.

The doctor asked him why he was on a hunger strike and he explained his motives.

At the very beginning the doctor did not ask him whether, in a later phase of strike, he would like to be helped (in case of losing consciousness). As a reply to the same question in second visit, I.N. said that the doctor had asked for the instructions and it was because in the meantime, the Center sent the report on previous strike. He was asked for the instructions in private.

The same case is with giving instructions for medical intervention in case of losing consciousness. At the very beginning of the strike he had not given any instructions, and later, when he was asked he said that he would be helped in case of losing consciousness.

The prisoner said he suffered from asthma and had sand in his kidneys.

I.N. said that he was not taken to the doctor everyday and that when he went, he was sometimes examined by a doctor and sometimes only his weight was measured. The measuring was done by nurses. He said that in the first third of the strike.

In the second third of the strike he said that examinations were sometimes more detailed and they included blood pressure measuring. In the third third, his blood pressure was measured everyday and sometimes glucose in his blood was measured as well.

During the whole period of hunger strike he was not introduced on daily basis with the impact of hunger strike on his health.

None of the doctors ever recommended him to take vitamins.

For the whole period of hunger strike he was taken to examinations and measuring to the hospital, while the doctor never visited and examined him. In the last days of his hunger strike he was moved to the prison hospital.

During the whole hunger strike (60 days) he was not explained difference between artificial and force feeding.

At the beginning of the strike he did not know whether he would accept artificial feeding, After detailed explanation given by his attorney, when he was explained what it implied, he changed his opinion and accepted this solution. A question about artificial feeding is a part of Center for Human Rights Niš' Questionnaire, not of the procedure of medical service.

During the whole period of hunger strike he was not examined by a psychiatrist.

Neither the doctor nor anyone else from the institution staff got in touch with his family, for the whole period of hunger strike.

I.N. says that during the hunger strike he did not trust doctors in most of the cases.

I.N. started hunger strike on 17.01.2011. and he stopped it, as recommended by the European Court for Human Rights, on 17.03.2011. (60th day).

At the beginning of hunger strike he had 87 kg, on 11th day of strike he had 81 kg, on 19th day of hunger strike he had 79 kg and on 37th day he had 74 kg. At the end of the strike he had 73 kg.

During the hunger strike nobody teased him or made fun of him for the fact that he was on hunger strike.

The doctors did not introduce him with the consequences of hunger strike to health in general and to his health in particular. He was not told, as well, for how long a healthy person could hunger strike. Only one doctor told him that his kidneys would collapse if he stopped taking water.

The striker learned from his attorney for how long a healthy person could stand hunger strike.

The prisoner thought well before the strike whether he would like to go on hunger strike.

He was not medically examined by any other doctor outside the institution (Penitentiary). During the last third of the strike, I.N. asked the doctor how to ask to be medically examined by a doctor outside the institution. He was told that he should submit a request to the Head of Penitentiary.

Questions following the Medical Chamber Codex, in a part dealing with hunger strike:

The prisoner gave a statement that during this hunger strike he was not force fed.

At the beginning of hunger strike, treatment officer and supervisor avouched him that he would not reach his goals with hunger strike. The doctor did not know about this and thus he did not protect him. In the later phase of the strike, based on prisoner's statement, there was no pressure of this kind and thus there was no need for the doctor to protect him.

During this hunger strike the prisoner was not force fed.

The doctor, during the whole period of hunger strike, did not introduce the prisoner with the consequences of not taking food to his medical condition (psychic and somatic).

He was not medically examined by any other doctor outside the institution and thus he could not introduce the prisoner with consequences.

The prisoner said that his weight was measured daily, his blood pressure often and sometimes glucose in blood and pulse.

During the hunger strike the prisoner lost consciousness for several times and at those occasions he was artificially fed. Reasoning was difficult and he had problems with memory and time and space orientation.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner and he submitted them to his attorney who is at the same time a member of the

Team within the project, based on the authorization, request and consent for insight in medical file, which the prisoner gave for the collection of these data. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information

I.N. starts hunger strike on 17.01.2011. (1st day of hunger strike). The prisoner refuses prison food, body weight 87.1kg; blood pressure 150/90; pulse 72/min. Heart and lungs without ailment. Introduced with consequences of hunger strike to his health. Medical examinations were done on daily basis (only some days are missing). During the examination his body weight, blood pressure, heart frequency were done on daily basis while complete clinical examination (heart and lungs) and presence of swellings were done from time to time. The code of disease according to international classification was always registered, as well as the day of strike and received therapy.

27.01.2011. (11th day of hunger strike) he got infusion Glucose 5% 0.5 with vitamins B and C.

30.01.2011. (14th day of hunger strike) blood taken for complete laboratory testing.

01.02.2011. (16th day of hunger strike) blood taken for laboratory testing.

02.02.2011. (17th day of hunger strike) complete detailed medical examination done and results written in the medical file. Blood taken for sugar in blood level analysis.

07.02.2011. (22nd day he got infusion NaCl 0.9% 0.5 with vitamin B.

09.02.2011. (24th day) blood taken for laboratory testing.

13.02.2011. (28th day) he got infusion Glucose 5% 0.5 with vitamins B and C.

From 14.02.2011. (29th day) refuses to take water, as well.

16.02.2011. (31st day) Blood taken for sugar in blood level analysis.

26.02.2011. (41st day) blood taken for complete laboratory testing.

06.03.2011. (49th day) Blood taken for sugar in blood level analysis.

08.03.2011. (51st day) blood taken for complete laboratory testing.

10.03.2011. (53rd day) he got infusion Glucose 5% 0.5 with vitamins B and C.

On that day he has 74 kg and blood pressure 100/70 mmHg.

The copy of medical documentation ends with 10.03.2011. because it was delivered to the prisoner on 11.03.2011, and the prisoner continued with the strike after that.

Comment on the insight in medical documentation

After having taken insight in medical documentation it could be concluded that the Health Care Service had taken the medical condition of the prisoner more seriously only in the second half of

the strike. The conclusion is made from the fact that lab analyses and detailed examination of the prisoner were done more frequently.

Bearing in mind that this is a repeated hunger strike in a very short period of time, Health Care Service should have taken the prisoner more seriously from the first day and to pay special attention to his breathing and kidney problems.

Similar omissions were observed as before- there is discordance between prisoner's statements and what was registered in the medical file.

What is evident is the improvement in administration so that we can see that examinations are mostly done at the same time every day and it was always registered in the protocol.

In the end, this time the comments on obligations of doctors during hunger strike should be repeated again, although they are always repeated, in all the reports, for they are valid this time, as well.

Psychological findings of I.N.

Cognitive abilities of I.N., which are under the average level, significantly decreased during the hunger strike as a direct consequence of starvation. There is also gradual but constant decrease in the level of attention and concentration. Reasoning was significantly difficult due to impaired memory and disorientation in time and space.

Recommendations

In case of long-term hunger strike, especially when it is about a determined hunger striker, a lot more cautious behavior of Health Care Service is needed. It is important to take care of the fact that it was a repeated hunger strike in a short period of time, because it additionally jeopardizes prisoner's health. In these cases what is necessary is to examine psycho-physical health of the prisoner in detail, on daily basis as well as more frequent additional diagnostic procedures.

A doctor is obliged to explain to a striker a difference between artificial and force feeding, as well as to introduce the striker in detail about possible consequences of hunger strike to his health. These explanations should be in detail and reasonable for the striker, not just to be a form that should be fulfilled.

Report on a visit to a prisoner

Date of the visit: 27.01.2011

Prisoner I.N., identification number 7070, who is serving sentence in Penitentiary Niš, was visited by the attorney, based on his call- 27.01.2011. The interview was held in the room for visits. There were security service officers present in the room but they were not directly supervising the interview with the prisoner.

The prisoner is serving sentence in Niš while his place of residence is village Gornje Kusce, near Gnjilane, in Kosovo and Metohija.

The prisoner started hunger strike on 17.01.11. From then he has not taken food but he has been taking water and coffee. He gave statement about starting hunger strike on the first day of hunger strike. The doctor examined him on the same day. The purpose of the strike was to get transfer to a prison in Kosovo and Metohia where he would be serving sentence until the end in 2021. In prison in Kosovo and Metohia he would be closer to his family.

His family is poor and lives in the village of Gornje Kusce, near Gnjilane. It is very difficult to come to Niš from this village. Besides geographical distance there is also a problem of crossing administrative line, very badly organized transfer of passengers and bigger financial expenses in order to realize all these. That is why it is almost impossible for him to realize family visits; it is difficult to receive parcels as well as to realize the other rights that the prisoner has according to the Law on the Enforcement of Prison Sanctions.

The prisoner addressed the Directorate for the Enforcement of criminal sanctions with a Claim for transfer which was rejected by the Decision from 04.08.2010. Pursuant to Law on the Enforcement of Prison Sanctions- Article 117, Point 2, a prisoner is allowed to submit the same claim after 6 months from the decision on previous claim, i.e. 04.02.2011.

During this interview he said that he had problems with breathing and that he had pain in kidneys. This prisoner was on hunger strike from 20.09.2010. to 19.10.2010. (29 days total) for the same reason. On 05.10.2010. he radicalized the strike by stopping taking water which caused worsening of his health.

Supervisor and treatment officer advised him not to strike because he did not achieve anything previous time and he would not achieve anything that time, as well.

On the day of this visit he looked bad. Compared to previous visits (except for the latter phase of previous strike) the colour of his skin was changed, he had low concentration, he slowly answered to questions and he was confused. He said that that time it was much more difficult. He said that he felt very bad although he was determined and persistent in his requests.

Date of the visit: 04.02.2011.

On the day of visit (18th day) is still on hunger strike. He takes water with little salt, coffee and sugar. He remains persistent in his claim for transfer to a prison in Kosovo and Metohia, so as to be closer to his family (village of Donje Kusce, near Gnjilane) and to be able to accomplish the rights he is entitled to, based on the law, easier.

Bearing in mind that on 04.02.2011. it will be 6 months from the previous decision on the claim for transfer, conditions for submission of new claim are achieved and the prisoner will submit it on Monday, 07.02.2011.

The prisoner says that he is being taken to weight measuring everyday and that they measure his blood pressure from time to time, take his blood for analysis and do complete medical examination. At the beginning of the hunger strike he had 87 kg and now he has 79 kg, but he suspects the correctness of the balance. On 29.01.11. the prisoner got infusion because he felt very bad.

From the previous visit, neither anyone from the staff in the Penitentiary Niš spoke to him about his claim for transfer to a prison in Kosovo and Metohia, nor did anyone make pressure on him to stop the hunger strike.

The prisoner says that he feels bad, that his concentration is bad as well as his attention, and he says that first part of this second hunger strike was very hard. He answers the questions with difficulties and gives confusing answers.

Date of the Visit: 22.02.2011.

On the day of the visit the prisoner is still on hunger strike (36th day of the strike). He takes water, coffee, tea with a bit of salt and a bit of sugar. He is persistent in his request for the transfer in the prison in Kosovo and Metohia, so as to be closer to his family and accomplish the rights that he has as a prisoner. He says that he will continue the hunger strike until the fulfillment of his requests.

He says that, until the day of the visit, he has not received any reply to the request for transfer that he has submitted together with his attorney. Nobody spoke to him about the transfer and nobody tried to convince him to stop the strike.

The prisoner says that doctors measure his weight and blood pressure every day. As well, from time to time, his blood is tested for analyses so as to determine the level of glucose in his blood. On the day of the visit the prisoner weighed 74 kilos which means that he lost 13 kilos from the beginning of hunger strike on 17.01.2011.

When he said to one of the doctors that he takes some salt and sugar besides water, tea and coffee, the doctor told him that taking of sugar and salt means that he is not on hunger strike.

He was offered to get the infusion although he was not in a very bad condition and he refused it because he did not want to be artificially fed. He would accept to get the infusion only if his medical condition is very bad.

The prisoner feels bad but his condition does not drastically change. His concentration is bad and he says that he has difficulties in reasoning. He has problems to remember what has happened and he is very slow in giving answers.

Date of the visit: 02.03.2011.

Prisoner I.N., identification number 7070, who is serving sentence in Penitentiary Niš, was visited by the attorney, on 02.03.2011. The interview was made in the room for visits. There were security service officers present in the room who were not directly supervising the interview with the prisoner.

Prisoner is still on hunger strike (44th day of strike). He takes water, coffee, tea with a bit of salt and a bit of sugar. He is persistent in his request for transfer to the prison in Kosovo and Metohija. He is determined in continuing hunger strike although he feels bad and starts to feel more severe consequences of hunger strike.

From the previous visit till today he has not received any reply on his request for transfer and nobody spoke to him about the transfer.

On the day of the visit the prisoner says that he has 73 kilos. That they (security service officers) take him every day to medical service to measure his weight and that detailed examinations and blood tests are more rare. From the beginning of the strike he has lost 14 kilos. He says that he

feels especially bad in the morning when his mouth is dry and when he needs more than one hour to get on his feet and start up the day. As well, he says that when he lies, it seems that he hears voices and that some images appear and he thinks of them that they are real ones.

.....

During hunger strike, a person on hunger strike should take, every day:

- (at least) 10 glasses of water,
- 2 tablespoons of sugar,
- 1 teaspoon of baking soda
- 1-2 teaspoons of salt (out of which ½ of a teaspoon potassium enriched salt) and
- B1 (thiamine) 250mg.

If a person on a hunger strike does not take all the given items, in the later phase of the strike (on which I.N. is now) there could be permanent damage of his memory, cognitive functions and damage of peripheral nerves, which, all together, could lead to permanent disability.

There is no way for anyone to deliver mentioned substances to prisoner I.N.. There is a problem of delivering needed items to a prisoner/striker, because baking soda and salt are powdery substances and they can cause suspicion that they contain narcotics. In order to receive vitamin pills, it is necessary that the prisoner has a prescription issued by a medical doctor (doctors didn't recommend him to take any vitamin).

Report on a Visit/ Strike 3

Place: Niš, Penitentiary

Date of the visit: 20.04.2011.

Prisoner I.N., identification number 7070, who is serving sentence in Penitentiary Niš, was visited by the attorney on 20.04.2011.. The interview was held in the room for visits. There were security service officers present in the room. They were not directly supervising the interview.

After having received the Decision based on which his claim for transfer to a prison in Kosovo and Metohija was rejected, on 12.04.2011 he started total hunger strike, without water and food. This is his 3rd hunger strike in a very short period of time.

Health condition of the prisoner significantly worsened from the beginning of the strike till the visit. He lost consciousness for several times, he got infusion and several times he had pain in his kidneys. He says he is not satisfied with the medical care he receives in the Penitentiary Niš. He is in the hospital, a doctor visits him once a day, but in cases when he needs a doctor urgently, he cannot reach him. He has difficulties with receiving infusion because of dehydration and very bad condition of blood vessels.

He thinks that nobody in Directorate for the Enforcement of Criminal Sanctions sees his suffering, bad health condition and endangered life and that if he continued with the hunger strike with even worse consequences; nobody would care or take steps to do something related to his claim and procedure of transfer.

In order not to bring his life in danger, on the day of the visit 20.04.2011 he started taking water and announced that he would stop hunger strike and start taking food. He says that his aim was never to kill himself but to force his transfer to Kosovo..

6) S. P., Niš Penitentiary, Period of hunger strike: 29.09.2010. - 06.10.2010.

Report on structured interview with the prisoner:

N.B!: Interview with the prisoner, insight in his psychological condition and insight in medical file of the prisoner were made during the visit approved by Directorate for the Enforcement of Criminal Sanctions.

Out of all possible forms of food refusal (only food, food and sweet drinks, food and water...) prisoner S.P. took only water and coffee without sugar during the hunger strike.

Based on his statement, his intention was to force out the respect of his rights prescribed by the Law on the Enforcement of Prison Sanctions, i.e. "basic human rights" as he emphasizes, and which are not, as he thinks, provided in Penitentiary Niš. His remarks, in particular, are related to overpopulation in the Penitentiary, which does not allow "a single moment of privacy" as well as to lack of hygiene which is due to the fact that there is no water. He especially emphasizes lack of appropriate diet bearing in mind that he suffers from diabetes.

The prisoner says that this is his second hunger strike. The first one lasted for one month, starting from 17th of July till 18th or 19th of August 2010. The reason of the hunger strike was the same, but it was stopped under the pressure of the supervisor ("They threatened that they would send me to "Central Prison")

His motivation for the strike is to obtain, for himself, the rights he is entitled to, since everything he has done so far in that respect, using prescribed procedures, has given no results (here he thinks of writing submissions and similar)

When asked in which case he would stop hunger strike he said "in case some of his problems were solved".

Bearing in mind that this part of the questionnaire is to clear out to which group the hunger striker belongs, it could be said, with a great probability that in this case, it is about the strike as an act of protest.

He stopped the hunger strike on October 6th 2010. During the hunger strike nobody asked him for the reason for the hunger strike. He took into account the warning of the doctors in the Penitentiary, on the day when he stopped the hunger strike, about possible, serious consequences of starvation to his health, bearing in mind that he was a diabetic.

It was a voluntary hunger strike.

Based on the reply of interviewee, the doctors who examined him during the hunger strike did not know why he was on strike because they did not ask him. None of the doctors asked for any instructions regarding eventual help (infusion) in case he lost consciousness in some later phase

of the hunger strike. Thus, he did not give instructions about what kind of medical help he would like to be given in case of losing consciousness.

Everyday he visited a doctor for a medical examination. The examination consisted of measuring weight- every day and measuring blood pressure- sometimes. He had insight in the results of weight measuring but is suspicious about its correctness.

When asked whether the doctor informed him on a daily basis about the impact of the hunger strike to his health, he replies that he did not, except for the last day of hunger strike. The doctors, as well, did not recommend him to take vitamins. He went to a medical examination (measuring) without being visited by a doctor.

He was not explained the difference between artificial and force feeding and he was not asked whether he would accept artificial feeding. In this interview, made after the end of the hunger strike, he said that he would not accept artificial feeding.

He does not believe that the doctor got in touch with his family. He partially trusts the doctor who follows up his case because he thinks that the doctors are, as well, under the influence of the Security Service.

When asked whether he was examined by a psychiatrist and how often from the beginning till the end of the hunger strike, he said that he was not. He said that he had met the psychiatrist or psychologist, he was not sure, only at the admission to Penitentiary.

Starvation was not based on religious reasons and it represented a protest against "injustice".

He does not know the date of the beginning of the hunger strike, and he is guided by days of week. He thinks that it was a previous Saturday related to the day of the interview. He knows his weight at the beginning and in the end of the hunger strike (at the beginning he had 102 kg and in the end he had 99 or 100 kg. In the first hunger strike, based on his statement, at the beginning he had 111 kg and in the end he had 99 kg)

During the hunger strike nobody teased him or made fun of him for the fact that he was on hunger strike. He thinks that the attitude of the staff is negative and ironic which he sees in their expressions and which he explains as "It is useless that you are on a hunger strike", "There is no way you can achieve something with a hunger strike".

The doctor did not inform him about the consequences of a hunger strike to his health, bearing in mind a chronic disease, until the 8th day of strike when he stopped it.

From some other sources he thinks that he knows for how many days a healthy person can be on a hunger strike (which is in the range from 45-75 days). He thinks that he could make it for sure for 21 days. For further, he is not sure and he does not know for how long he can make without water.

The prisoner has suffered from diabetes from 2003/2004.

He was neither asked to be medically examined nor was examined by any other doctor out of the institution.

Replies to a set of questions following the Medical Chamber Codex, in a part dealing with hunger strike

Nobody force fed or artificially fed him during the hunger strike...

Bearing in mind that nobody- speaking about Directorate, other doctors, other staff in Penitentiary, made pressure on the prisoner during the hunger strike, there was no need for a doctor to protect him.

Before the last (eighth) day of the hunger strike the doctor did not introduce him with the consequences of a hunger strike to his mental and health condition.

Other doctor (outside) Penitentiary did not examine him.

From all the necessary examinations of physical and mental health, the only thing that was regularly done was weight measuring and from time to time, blood pressure measuring.

During this hunger strike he did not lose consciousness and he thinks that he did not have difficulties in reasoning.

Report on insight in medical documentation:

From the insight in medical file of the prisoner and from the discussion with the present doctor, it was defined that the prisoner started hunger strike on September 29th 2010, because of inadequate diet. Body weight on the first day was 103.5 kg and his blood pressure was 140/80 mm/Hg.

The present doctor said that the prisoner was introduced with the consequences of hunger strike to his health, especially for the fact that he suffers from insulin independent Diabetes Mellitus.

Medical examination was done every day and body weight and blood pressure value were recorded. Based on doctor's words, the prisoner was regularly introduced with the consequences if strike to his health.

The code of the disease according to international classification of diseases was recorded everyday. On the fifth day of strike (03.10.2010.) changes on gluteal region accompanied with itching were determined and for that reason a certain therapy was prescribed.

Besides medicines, the doctors recommended the use of warm water for 7 days. On the eighth day of strike (October 6th, 2010) it was determined that the prisoner stopped with hunger strike and his body weight was 99, 8 kg and the blood pressure was 120/80 mm/Hg.

Based on doctor's words everyday medical check up comprised weight and blood pressure measuring, clinical examination of heart and lungs, as well as check up for possible swellings. The result of such clinical examination was not registered in the medical file for a single day. The time of examination, as well, was not written in the medical file for a single day.

For the whole period of hunger strike the glycaemia index was not determined.

Comment on the insight in medical documentation:

The doctor is obliged to introduce the hunger striker with the consequences of the strike to his health, Based on the statement of the prisoner and having taken insight in his medical file, we observed discordance.

Complete clinical examination is not full, it was not done on daily basis and time of examination was not registered in the medical file.

In case of hunger strike, it is necessary to have everyday complete examination of a striker (heart and lungs examination, presence of swellings). Bearing in mind that S.P. has been suffering from diabetes for many years, special attention should have been paid to that.

Psychological findings of S.P.

In order to determine cognitive abilities and IQ of the prisoner S.P. an interview and testing of the prisoner was done on October 8th 2010. Revised Beta test was used.

During the interview, S.P. is adequately motivated and cooperative. On the contrary, when getting into test situation, he shows ambivalence and certain distrust which decreases his motivation. He reaches concentration very fast but during the work his attention varies, due to present internal resistance. He manages to put down the resistance and finishes the test, related to events during and after the end of the hunger strike which is a subject of this visit.

Beta IQ of S.P. is IQ=109 which is a level of average intelligence.

Based on the interview and results of the test it could be concluded that cognitive abilities of the prisoner S.P. are well preserved.

Recommended measures:

1. In case of a hunger strike a doctor is obliged to introduce the striker in detail about possible consequences of hunger strike to his health. It is necessary that he explains to a striker a difference between artificial and force feeding. All the explanations should be adequate to the level of education and cognitive abilities of the striker. The doctor should additionally check if the striker understood all the explanations well.

All this is comprised in the Codex of professional ethics of Medical Chamber of Serbia which stipulates the actions of doctor in case of a hunger strike. The respect of this Codex is influenced by the license that gives possibility for work to every doctor.

2. Medical examination during the hunger strike should be overall and comprehensive, done on a daily basis, at the same time and always registered in the medical file.

3. Results of a complete clinical examination (everything that is done) must be registered in detail in the medical file.

4. Prisoners on hunger strike, suffering from known chronic diseases (for example Diabetes Mellitus, which is the case here and which is clearly given in the medical file) must be subjected to everyday analyses of importance for that chronic disease (in this case measuring of glucose in blood).

7) F.G., Period of hunger strike: 20.12.2010. - 10.01.2011.

Report on structured interview with the prisoner:

Note(1):The report was produced based on the two visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team) as well as based on the phone conversation and correspondence with the prisoner.

Prisoner F. G. out of possible forms of food refusal, during the hunger strike took only coffee and water with earlier prescribed therapy.

The intention of hunger striker was to be transferred to Penitentiary Niš because he thinks that it is an institution where he can get adequate diet in line with needs that derive from his religious beliefs.

Motivation for hunger strike is of religious nature. He said he would stop the hunger strike in case of fulfillment of his request.

Nobody directly makes pressure on him because of hunger strike but his right to make phone calls from the phone booth is abolished at the moment when he started hunger strike. When his representative suggested that he should take vitamins and liquids with sugar and salt, he said that it is considered in Zabela Penitentiary that the prisoner is no longer on hunger strike if he takes these supplements.

He was on a voluntary strike.

On the first day of strike he submitted the statement about this to the Security service staff.

Until the 11th day of strike, the doctor did not examine him and thus could not ask him for the reasons for hunger strike. As recommended by the representative, the prisoner asked to be examined which was accepted.

At the beginning of hunger strike the doctor did not ask the prisoner for the instructions whether he would like to be helped in the later phase of strike. Later he did, but in front of the others. The prisoner did not give the instruction about medical intervention in case of losing consciousness.

The prisoner said that he suffered from asthma and that he had had infarction in 2005.

The doctor did not inform him on daily basis about the impact of hunger strike to his health.

The doctor did not recommend taking vitamins.

The doctors did not visit and examine him but he was taken to them.

He was not explained difference between artificial and force feeding. The striker said he would accept artificial feeding.

He was not medically examined by a psychiatrist for a single time

The doctor did not get in touch with his family.

The striker did not trust the doctor who followed up his case.

The aim of his strike was the accomplishment of the request which derived from his religious beliefs.

F. G. started hunger strike on 20.12.2010. and he finished it on 10.01.2011. During the discussion with the prisoner, the representative informed him that he would not be able to submit a new claim for transfer before 20.04.2011. as prescribed by the law. The prisoner accepted this fact, and together with his health condition he accepted to stop hunger strike the same day.

F. G. did not know how many kilos he had at the beginning of hunger strike and how many he lost during the strike. As a confirmation of losing weight he showed his photo on the ID card, where big difference between his previous and present (at the moment of the visit) look could be seen.

During the hunger strike nobody directly teased him or made fun of, but he had a feeling that commanders scowled at him.

The doctor did not introduce him with the consequences for the health in general and consequences for his health.

He does not know for how long a healthy person can stay on hunger strike.

He did not ask to be examined by another doctor from another institution.

Questions following the Medical Chamber Codex, in a part dealing with hunger strike

During the hunger strike he was not force fed.

The doctor did not introduce him with the consequences of hunger strike to his psychical and health condition.

He was not medically examined by any other doctor outside the institution and thus was not introduced with consequences.

The doctor did not determine striker's physical and mental health on daily basis.

The striker said that during this hunger strike he did not lose consciousness and that his reasoning was not difficult.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner and he submitted them to his attorney who is at the same time a member of the Team within the project, based on the authorization, request and consent for insight in medical file, which the prisoner gave for the collection of these data. In this way, use and

publication of information is completely in line with the Law on the Protection of Personal Information.

Having taken insight in provided medical documentation it could be concluded that prisoner F. G., was examined by a doctor, during the whole period of strike, for only 3 times. 04.01.2011. it was stated that the prisoner was on a hunger strike from 20.12.2011. Examinations were superficial, even without measuring body weight and heart frequency.

Comment on the insight in medical documentation

When the prisoner is on hunger strike, Health Care Service is obliged to take care of his medical condition. Superficial, irregular examinations and slovenly registered results surely do not stand for an example for a good care of the patient. It is pointless, bearing that in mind, to talk about other obligations that a doctor has towards patient.

Psychological findings of prisoner F. G.

Testing aimed at determining IQ and the level of cognitive abilities of F.G. was done on the 10th day of hunger strike.

During the interview, the prisoner is cooperative and adequately motivated, but in test situation he expresses resistance to work, based in the insecurity in personal intellectual abilities due to lower level of education. Latent neurosis increases during testing with evident real tiredness and it results in resistance to make efforts until the end.

Beta IQ of the prisoner F.G. is 85 which is the level under average intelligence.

Recommendations

The duty of a doctor during the hunger strike is, on the first place to remember Hippocratic oath and duties imposed by his profession. Care about people's health is here especially emphasized, bearing in mind that this is a hunger strike in special conditions. It cannot be achieved in any way by medical examinations from time to time.

We believe that everyday detailed examination of a striker is a minimum which education and profession require from one doctor.

Report on a visit to a prisoner

Place: Zabela, Požarevac, Penitentiary

Date of the visit: 30.12.2010. godine

Prisoner F.G., identification number 2979, who is serving sentence in Penitentiary Zabela, was visited by the attorney, based on the call, on 30.12.2011. The interview was held in the room for visits and was supervised by the security staff of Penitentiary Zabela.

The prisoner says that he is serving 30 years long sentence. He started with sentence serving in 2006, for the attempted murder. The prisoner was born on 26.08.1977. and prior to sentence serving he lived in Novi Pazar. He has Bosniak nationality and he is of Muslim confession.

The prisoner was sent to Penitentiary Zabela for sentence serving and it was not the closest penitentiary to his place of residence. As a reason for this the prisoner says that it is the fact that this prison is of a strictly closed type and the crime for which he was sentenced was throwing the bomb on a damaged woman who died later from the consequences of injury. He also says that they connected his crime with politics.

The prisoner submitted a request for transfer which was not adopted and decision for that was brought on 20.10.10. He did not complain for that. The prisoner whose claim for transfer was rejected cannot submit a new one in the period for six months from the decision on previous claim so that he can submit new claim on 20.04.2011.earliest. At the moment when this interview was made, the prisoner did not know that he could not submit new claim before April the following year.

The prisoner has been on hunger strike since 20.12.2010. As the reason for hunger strike he says that he does not receive adequate food in line with his Muslim confession. He asked to have his food prepared separately from other prisoners which was partially adopted. However, food delivered to him later was very bad, uniform and, as he says, it was impossible to live on it.

The prisoner asked to be transferred to Penitentiary Niš where a lot more Muslims serve sentences (Bosniaks and Albanians). As well, he adds that almost all prisoners from Novi Pazar serve their sentences in Niš Penitentiary where their food is prepared separately and that they receive adequate food regularly. If he was moved to Niš penitentiary he would stop his hunger strike, on the contrary, he would continue with it until he dies.

Prisoner is on hunger strike without taking food, he only takes coffee. He takes water only with medical therapy prescribed before the hunger strike.

The prisoner says that he started the hunger strike on 20.12.2010. He submitted his statement on the start of a hunger strike to security staff the same day. One prisoner of Albanian nationality is also introduced with the fact that F.G. is on hunger strike.

The prisoner says, as well, that after the commencement of the hunger strike, he is not allowed to use phone booth within the Penitentiary.

Date of the interview:10.01.2011.

Prisoner F.G. identification number 2979, phoned the Center for Human Rights Niš. During the conversation, it was pointed out again that new claim for transfer from Zabela Penitentiary to Niš Penitentiary could not be submitted before 20.4.2011, bearing in mind that the decision upon the previous claim was brought on 20.10.10. The prisoner accepted this fact and his health condition and announced that he would stop his hunger strike the same day (10.01.2011).

G. was on a hunger strike for 22 days. In that period he was taking only coffee and water for the prescribed therapy. When suggested that he should take vitamins and liquid with salt and sugar, he said that in Zabela Penitentiary, it was considered that one was no longer on hunger strike if taking this.

8) D.P. , Penitentiary Mitrovica, hunger strike period: 05.02.11. – 18.03.11.

Report on structured interview with the prisoner:

Note (1): The report was produced based on the two visits of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team.

In the first period of a hunger strike (interview 16.02.2011) D.P. was taking only coffee in a great amount. He did not take water or food because he believed that, if he drank even water only, that would not be a hunger strike anymore. After the conversation and explanation he got from his advocate about possible forms of hunger strike, he started taking water. In the period between 16.02.11 and 03.03.11. he received to drink one salty and one glucose infusion.

Based on the prisoner's statement his intention was to get transfer to a district prison ``Klis`` in Novi Sad and to get the outdated sentence excluded from the overall sentence.

His motivation for the strike was his wish to realize his rights. As well, with the strike he protested for the fact that Roma prisoners served their sentences separated from other prisoners in ``old quarantine`` where conditions are much worse.

D.P. belongs to the group of decisive hunger strikers because of clearly expressed request, but as well, he belongs to a group of prisoners who are on hunger strike for some protest, due to the fact that he advocates for the respect of other prisoner's rights.

During the hunger strike D.P. said that he would stop hunger strike in case his both requests were realized (transfer and exclusion of outdated sentence). He stopped the hunger strike after a conversation with the Head of Penitentiary when he was promised to get the required transfer. From the later correspondence with the prisoner we learned that the promise was not fulfilled.

D.P. started the hunger strike by sewing up his mouth. For that reason he was tied for 48 hours based on the order of the psychiatrist who did not examine him or talk to him. He thinks that tying was a kind of pressure on him to stop the hunger strike and that the findings of the psychiatrist served as a coverage for the pressure on him by the security service. He says that he intended only to sew up his mouth and that it was not introduction in further self-injuring. Furthermore, he says that pressure was made on him in the way that he was told that the Head would talk to him, but only when he un-saws his mouth. As well, he was threatened by security service officers, which is for sure a kind of pressure.

The prisoner was on a hunger strike on voluntary basis.

At the beginning of hunger strike the doctor asked him why he was on a hunger strike, but it did not repeat later. In the first phase of the strike, the doctor did not ask him whether he would like to be given help in case of losing consciousness. Later on, he did and they agreed on receiving infusion twice a day, both glucose and salty. He spoke about this privately with the doctor in his office.

In the first period of hunger strike he gave no instructions about medical intervention in case of losing consciousness, and in the second part of hunger strike he agreed to be given help if needed.

D.P. does not suffer from chronic diseases but he has three pieces of shrapnel from the war. In the first part of the strike the doctor did not inform him on daily basis about the influence of the strike on his health. His blood pressure and body weight were measured everyday, and he had more detailed examinations from time to time. He said that later doctors informed him daily about the influence of the strike to his health. The examinations consisted of measuring weight, blood pressure and heart bits check up, while blood sugar was never measured.

The doctors did not recommend taking vitamins.

The doctors did not visit him but he was taken to them, everyday.

He was not explained difference between artificial and force feeding.

In case his condition went worse, the prisoner agreed to accept artificial feeding. He was not examined by the psychiatrist for a single time during the hunger strike.

The doctor did not get in touch with his family.

In the first period of hunger strike, D.P. did not trust doctors, but he thought that their attitude was correct. Later on he changed his opinion and he said he trusted the doctors who followed him.

The aim of his hunger strike was realization of his request and protest for the position of Roma people.

D.P. started hunger strike on 05.02.2011. and he finished it on 18.03.2011. On 03.03.11. he had 65 kg and at the beginning of hunger strike he had had 80kg.

Starvation was not based on religious reasons.

During the hunger strike nobody from the prisoners teased him or made fun of him for the fact that he was on hunger strike. D.P. thinks that other prisoners understand his motives.

The doctors did not introduce him with the medical consequences of the strike in general and for him and for how long a healthy person can remain on a hunger strike. At the beginning of hunger strike one of the doctors told him that if he had stopped drinking coffee he would have died. On the 27th day of hunger strike a doctor told him that his condition was critical and that he should be moved to the hospital in the Central prison, which D.P. refused.

He did not ask to be examined by another doctor because he did not know that he had right to do that.

Questions following the Medical Chamber Codex, in a part dealing with hunger strike

Nobody force fed the prisoner during the hunger strike.

The prisoner thinks that psychiatrist's order issued without examination, after mouth sewing was a kind of pressure on him. He does not know whether other doctors knew that that order was issued without examination and he did not know how they would react in case they found out about that.

Nobody force fed him but he was artificially fed with infusion.

The doctor did not introduce the prisoner with the consequences of a hunger strike to his mental and health condition in the first part of the hunger strike, but in the second phase he did.

Other doctor outside Penitentiary (from another institution) did not examine him.

His physical and mental status were not examined on daily basis. The only thing that was done on daily basis is weight and blood pressure measuring.

During the hunger strike he lost consciousness for several times, he was artificially fed and reasoning was difficult.

Insight in medical documentation

Note (2):

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner based on his request and he submitted them to the Center of Human Rights-Niš, together with the consent for the insight in medical file. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information.

Copy of medical file for the period from 01.02.2011. till the end of the strike was required. Such a request for a wider insight in his medical condition was motivated by a wish to objectively estimate the health condition of the prisoner at the moment when he decided to start the hunger strike.

Based on the provided medical documentation during the hunger strike which lasted for 42 days, the prisoner was medically examined for 9 times only, i.e. only 9 times the results of medical examination were written in the medical file.

For these 9 times, time of medical examination was not written for a single time. The examinations are totally superficial, consisting of weight and blood pressure measuring. The day of the hunger strike was never written in. Only for 24.02.2011. it was written that the prisoner stated that he had been on hunger strike since 05.02.2011.

On 21.02.2011. he received infusion NaCl 09% 500 ml I glucose 5% intravenously. For three times during the hunger strike (14.02.11. 02.03.11. and 03.03.11) he got bottles of 5% glucose to drink.

On 07.02.2011. he was medically examined by a surgeon and at that occasion he underwent x-ray imaging of his stomach. It was done because the prisoner said that he had swallowed a Gillette and that one piece of it stayed in his throat. The same day he was examined by otolaryngologist and it was not observed that anything stays in his throat and it was stated that his mouth were sawn up with a wire.

On that day he was examined by a psychiatrist too. He set the diagnosis of emotionally instable disorder of personality and prescribed therapy bensedin ampoule-I im/8h, capsules alventa 75 mg I+0+0, tablets largaktil 25 mg I+I+2, tablets flornidal 0+0+I u tablets lorazepam 2.5 mg ½ + ½+1, glucose 5% - 500 ml + vitamins B1, B6 I C. He recommended isolation, enhanced supervision and mechanical fixation.

On 21.02.11. (17th day of hunger strike) he was examined by neuro-psychiatrist and he determined therapy.

First and last day of hunger strike, together with body weight and blood pressure cannot be seen from the medical file.

Comment on the insight in medical documentation

Provided medical documentation, after properly submitted request, is utterly incorrectly done. This remark is related to the quality of copies, and especially to the fact that for 42 days of hunger strike, there were only 9 results provided.

These examinations were totally superficial and they consisted only from blood pressure and body weight measuring. The prisoner was never taken blood for laboratory testing and opinion of other specialists was required only in cases when there was doubt of auto-destructive behavior.

It is very difficult to have insight in medical condition of the prisoner during the long hunger strike from the provided material.

Psychological findings of prisoner D.P.

During the first interview (11th day of hunger strike) with D.P., the prisoner was in a very bad physical condition in sense of overall weakness (difficulty in walking and moving and slow speech). It is evident that he has difficulties in reaching concentration whose quality is with oscillations and does not last for long. Time orientation and remembering are weak and bad. The prisoner is aware of the condition in which he is because he concretely verbalizes it.

Such a bad psycho-physical state can be considered as a consequence of starvation and not taking water. In case that the prisoner was really given therapy prescribed by a psychiatrist it would significantly influence his psychic and motor status.

This is supported by impression that in the second part of the strike /when he was taking water and received infusions) he had better concentration, time orientation and remembering.

Due to the given condition, prisoner D.P. could not have been subjected to testing (anticipated Revised Beta Intelligence Test)

Recommendations

1. Upon receiving a concrete request for provision of medical documentation, what is least expected is a concrete reply- provision of complete medical documentation for the whole required period. The copy should be usable for an average user so that the whole procedure of prisoner's medical condition could be feasible. The right of a prisoner to get a copy of his medical file would be fulfilled only in this way.

2. In case of a hunger strike a doctor is obliged to introduce the striker in detail about possible consequences of hunger strike to his health. It is necessary that he explains to a striker a difference between artificial and force feeding. All the explanations should be adequate to the level of education and cognitive abilities of the striker. The doctor should additionally check if the striker understood all the explanations well.

All this is comprised in the Codex of professional ethics of Medical Chamber of Serbia which stipulates the actions of doctor in case of a hunger strike. The respect of this codex is influenced by the license that gives possibility for work to every doctor.

3. Medical examination during the hunger strike should be overall and comprehensive, done on a daily basis, at the same time and always registered in the medical file.

4. Results of medical examination (everything that was done) should be written in the medical file, in detail.

5. In case of hunger strike all the worsening of striker's health condition, applied therapy and time when it happened should be registered in the medical file.

Report on the visit to the prisoner

Place: Penitentiary Sremska Mitrovica

Date of the visit: 16.02.2011.

Prisoner D.P., personal number 8261, serving sentence in Penitentiary Sremska Mitrovica, was visited by attorney, based on the call, on 16.02.2011. The interview was made in the visit room where, in parallel with the interviews that the attorney had with prisoners, the staff was doing the inspection of the received parcels intended for prisoners.

D.P. has been on hunger strike from 05.02.2011. As a reason for strike he gives the fact that he has not been moved to a district prison "Klisa" in Novi Sad. He considers that he has right to be moved there, bearing in mind that the greater part of his sentence was served, and one of the sentences is outdated and thus it cannot be enforced.

He started the strike by sewing his mouth and he stopped taking food and water. The only thing he takes is coffee and he takes it in greater amounts. The prisoner sewed his mouth with a wire-one for each side of the mouth. In this way he can still talk but with difficulties.

He states that he feels very bad and that he had to be helped out to get to the visit room. He needed few minutes to get himself together for the interview. He says that his blood pressure is 60/90 mmHg, and that it is sometimes lower. One can feel the odor of ammoniac and acetone which is probably a consequence of lack of liquids and product of decomposition of body fat.

He also says that he was tied up for 48 hours, after he had sewed up his mouth in order to avoid self-injuring and that he was tied based on the order of a psychiatrist who did not examine him. His only intention was, as he says, to sew up his mouth and considers that it is a kind of a pressure to stop the strike.

The prisoner thought that the hunger strike is a proper one only if he takes neither water nor food. The only thing he takes is coffee and just in order to raise his blood pressure and avoid being semi-conscious or unconscious. He says that no one from the prison told him what the hunger strike is and that no one explained to him that he could take water and salt during hunger strike.

As one more reason for a hunger strike he gives his dissatisfaction with the conditions in which Roma prisoners serve sentences, that they are separated from other prisoners in "old quarantine" where the conditions are very bad. The prisoner says that he participated in war and that he has three sharpnels in his body.

Date of the visit: 03.03.2011.

D.P. has been on hunger strike since 05.02.2011. (27th day). The prisoner thinks that he has right to be moved to a district prison "Klisa" in Novi Sad, since one of the sentences is outdated and thus he has to serve only a smaller part of the sentence which could be served in the district prison, too. As well, he is affected by the fact that Roma people serve their sentences separated from the others, in the old quarantine, where the walls fall off and the conditions are generally much worse than in other pavilions.

On the day of the visit prisoner's mouth are still sawn up. The prisoner takes water and gets infusion twice a day, salty and glucose. He feels very bad but artificial food enables him to be conscious and to function as much as possible. He says that he has lost 15 kg from the beginning of the hunger strike. His blood pressure is 70/55, and his weight is measured every day. He says that they check his heart bits every day but that they do not measure sugar in his blood.

He says that the Directorate sent a message that they will speak to him only when he takes off the wire from his mouth. He thinks that this is blackmail because if he takes off the wire his protest would stop and there would be no reason for them to speak to him.

.....

In the letter which D.P. sent on 26.03 to his advocate, he informed him that he accepted the advice and stopped the hunger strike.

9) Dž. S., Penitentiary Mitrovica, Period of hunger strike: 06.02.2011.- 28.02.2011.

Report on structured interview with the prisoner:

Note (1):

The report was produced based on the one visit of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team) as well as based on the numerous phone conversations with the prisoner and his wife

During the hunger strike the prisoner refused food and took only water (17 days) and last 5 days, until the end of the strike (22nd day) he stopped taking water as well.

The intention was to draw attention to an unfair verdict for an act which he could not have committed because, objectively, at that time he was in prison, but also to force the abolition of the verdict.

The representative explained to the prisoner that Penitentiary had no influence in the matter of verdict abolition, and on behalf of him, he submitted the request to appropriate body. The prisoner accepted the advice to stop the hunger strike in order not to jeopardize his health anymore.

During the hunger strike no one made pressure on him. He experienced, as a kind of pressure on him, a situation when he started the hunger strike and self-injured him, when he was accommodated in the hospital and was not sent back to the pavilion in which he was until then..

He was on a voluntary strike.

The doctor asked him why he was on hunger strike.

At the beginning of hunger strike the doctor did not ask the prisoner for the instructions whether he would like to be helped in the later phase of strike.

The prisoner did not give the instruction about medical intervention in case of losing consciousness.

The prisoner does not suffer from any chronic disease.

The doctor did not inform him on daily basis about the impact of hunger strike to his health. Blood pressure and pulse were measured on daily basis,

The doctor did not recommend taking vitamins.

The doctor did not visit him every day, and he examined him only in work days

He was not explained difference between artificial and force feeding.

The striker said he would not accept artificial feeding.

He was not medically examined by a psychiatrist for a single time

The doctor did not get in touch with his family, but his wife called the supervisor and the Head.

The striker did not trust the doctors who followed up his case.

The aim of his strike was the protest for unfair verdict and realization of his request- abolishment of the verdict.

He started hunger strike on 06.02.11. and was on a hunger strike until 28.02.11. At the beginning of hunger strike he had 64 kg, and in the end 46 kg. Starvation was not based on religious reasons.

During the hunger strike nobody teased him or made fun of him.

The doctor did not introduce him with the consequences for the health in general and consequences for his health.

He did not know for how long he could stay on hunger strike.

He was not examined and he did not ask to be examined by another doctor from another institution

Questions following the Medical Chamber Codex, in a part dealing with hunger strike

During the hunger strike he was not force fed.

The prisoner thinks that pressure was made on him in the sense that he was moved to prison hospital and the doctor did not protect him.

The doctor did not introduce him with the consequences of hunger strike to his psychical and health condition as well as he was not examined and introduced with the consequences to his health by any other doctor.

The doctor did not determine striker's physical and mental health on daily basis. His body weight and blood pressure were measured every day and his heart was checked as well..

The striker did not lose consciousness during this hunger strike but he thinks that his reasoning was not difficult. He felt bad but there was no need for artificial feeding.

Report on insight in medical documentation:

Note (2): The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner and he submitted them to his attorney who is at the same time a member of the Team within the project, based on the authorization, request and consent for insight in medical file, which the prisoner gave for the collection of these data. In this way, use and publication of information is completely in line with the Law on the Protection of Personal Information

Provided medical documentation comprises period from 06.02.11. till 25.02.11. (19. day of the strike).

On the first day of the strike the prisoner injured himself (Vulnera scissa reg. bdominis et brachii sin et reg. cubiti sin). These are cuts in abdominal area, left arm and elbow.

Time of examination was never registered, as well as the day of strike. The medical examination consisted from measuring weight and blood pressure, auscultation of heart and lungs while more detailed examinations were not done.

The doctor did not introduce the patient with danger to his life.

Because of self-injuring he was accommodated in the prison hospital and on 21.02.2011 (16th day of strike) he was realized from the hospital upon his own request.

Comment on the insight in medical documentation

Having taken insight in medical documentation it could be stated that the doctor's examination were superficial while the documentation was utterly un-promptly kept. If one can judge according to documentation during the hunger strike (total 22 days) the doctor examined the patient for only 10 times. Within these 10 examinations, only his blood pressure and weight were measured and even this was not regularly registered.

Such medical documentation in no way could be used to honor Penitentiary medical service and to be a good example of what was done.

Psychological findings of prisoner Dž. S.

Interview and testing with the prisoner was done on the 5th day after the end of hunger strike (on 03.03.2011). At the moment of testing, the prisoner was pretty physically exhausted and with reduced energy which reflected in weaker motivation for work and in slow motion. Because of that he should have been additionally supported during the work.

Revised Beta test was used for testing of the prisoner Dž. S.. His Beta IQ is 80 which is the level under average intelligence. His reasoning process and cognitive abilities are preserved. It could be concluded that at the moment of deciding to start hunger strike, he was competent for that.

Recommendations

1. In case of hunger strike, the duty of Penitentiary doctor is to examine the prisoner on daily basis, to register the time of examination and the day of strike, all together with the results of the examination.
2. When it is about a long-term strike (in this particular case 22 days) and when there is a significant weight loss (18 kg) the examination must not end with measuring weight and pressure but it has to comprise other diagnostic procedures (laboratory, glucose in blood, swellings...)
3. At each contact with the patient, doctor is obliged to introduce him, in understandable way, with concrete threats to his life that derive from hunger strike.

Report on a Visit to a Prisoner

Place: Sremska Mitrovica Penitentiary

Date of the visit: 03.03.2011.

Prisoner Dž. S. mat. br. 10143, identification number 7070, who is serving sentence in Penitentiary Sremska Mitrovica, based on the call, was visited by the attorney on 03.03.2011. The interview was held in the room for visits, where besides the conversation of attorney with the prisoners, the received parcels were checked up by security officers. They were not directly supervising the interview.

Dž. S. was on hunger strike from 06.02.2011. to 28.02.2011. (total 22 days). As a reason for the strike the prisoner gives the fact that he was unfairly sentenced because he did not commit the crime. Namely, at the time when the crime was committed, he says that he was in detention and there was no way he could have committed the crime for which he was sentenced. His intention was to force the abolition of the verdict.

The prisoner started the hunger strike on 06.02.2011. and the same day he injured himself, for which reason he was accommodated in the prison hospital. Although he wanted to go back to the pavilion where he had been before, this was not allowed to him. At the beginning of the strike he was taking only water, and in the last 5 days of strike was on the strike even without water.

He stopped the strike in consultation with the attorney, in order not to jeopardize his health, and which could have happened in case of not taking water.

The prisoner says that at the beginning of the strike he had 64 kg and in the end 46 kg, i.e. that he lost 18 kg during the hunger strike.

10) A.S. , Penitentiary Niš, Period of hunger strike: 11.03.11.- 25.03.11.

Report on structured interview with the prisoner:

Note (1):

The report was produced based on three visit of prisoners' representative (who is a member of Center for Human Rights Niš' monitoring team)

Out of possible forms of food refusal, the prisoner took only water, coffee and tea during the hunger strike.

The intention of the striker was to force appropriate medical treatment and to be transferred to another prison.

Prisoner A.S. belongs to a group of determined hunger strikers. His motivation are two related requests. One is related to appropriate medical care and the other one is related to a transfer to another penitentiary. Prisoner's right arm is injured, more precisely one bone in his thumb did not heal. Besides that, his ankle is injured and cartilage, the prisoner thinks that behavior of Health Care Service and other staff in Penitentiary is a consequence of revanchism because of his escape from Penitentiary Pirot (which is an organizational unit of Penitentiary Niš) and that is why he is asking for transfer.

The prisoner would stop hunger strike in case he is transferred to another prison and got appropriate medical treatment. He stopped with the strike on 25.03.11. because he was promised to be taken to medical examination as well as for the fact that he had to take antibiotics because he caught a cold.

During the hunger strike no one from the staff made pressure on him.

He was on a voluntary strike.

The doctor was introduced with the reason for which the prisoner started the hunger strike.

At the beginning of hunger strike the doctor did not ask the prisoner for the instructions whether he would like to be helped in the later phase of strike.

In the first part of the strike the prisoner did not give the instruction about medical intervention in case of losing consciousness, while he positively replied in the second phase of hunger strike.

The prisoner said that the doctor informed him on daily basis about the impact of hunger strike to his health, especially because of his higher blood pressure. Blood pressure and weight were measured on daily basis.

The prisoner does not suffer from any chronic disease.

The doctor did not recommend taking vitamins.

The doctor did not visit him every day but he was taken to examinations every day.

The striker was not explained difference between artificial and force feeding and he said he would accept artificial feeding.

He was not medically examined by a psychiatrist for a single time. Based on the prisoner's statement he examined him two times before the strike.

The doctor did not get in touch with his family.

The striker says that he does not trust the doctors who follow up his case.

The aim of his strike is the realization of the request, not an act of protest.

11.03.11. he started hunger strike. Before this he was on hunger strike once more from 12.02.11. till 04.03.11. Then he stopped the hunger strike because he was promised, but they did not take him to the doctor, so that he started the hunger strike again. At the beginning of the strike (11.03.11.) he had 82 kg.. 14.03.11. he had 78,8 kg, and on 24.03.11. he had 73,1 kg.

Starvation was not based on religious reasons.

During the hunger strike nobody teased him or made fun of him.

The doctors introduced him with the consequences for the health in general and consequences for his health, especially one female doctor.

He did not know for how long he could stay on hunger strike, he just has a provisional idea.

He did not ask to be examined and he was not examined by another doctor from another institution.

Questions following the Medical Chamber Codex, in a part dealing with hunger strike

During the hunger strike he was not force fed.

There was no need for a doctor to protect him because no pressure was made on him.

One female doctor introduced him well with the consequences to psychical and health condition.

He was not examined and introduced with the consequences of hunger strike to his health by any other doctor.

Striker's physical and mental health were not determined on daily basis but his body weight and blood pressure were measured every day and special attention was paid to the fact that he had higher blood pressure.

The striker did not lose consciousness during this hunger strike and he thinks that his reasoning was not difficult.

As well, he was not artificially fed.

Insight in medical documentation:

Note (2) The prisoner gave his written consent for the insight in his medical file to the Center of Human Rights-Niš, for free use with a purpose of realization of the project "Extended coalition for Prison System Reform". Copies of medical file were issued to the prisoner and he submitted them to his attorney, who forwarded them to the Center for Human rights, together with the consent for the insight in the medical file.

Provided medical documentation for the prisoner A.S. comprises period from 14.03.2011. (4th day of strike) till 25.03.2011. (15th and the last day of hunger strike).

The prisoner was medically examined every day and it consisted from measuring body weight, blood pressure, heart frequency and heart and lungs examination.

Time of the examination was promptly registered, together with the international classification of disease code as well as the day of the strike. The prisoner was daily informed about the consequences of the strike to his health. On 15.03.11. (5. day of strike) he was examined by orthopedist (report No. 3237), and the following diagnosis was set: Pseudoarthrorossis naricuaru ldx, Arthrosa TLC dex.

The reason for stopping with the hunger strike was not written in the medical file, but the information came from the commander. The patient was not brought for examination.

Comment on the insight in medical documentation

Health care service deserves all the praises for daily examinations of the prisoner, regular registering of time of examination and detailed description of what was done in case of this hunger striker. Provided documentation misses data about first three days of hunger strike.

When analyzing medical documentation what is interesting is that heart frequency of a hunger striker was most often 72/min.

We emphasize this documentation as one of better examples in sense of keeping and technical quality of provided copies.

Psychological findings of prisoner A.S.

Interview and testing with the prisoner A.S. was done on 25.03.11., 15th day of hunger strike, aimed at determining the level of intelligence and cognitive abilities.

Revised Beta Intelligence test was used.

Prisoner is very motivated for work. He reaches concentration very fast and it remains on a good level throughout the whole period of work. He shows initiative during the interview and during testing.

Beta IQ of prisoner A.S. is 108, which is the level of upper limit of average intelligence. It could be concluded that his cognitive abilities are on the same level.

Recommendations

1. Provided medical documentation should cover the period given in the request.
2. The medical examination of hunger striker, besides basic parameters should include additional diagnostic procedures (laboratory testing, glucose in blood...).
3. The attitude of all the doctors that get in touch with the striker should be equal, especially if it is about the information they give to the patient and are related to his health condition and eventual consequences to his health.
4. When there is a health problem where it is necessary to involve other structures of health care system (as in this case Pseudoarthrosis narium), it is doctor's duty to make efforts and use all medically justified possibilities in order to solve patient's health problem.

Report on a visit to a prisoner

Place: Niš, Penitentiary

Date of the visit: 15.03.2011. godine

Prisoner A.S., identification number 5178, who is serving sentence in Penitentiary Niš, was visited by the attorney. The interview was held in the room for visits. There were security service officers present in the room. They were not directly supervising the interview with the prisoner.

The prisoner has been on hunger strike from 11.03.2011. Before this one, he has been on another hunger strike from 12.02.11.till 04.03.11. Then he stopped with the hunger strike because he was promised to be taken to rehabilitation and therapy to civil hospital but they did not do that. He started the hunger strike again, for that reason. Prisoner has injured left hand- i.e. one bone of his thumb and it doesn't heal but wane. His ankle and cartilage are also injured and they do not heal.. The prisoner asks to be taken to MR examination and rehabilitation in civil hospital.

His second reason for hunger strike is bad attitude of the guards and other prisoners to him. He escaped from the prison in Pirot and now the guards want to revenge. He says that the guards beat him on January 24th and 25th 2011. For that reason he was subjected to disciplinary procedure but he says that he was freed from responsibility. He cannot stand bad treatment anymore. For that reason he asked to be transferred from Niš Penitentiary.

At the beginning of the first hunger strike on 12.02.2011 he had 84 kg and at the beginning of second hunger strike on 11.03.2011. he had 82 kg- One day before the visit on 14.03.2011. he had 78.8 kg. He feels very bad, slowly responds to questions and doesn't wish to continue in this way

because of everything that is happening to him. During the hunger strike he did not lose consciousness and he was not artificially fed.

Date of the visit: 25.03.2011.

The prisoner has been on hunger strike since 11.03.11. This is his second hunger strike in a short period of time. He stopped the first hunger strike on 04.03.11. because he was promised to be taken to rehabilitation and therapy to civil hospital but they did not do that. Prisoner has injured left hand - i.e. one bone of his thumb and it doesn't heal but wane. His ankle and cartilage are also injured and they do not heal. The prisoner asks to be taken to MR examination and rehabilitation in civil hospital.

After previous visit of the lawyer he was taken to a scan imaging of hand and leg and 3G imaging at radiologist. Next scan is scheduled for 05.04.2011. Physical therapy was prescribed to him but he cannot receive adequate medical therapy because there is no Pulvizdan (drug) in the prison and he cannot receive it from home because it is powder. He continues with his hunger strike in order to get complete medical care.

His additional request is to be sent from Penitentiary Niš to some other penitentiary or district prison. Until the end of his sentence serving there is one year and three months. He asks for transfer because he thinks that both guards and prisoners treat him badly.

At the beginning of hunger strike (on 11.03.2011) he had 82 kg and one day before the visit he had 73,1 kg. It is hard for him to be a hunger strike but he is determined to continue.

Date of the visit : 01.04.2011.

The prisoner stopped hunger strike on 25.03.11. because he was verbally promised to be taken to examinations, but as well for the fact that he had to take antibiotics.

IV/ Recommendations:

1. To provide the application of the existing achieved standards of medical profession.
2. To establish close cooperation with the Ministry of Health and Medical Chamber of Serbia for the realization of the recommendation ``1``.
3. To consider starting the initiative for the transfer of competence for the work of health care service to Ministry of Health.

V/ Instead of Conclusion:

We hope that the view of the existing condition is remarkable and that it will encourage all those who are in position to make influence on positive changes in the area that we processed, to think and concretely react.