



PRIME MINISTER

Prime Minister
 Agree paras (i) & (ii)
 overleaf?

Yes mt. ^{Paras} - 16/x1

This was in your box

last week. ^{Paras} 16/x1

You will, I expect, have seen a summary (JIC) report from secret sources about the possibility of a hunger strike among the protesters in the H-blocks at Maze Prison, possibly associated with terrorist attacks in Northern Ireland, Great Britain and on the continent.

2. A hunger strike would be a deliberate and ruthlessly determined act to achieve political status for terrorist prisoners. This is the objective of the dirty protest itself and it is an indication of its failure that a hunger strike is being considered. I am sure that we must not give in, or do anything that can be used as a sign that we are not resolute.

3. Present policy and procedure for dealing with a hunger strike is set out in a statement made by the then Home Secretary in 1974 (copy attached). The effect is that prison authorities and the prison doctors will allow the inevitable deterioration - and consequent death - of a hunger-striker to take place unless the prisoner specifically asks for medical intervention. (The 1974 statement does not rule out forced feeding: the decision is left to the clinical judgement of the doctor concerned, but I think it unlikely that any prison medical officer in Northern Ireland would resort to forced feeding). In my view we must stand firm on the 1974 statement.

4. I intend to announce on Friday, by way of an arranged written Answer, our policy on the medical management of protesting prisoners. This will not, of course, refer to a hunger strike, but it will make clear that it is not the practice, or the intention, to force medical care upon any prisoner for his own individual benefit. This will get our general policy about the medical role in prisons on record before a hunger strike takes place.

5. If there is a hunger strike of a co-ordinated kind by dirty protesters it will be, as I have said, an act of desperation: there will be international interest in it and, perhaps, concurrent fears among the general public about a terrorist campaign. We shall need to say firmly and quickly what our policy is and be prepared to combat the aggressive propaganda which would accompany the strike. I seek your agreement and that of colleagues concerned that:

- i. we should sustain our determination not to yield on the issue of political status for terrorist criminals; *ou*
- ii. we should be prepared to face up to a hunger strike with the 1974 procedures and say so as soon as a hunger strike is called. *ms.*

6. Copies of this minute go to other members of OD and to Sir Robert Armstrong.

HA.

15 HA
November 1979



STATEMENT IN THE HOUSE OF COMMONS ON 17 JULY 1974 BY THE HOME SECRETARY

I will, with permission, Mr Speaker, make a statement about artificial feeding of prisoners.

On 23rd May, I said that I would review the position regarding compulsory feeding and the traditional view that a prison medical officer would be neglecting his duty if he were not prepared to feed artificially a prisoner on hunger strike, if necessary against his will, in order to preserve his health and life. Distasteful and objectionable though artificial feeding is, it has been judged preferable to allowing the prisoner to die or his health seriously to deteriorate.

I should like to pay tribute to the professional skill and compassion with which members of the prison medical service have discharged their responsibilities in circumstances which I know they have found difficult and distasteful.

The doctor's obligation is to the ethics of his profession and to his duty at common law; he is not required as a matter of prison practice to feed a prisoner artificially against the prisoner's will. Since there has been misunderstanding on this point, I think it is in the interests of prisoners, the medical profession and the public, that the procedures to be followed in future should leave no room for doubt.

I am advised that the common law duty placed upon persons in charge of a prisoner is to take such steps as are reasonable in the circumstances of each case to preserve the health and the life of the prisoner. In making their decision in respect of any particular case, they must have regard not merely to the dangers likely to flow from the prisoner's refusal of food but also to those likely to flow from the process of forced feeding itself, if it is resorted to, and particularly if it is resisted.

Accordingly, the future practice should, in my view, be that if a prisoner persists in refusing to accept any form of nourishment, the medical officer should first satisfy himself that the prisoner's capacity for rational judgement is unimpaired by illness, mental or physical. If the medical officer is so satisfied, he should seek confirmation of his opinion from an outside consultant. If the consultant confirms the opinion of the prison medical officer, the prisoner should be told that he will continue to receive medical



supervision and advice and that food will be made available to him. He should be informed that he will be removed to the prison hospital if and when this is considered appropriate. But it should be made clear to him that there is no rule of prison practice which requires the prison medical officer to resort to artificial feeding, whether by tube or intravenously. Finally, he should be plainly and categorically warned that the consequent and inevitable deterioration in his health may be allowed to continue without medical intervention, unless he specifically requests it.

I have discussed this subject with my right hon. Friends the Secretaries of State for Scotland and Northern Ireland, who have decided that the procedures I have outlined will apply also in Scotland and Northern Ireland.