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

On 23 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 judgment 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 for 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 Rt. 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.