

Special Rapporteur on Torture
c/o Office of the High Commissioner for Human Rights
United Nations Office at Geneva
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Allegation Letter: Legislation that has an impact on the occurrence of torture

**Israel's Proposed Amendment to the Prisons Act [New Form]
(Preventing Damages due to Hunger Strikes), 2013 as it falls under legal
provisions granting amnesty, and other measures providing for de facto or de
jure impunity in violation of the prohibition of torture.**

This is an urgent appeal from Physicians for Human Rights-Israel (PHR-IL) and Addameer Prisoner Support and Human Rights Association, Al Mezan Center for Human Rights and Adalah to call to the immediate attention of the Special Rapporteur, the proposed amendment to Israel's Prisons Act [New Form] (Preventing Damages due to Hunger Strikes), 2014, and to request the Special Rapporteur's call to action in this regard. We believe the proposed amendment will turn torture and cruel, inhuman and degrading treatment (CIDT) by forced feeding legal in Israel, and will ensure the impunity of those involved.

Palestinian political prisoners engage in hunger strikes in legitimate protest against a variety of discriminatory issues they face, predominantly: administrative detention; infliction of violent, humiliating and degrading treatment; the denial or inadequacy of medical treatment; solitary confinement; inhuman prison conditions; mistreatment, torture and other policies of abuse. Administrative detention is a chief source of discontent among Palestinian hunger strikers and broader Palestinian civil society and is a procedure, which allows the Israeli military to hold detainees indefinitely on secret information without charging them or allowing them to stand trial. This amounts to a violation of the Right to a Fair Trial enshrined in Article 14 and 16 of the ICCPR. As of 1 April 2014, there are 186 Palestinian administrative detainees in Israeli prisons.

On 9 May 2012, PHR-IL submitted an Urgent Appeal to the Special Rapporteur on Torture regarding the medical complicity in maltreatment by Israeli prison authorities and the denial of appropriate medical treatment to those on hunger strike. PHR-IL did not receive any response and we are not aware whether the examination continued or not after the hunger strike was resolved.

Currently, there are over 140 Palestinian administrative detainees in their 20th day of an open-ended hunger strike, in protest of the policies of administrative detention. Individual hunger strikes are initiated routinely by Palestinian prisoners as a response to the deteriorating Israeli policies against them. The targeting of Palestinian hunger strikers (as described in our submission in 2012) is increasing as well as their maltreatment. The proposed new amendment is a manifestation of the exacerbation of punitive actions against the hunger strikers.

The proposed new amendment provides a legislative foundation for torture and CIDT by permitting and providing for forced feeding and treatment of hunger strikers; incorporating significant violations of human rights and medical ethics; makes ill use of medicine and of physicians in order to achieve a political security and public image advantage; and, furthermore, is in direct violation of the Israel's Patient's Rights Act and of international obligations and treaties. Significantly it provides impunity for all participants in forced feeding.

As Article 2 of the United Nation Convention against Torture (CAT) treaty states, "No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture." It emphasizes that this absolute prohibition cannot be broken under any circumstances.

In a previous voicing of objection in a joint statement with the IACHR *et al.*, regarding the indefinite detention of individuals at Guantánamo Bay Naval Base, the UN Rapporteur on Torture then jointly submitted that "under these principles [of the World Medical Assembly's (WMA) Declaration of Malta] it is **unjustifiable to engage in forced feeding of individuals contrary to their informed and voluntary refusal of such a measure**"¹, and thereby acknowledged the authority of the WMA's Declaration on the issue of force feeding. It is therefore incumbent upon the Special Rapporteur to, again, denounce force-feeding in the current instance, issue requests and recommendations to the State of Israel in this regard, and urge those in authority to refrain from passing the unjust amendment. The elements of injustice attached to the proposed amendment were outlined by PHR-IL in its letters to the Ministry Of Health (MOH) and the attorney general are quoted below.

(<http://www.phr.org.il/default.asp?PageID=116&ItemID=1885>)

ELEMENTS OF OUR OBJECTION TO THE PROPOSED AMENDMENT

1. The Motivation behind the Proposed Amendment

According to the proposed language of the amendment, the decision about medical intervention to prevent damage due to hunger strikes will be made by a district court, which weighs a variety of considerations from the following domains: the prisoner's health, his prognosis, his position, the Israeli Prison Service's duty of preserving his life, prison order, and state security. The various authorities responsible for the promotion of this proposed amendment have indicated on various occasions that the proposal is meant to prevent the political damage of the hunger strikes of the Palestinian prisoners by making it clear that there is no intention of yielding to their demands.

For example, during an interview on Israeli Channel 10 on March 3, 2014, the legal advisor to the Ministry of Public Security, Att. Yoel Adar, stated:

¹ UN Office of the High Commissioner for Human Rights, statement available at: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=13278&LangID=E>

"Why was the law needed? The aim is indeed to defend the public, Israel's citizens. This is our job. We need to defend them from events that may harm them."

When asked how hunger strikes can harm the public he further explained:

"if he [the hunger striker] dies in prison, it causes riots, in prison, in Judea and Samaria, in Palestinian territories. This has definite implication on Israel."

Further, and revealingly, when confronted with the Israeli Medical Association (IMA) and PHR-Israel's objection to force-feeding as a breach of medical ethics, and possibly of the convention against torture, Att. Adar stated:

"You should remember that with all due respect, doctors receive their license from the Ministry of Health, not from the IMA... A doctor will be found that will think through the Zionist lenses, from the point of view where public interests are not less important than any other interest, and he will take care so he [the hunger striker] shall be fed."

It should be noted that the state and relevant authorities have many other opportunities available to them before the Palestinian prisoners choose the last-resort means of a hunger strike. If the goal were to prevent public image or political damage, it would be appropriate to examine beforehand the policy of detention and imprisonment towards Palestinians, by refraining from arbitrary arrests, from torture and inhumane treatment, from solitary confinement, and from cruel, harmful and inhumane imprisonment and living conditions. Palestinian prisoners protested in hunger strikes due to the policies of solitary confinement, torture, and administrative detention, and demanded the resumption of family visits, appropriate medical treatment and some other basic living conditions. These are legitimate issues, which ought to have been examined and resolved even with no protest whatsoever.

In concurrence with the UN Special Rapporteur, it is also our position that there can be no justification whatsoever for the force-feeding of individuals contrary to their informed and voluntary refusal of such a measure, particularly considering the inherent torture of Palestinian political prisoners associated with the practice, and further, that the resolution of a politically complex issue for the authorities must not result in compelling medical personnel to commit violations of International Treaties and Declarations, existing legislation and established medical ethics.

The authorities proposing this amendment proclaim their concern for the health of hunger strikers. This proclamation could have been perceived as honest if it did not advocate the application of force, and if it had not been contradicted by a reality in which the health needs of persons imprisoned in Israel in general, and of Palestinian prisoners in particular, are ignored. Indeed, several Palestinian prisoners previously waged a hunger strike, among other reasons, due to medical neglect of their health conditions; including Mohammad Qashou' who began and ended his hunger strike in

March 2014, and Muhammad Rafiq Taj, and Akram Rihawi who conducted hunger strikes in 2012.²

Beyond this, it is important to emphasize that it is widely recognized by experts and those involved with the issue of hunger strikes, that medical treatment and follow-up care of the hunger-striking prisoners in the hospitals has prevented deaths to date, and in some cases, external physicians and others acting on behalf of the hospital became intermediaries between the hunger strikers and the prison authorities, and prevented a deterioration in the condition of the hunger strikers. Seeing to it that the hunger strikers are provided with optimal appropriate medical treatment and follow-up is the appropriate way to avoid health damage and preserve the dignity and free will of the hunger strikers, as well as to increase the likelihood of an agreed-upon and life-saving ending of the hunger strike.

The true motivation and the intent of this proposed amendment are evidenced in the details of its sections and in the statements of the persons promoting it. It is to break the spirit and protests of the hunger strikers, while employing force by the state or of those persons empowered by it, invading the body of the hunger striker without his permission and despite his protests, thereby disregarding his bodily integrity, autonomy and freedom from torture, cruel, inhumane and degrading treatment.

2. Complete Violation of International Treaties and Declarations

- **The United Nations Convention Against Torture (UNCAT)** defines torture as *“any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or from a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.”*

Many hunger strikers who were treated and force fed have described the experience as being one of serious physical and emotional suffering, as degrading and cruel and equivalent to rape and torture. We see the force-feeding and forced treatment of people whose liberty has been denied and who are at the mercy and under the complete control of the state authorities as an action which rises to the level of torture, cruel, degrading, and inhumane treatment, and prepares the ground for the participation of physicians in this conduct.

- **The International Covenant on Civil and Political Rights** explicitly provides that: *“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”*³

² Physicians for Human Rights - Israel, “The Palestinian Prisoner’s Hunger Strikes of 2012: Political, Moral, Medical and Ethical Challenges Encountered While Treating Palestinian Prisoners on Hunger Strike in Israeli Prisons”, January 2013, available at: <http://www.medico.de/media/the-palestinian-prisoners-hunger-strikes-of-2012.pdf>

³ See also: Art 5 UNDHHR

- **The 1975 Declaration of Tokyo** of the World Medical Association, which prohibits the participation of medical physicians in torture, clearly states that hunger-striking prisoners will not be fed, nourished, or treated by force. Section 6 of the declaration, as adopted by the Israel Medical Association, states⁴:

Where a prisoner refuses nourishment and is considered by the physician as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent physician.

- **The 2006 Declaration of Malta** on hunger strikers by the World Medical Association explicitly prohibits force-feeding and forced administration of nutrients:

Forcible feeding is never ethically acceptable. Even if intended to benefit, feeding accompanied by threats, coercion, force or use of physical restraints is a form of inhumane and degrading treatment. Equally unacceptable is the forced feeding of some detainees in order to intimidate or coerce other hunger strikers to stop fasting.

According to the declaration, the principle of respecting one's autonomy does not contradict the principle of no maleficence. This, because the declaration interprets physician's obligation to do good as broader than avoiding or minimizing damage. It includes also the avoidance of forcing treatment/stopping a hunger strike by competent persons. Refraining from doing harm does not necessarily mean the extension of life at all costs, while ignoring other values.

Respect for autonomy. Physicians should respect individuals' autonomy. This can involve difficult assessments as hunger strikers' true wishes may not be as clear as they appear. Any decisions lack moral force if made involuntarily by use of threats, peer pressure or coercion. Hunger strikers should not be forcibly given treatment they refuse. Forced feeding contrary to an informed and voluntary refusal is unjustifiable. Artificial feeding with the hunger striker's explicit or implied consent is ethically acceptable.

'Benefit' and 'harm'. Physicians must exercise their skills and knowledge to benefit those they treat. This is the concept of 'beneficence', which is complemented by that

⁴ See: WMA Declaration of Tokyo – Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment, 1975, available at: <http://www.wma.net/en/30publications/10policies/c18/index.html>; Israeli Medical Association, "Prohibition of Physical Participation in interrogations and Torture", December 2007, available at: <http://www.ima.org.il/ENG/ViewCategory.aspx?CategoryId=4529>

of 'non-maleficence' or primum non nocere. These two concepts need to be in balance. 'Benefit' includes respecting individuals' wishes as well as promoting their welfare. Avoiding 'harm' means not only minimizing damage to health but also not forcing treatment upon competent people nor coercing them to stop fasting. Beneficence does not necessarily involve prolonging life at all costs, irrespective of other values.

- **The Istanbul Protocol**, in Section 64 of the Protocol there is a special emphasis on informed consent, as expressed in the **Lisbon Declaration** of the World Medical Association, which specifies the physician' duty to obtain voluntary informed consent from mentally competent patients to perform any examination or procedure:

"The graver the implications of the procedure for the patient, the greater the moral imperative to obtain properly informed consent. That is to say, where examination and treatment are clearly of therapeutic benefit to individuals, their implied consent by cooperating in the procedures may be sufficient. In cases where examination is not primarily for the purpose of providing therapeutic care, great caution is required in ensuring that the patient knows and agrees to this and that it is in no way contrary to the individual's best interests. [...] The only ethical assessment of a prisoner's health is one designed to evaluate the patient's health in order to maintain and improve optimum health, not to facilitate punishment."

3. Contravention and Circumvention of Existing Israeli Legislation

- **The Patients' Rights Act:** While this act does not fully adopt the Malta Declaration or recognize the even stricter ethical guidelines that apply to the treatment of a hunger striker as compared to a regular patient, the Patients' Rights act does still anchor the duty to provide medical care conditioned with informed consent to receive medical treatment, even in case of medical emergency:

Section 13(a): No medical treatment will be given to a patient unless the patient has given his informed consent to this, in accordance with the provisions of this chapter.

Section 14(d): In a medical emergency, informed consent to one of the treatments enumerated in the Supplement to this Act may be given verbally, provided that the act of consent be documented in writing as soon as possible afterwards.

The Act also anchors the provisions with regard to medical treatment without consent, and imposes a variety of conditions which are intended to undergo examination by the ethics committee of the medical institution which is about to perform that treatment:

Section 15:

*(1) A clinician may give medical treatment that is not one of the treatments enumerated in the Supplement to this Act without the informed consent of the patient, if **all** the following conditions are met:*

(a) The patient's physical or mental state does not permit obtaining his informed consent;

(b) The clinician is not aware that the patient or his legal guardian objects to the receipt of medical treatment;

(c) It is impossible to obtain the consent of the patient's authorized representative, should such a representative have been appointed under Clause 16 of this Act, or it is impossible to obtain the consent of the patient's legal guardian, if the patient is a minor or a legally incapacitated person.

Moreover, the act also considers cases in which the patient objects to the treatment, and permits enforcing it under certain conditions, which respect the patient's will or the assumptions about such wishes:

*(2) Should the patient be deemed to be in grave danger but reject medical treatment, which under the circumstances must be given soon, the clinician may perform the treatment even against the patient's wish, **if an Ethics Committee**, after having heard the patient, has approved administering the treatment, and has been persuaded that **all the following conditions apply** (emphases not in the source):*

(a) the patient was given information as required in order to obtain his informed consent;

(b) the treatment is anticipated to significantly improve the patient's medical condition;

(c) there are reasonable grounds to suppose that, after receiving treatment, the patient will give his retroactive consent.

(3) In a medical emergency a clinician may give urgent medical treatment without the patient's informed consent if, because of the emergency circumstances, including the patient's physical or mental state, it is not possible to obtain his informed consent; a treatment cited in the Supplement to this Act shall be given with the consent of three physicians, unless the emergency circumstances do not permit this.

Section (C) of the proposed amendment (Preventing Damages due to Hunger Strikes) indicate explicitly the contradiction with the Patients' Rights Act, Stating: "Despite the content of Sections 13 and 15(1) and (2) of the Patients' Rights Act, a district court judge shall be permitted to determine that the caregiver may give the prisoner a required treatment even if the prisoner has not expressed his consent for this, or even has expressed his objection, if he has found that without receiving such treatment there is an actual possibility that serious danger to the prisoner's health might occur."

- **Ministry of Health directives to hospitals with regard to treatment of hunger strikers:** In April 2012, in the midst of the mass hunger strikes involving approximately 2,000 Palestinian political prisoners, the Israeli Ministry of Health issued a directive to the hospitals. To the best of our knowledge, the language of the directive was crafted with assistance from the Attorney General. The directive is based on the provisions of the Patients' Rights Act and explains how it can be applied in the context of the hunger strikes:

“The directive does not apply rules differing from those in the law on this matter; it is meant to lead to a clearer understanding of the clinical aspects of treating hunger strikers and of the existing legal tools in this matter - and to provide guidance as to the appropriate preparation required so as to use them efficiently, when the need to do so arises.”

The directive focuses on rules for forced treatment and feeding, on the procedure in the ethics committee and the considerations thereof, emergencies, and contending with physical resistance. Despite the fact that the weaknesses of the document lie in what it does not stress – the right of the hunger striker to independent medical advice, his right to medical privacy and secrecy and to full protection from pressures, conditions, and threats – one gets the impression that this document was written from a point of view which attempts to provide a legal response to the handling of the problem of hunger strikes without blatantly violating well-known treaties and principles. What, then, leads the Ministry of Health to reject existing legislation and even its own prior instructions on this matter? The question becomes even more poignant in light of the fact that the tools currently available by law and in the medical community were sufficient to prevent deaths during the recent hunger strikes.

4. Subordinating Medical Considerations to Security/Political Considerations:

Section (B) of the proposed amendment states that “in the event that the commissioner sees, based on the a physician’s medical opinion, that due to a prisoner’s hunger strike there is a real possibility that severe danger to the prisoner’s health could be caused within a short period of time, he may turn to the district court to petition that a permit be granted to provide the required treatment; attached to the petition will be that medical opinion, which will also specify the nature of the treatment proposed for the prisoner.”

This section posits two faulty principles, commingled. A Prison Service physician, who is in a position where his loyalty is given to the interests of the imprisoning authorities and to its considerations, who will in fact provide the highest security and command authorities in the Prison Service the medical go-ahead required for the termination of the hunger strike. The Prison Service Commissioner, whose immediate declared interest is to maintain order in the prison and who sees the hunger strike as a violation of the order, will want to bring an end to the hunger strike at all costs, in this case by using medicine to achieve his goal. In other words, this is not a physician whom the patient has chosen and whom he trusts and with whom the patient has a relationship defined by the boundaries of medical ethics, but rather between a patient and a physician who is committed to the security establishment to a degree that the independence of his professional and ethical considerations is at risk, especially at times when the patient is in a struggle with the imprisoning authority, who is the physician’s employer.

Moreover, Section (D) of the proposed amendment states that the court will consider: (4) the responsibility of the Prison Service to preserve the health and life of the prisoner; considerations relating to state security and public safety; (5) the effect of the decision upon the ability to maintain order and security in the prisons.

And if the proposed amendment is not sufficiently extreme in its considerations that violate the interests of the hunger-striking patient, it also wishes to see the hearings held on the matter in court as identical to hearings in military courts and in administrative detention proceedings. As according to that same principle, the proposed amendment wishes to permit that the hearing be held in closed doors, and allow the examination of classified evidence. This constitutes an additional and blatant violation of a person's right to his bodily integrity, where the health and autonomy of his body are discussed by others while he himself, competent though he may be, is not present at the hearing, and his own interests are no longer defined from his own perspective.

In Section (G)(2): "In proceedings under this section, the court is permitted, for reasons that will be recorded, to deviate from evidentiary rules, and also to admit evidence not in the presence of the prisoner or his attorney or without revealing such evidence to them, if after having perused evidence or heard arguments it was persuaded that revealing the evidence could violate the security of the state (in this section: classified evidence); before taking a decision under this section, the court is permitted to review the evidence or hear explanations without the presence of the prisoner and his attorney; in the event that the court decides to admit classified evidence, it will order that a summary of the classified evidence be conveyed, to the extent that this can be done without affecting the security of the state [or its foreign relations], to the prisoner or to his attorney; a hearing under this subsection will be held in camera, unless the court has ruled otherwise in the matter."

This section treats the hunger strike as a defendant accused of some crime, and goes even further by denying him even the basic protections that defendants have in a fair trial, and does not even leave an option for demanding access to classified evidence.

5. Violation of the Independence and Status of the Medical Team

The Declaration of Tokyo states that a "*physician must have complete clinical independence in deciding upon the care of a [prisoner or detainee] for whom he or she is medically responsible. The physician's fundamental role is to alleviate the distress of his or her fellow human beings.*"

A judiciary order which compels force-feeding and/or a forced treatment removes the autonomy of the medical team, and hence weakens its status and grievously violates the trust between the physician and its patients. It is true that the physician has the option of refusing, but we have sufficient past experience – such as the participation of physicians in torture – to alert us to the character of people, most of whom are obedient to the hierarchical systems that remunerate them and on whom their living depends.

6. Participation of Physicians in Forced Treatment and a Serious Violation of the Rules of Medical Ethics and the Release of Criminal and Civil Liability

Even though the proposed amendment does not require the physician to take part in force-feeding or forced treatment procedures, it still makes the violation of basic medical ethics possible; moreover, it encourages the medical teams to take part in such conduct – this is particularly evidenced by the above-mentioned statement made by Att. Yoel Adar regarding finding a doctor “that will think through the Zionist lenses” - and will further release physicians from any criminal or civil liability for performing the act or for participating in it.

Section I(1) to the proposed amendment: “No civil liability shall be filed against a person for an action done in accordance with the court ruling under subsection (C); this provision shall not apply to such an act which was knowingly performed with the intent to cause damage, or that was done with equanimity to the possibility of causing damage by such action;” I(2): “No medical institution shall be civilly liable for an action performed by an employee of the institution in good faith and in a reasonable manner in accordance with a court ruling under subsection (C); in this section – “medical institution” shall be as defined in Section 24 of the People’s Health Ordinance, 1940.” I(3): “The provisions of paragraphs (2) and (3) shall not apply to any person to whom the provisions of section 7A of the Civil Damages Act [New Form] apply.”

DOMESTIC REMEDIAL ACTION

- 1) **July 15th, 2013**, PHR-IL filed a letter of objection the (signed by executive board of doctors and member of its ethical committee and more than 100 volunteer doctors in PHR-IL) to Adv. Yehuda Weinstein Attorney General, after it was spread through the media that the government had requested the assistance of the Attorney General to help formulate a bill that would allow force feeding of hunger strikers.
- 2) **September 2nd, 2013**, Adv. Ran Rinzi, Deputy Attorney General, in his response to the PHR-IL’s appeal stated that though the Attorney General acknowledges the complexity of medical care and ethics of hunger strikers, the government believes that it is for the legal system to balance those with the public and security aspects. The answer emphasized that no physician will be coerced to

participate in forced feeding, yet, a physician that will choose to participate, will enjoy full immunity from civil or criminal persecution.

- 3) **September 9th, 2013, The Jerusalem Center for Ethics:** Following PHR-ILs involvement, its representative, Dr. Mithal Nassar who visited several hunger strikers, participated in a conference discussing the proposed amendment. In her presentation Dr. Nassar emphasized the findings and claimed PHR-IL's objection to the amendment as unnecessary and extremely harmful in a system that is already endangering inmates and allows torture.
- 4) **December 19th, 2013 The Israel National Bioethics Council:** Ms. Hadas Ziv presented PHR-IL's views in front of Israel's National Bioethics Council. The Israel National Bioethics Council was established by a government decision and is the highest advisory institution to the executive, legislative and judicial authorities on ethics.
- 5) **February 16th 2014,** PHR-IL sent a letter to the Ministry of Health (MOH) protesting its support of the Proposed Amendment.
- 6) **February 16th 2014** a similar letter was sent by PHR-IL and Adalah calling on Attorney General Yehuda Weinstein to withdraw his support of the Proposed Amendment to the Prisons Act [New Form] (Preventing the Damages of Hunger Strikes), 2014⁵

The organizations object to the proposed amendment as:

- It incorporates significant violations of human rights and medical ethics;
- It provides a legislative foundation for torture by permitting and providing for the enforced feeding and treatment of the hunger strikers;
- It makes ill use of medicine and of physicians in order to achieve a political-security and enhance Israel's public image;
- It is in direct violation of the Patient's Rights Act and of international declarations and treaties.

- 7) **April 8th 2014, The Israel National Bioethics Council** sent its recommendations to reject the proposed bill to the government. *"The council has determined that the proposal that a judge can order forced feeding based on some consideration other than safeguarding the life of a hunger-striker, goes against the principles of bioethics, and must be utterly rejected."*

⁵ For both letters: <http://www.phr.org.il/default.asp?PageID=116&ItemID=1885>

The Council objected to the law on similar lines as PHR-IL's objection letters sent to the MOH and to the Attorney General:

- A law relating specifically to hunger-striking prisoners raises the suspicion that it is proposed for political motives.
- Treatment of occasional hunger strikers is sufficiently covered by the 1996 Patient's Rights Law, which also strikes a balance between the sanctity of life and an individual's right to autonomy.

However, contrary to recommendations of the Israel National Bioethics Council, the government continues to promote the proposed bill that would allow forced feeding of hunger-striking prisoners:

<http://www.haaretz.com/news/national/.premium-1.584570>

- 8) **April 29th 2014 Royal Society of Medicine, UK:** PHR-IL presented its findings and position in an international event in the RSM UK, where different members of the UK and US medical community addressed issues of medical professionals and torture and ways to struggle against impunity.
<http://www.rsm.ac.uk/academ/ghe05.php>
- 9) **March 13th 2014, PHR-IL appealed to international diplomats** in the matter
<http://www.phr.org.il/default.asp?PageID=116&ItemID=1904>

To conclude, we call on the Special Rapporteur to publicly denounce this proposed amendment, which violates a long line of principles of medical ethics, international treaties and declarations, and existing domestic legislation, and to call for its rejection and to issue urgent recommendations to the State of Israel and its relevant authorities in this regard.

FULL NAME AND ADDRESS OF PERSONS SUBMITTING THE INFORMATION

Physicians for Human Rights-Israel (PHR-Israel) is a non-profit, non-governmental organization that strives to promote a more fair and inclusive society in which the right to health is applied equally for all. It is PHR-Israel's view that Israel's prolonged occupation over Palestinian territory is the basis of human rights violations. For this reason we oppose the occupation and endeavor to put an end to it. PHR-Israel stands at the forefront of the struggle for human rights – the right to health particularly - in Israel and the occupied Palestinian territory.

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Addameer Prisoner Support and Human Rights Association (Addameer) is a Palestinian non- governmental human rights civil institution that focuses on political and civil rights issues in occupied Palestinian territory, especially those of prisoners. Established in Jerusalem in 1992 by a group of activists and human rights advocates, Addameer offers support to Palestinian prisoners and detainees, advocates for the rights of political prisoners, and works to end torture and arbitrary detention and to guarantee fair trials through monitoring, legal procedures and advocacy campaigns.

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Al Mezan Center for Human Rights is a non-governmental, non-profit Palestinian human rights organization that strives to promote respect and protection for all human rights, particularly economic, social and cultural rights, in the Gaza Strip as part of occupied Palestine through research, legal intervention, advocacy and awareness raising. Al Mezan works with a sound combination of professionalism and community participation. Our guiding principles include equal human worth and equal respect of all human rights - individual and collective - as enshrined in international law and jurisprudence.

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Adalah - The Legal Center for Arab Minority Rights in Israel is an independent human rights organization and legal center. Established in November 1996, it works to promote and defend the rights of Palestinian Arab citizens of Israel, 1.2 million people, or 20% of the population, as well as Palestinians living in the Occupied Palestinian

Territory (OPT). Adalah seeks to achieve equal individual and collective rights for Palestinian Arab citizens of Israel and to defend against gross human rights violations against Palestinian residents of the OPT

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