

## FOOD, MEALS AND DIETS

### THE LAW

Each patient shall... "Have a right to a **humane psychological and physical environment** within the hospital facilities..." § 51.61(1)(m), Wis. Stats. [Emphasis added.]

- "(a) Each **inpatient** shall be provided a **nutritional diet** which permits a reasonable **choice of appealing food** served in a pleasant manner.
- (b) **Snacks** between meals **shall be accessible** to inpatients on all living units, except when contraindicated for individual patients.
- (c) All **inpatients** shall be allowed **a minimum of 30 minutes per meal** and additional time as feasible.
- (d) Menu preparation shall take into account **customary religious, cultural or strongly-held personal convictions** of inpatients."

DHS 94.24(4), Wis. Admin. Code [emphasis added.]

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### DECISIONS

1. An inpatient, admitted to county hospital via an "**Emergency Detention**" due to suicidal ideation, felt **staff did not provide her enough time and attention** in dealing with her concerns - **especially, why she was not eating meals**. She was depressed during much of her six days there. **She refused several meals**. She **wanted her meals served to her in her own room** so she would not have to sit near a certain male peer. There was considerable charting as to the staff's plan to encourage the patient to eat meals and have proper nutrition and food intake. But two days passed with the patient not coming out for meals, and staff seemed to not be doing anything more to explore why she was not eating, and/or in what circumstances she would be able or willing to eat meals. **Patients have a right to refuse meals**. But, in this instance there were medical reasons why proper food intake was important, and the charting also stressed that eating meals was to be encouraged. That being the case, one might reasonably expect staff to do more than simply observe that a patient was not coming out to eat. They let her eat one meal in her room, then **gave her a "take it or leave it" ultimatum**. What really was the goal? Was it to encourage nutritional intake? Or to try to force compliance with the unit expectation that patients come out of their rooms to eat in the congregate setting? There was **no documentation** as to **why** they took that stance. No other approaches to encourage her to eat were made. Under these circumstances, the **lack of any documented team discussion or decision** was a **violation** of the patient's right to specific and objective documentation of the reasons and rationale for the decision that was made. (Level III decision in Case No. 99-SGE-08 on 3/23/01)

2. A patient was receiving services at a Community Based Residential Facility (CBRF) under a commitment order and an involuntary medication order. The **patient alleged that she was poisoned at the CBRF**. The grievant's only evidence was her claim that staff tried to poison her with tainted hamburger. No violation of the grievant's right to adequate treatment or her right to a safe environment was found because **the grievant's allegation was the only evidence presented that staff served the grievant poisoned hamburger**. (Level IV decision in Case No. 15-SGE-0001 on 10/17/2016)

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