

Important Information about Feeding Tubes

What is “artificial nutrition and hydration”?

Artificial nutrition and hydration is the medical term for providing food or fluids through a tube. The tube might be placed through the nose to the stomach (a ‘nasogastric’ or ‘NG’ tube), through the stomach wall (called a G tube) or into a vein (an ‘I.V.’ for giving ‘intravenous’ fluids). Fluids also can be given through a small needle under the skin (a procedure called “clysis”). Each of these procedures is considered medical intervention, rather than a natural way of feeding the patient.

When might artificial nutrition and hydration be helpful?

There is no question that feeding tubes help thousands of people recover from or live with what otherwise might be a terminal condition. Sometimes people who suffer a stroke cannot swallow at first and a tube is inserted temporarily to provide hydration and nutrition. Often these patients can learn to eat again, and the tube is eventually removed. Sometimes a patient with throat cancer might not be able to swallow after successful treatment of the disease. He or she may have a feeding tube and still carry on otherwise normal activities. Few would question whether feeding tubes are appropriate in cases like these.

If there is uncertainty about benefit, you and your family may consider a time-limited trial of artificial nutrition (food) or hydration (liquid) to see if it improves the patient’s comfort, alertness, or energy. You and your family should agree in advance with your doctor about what you hope to accomplish from trying tube feedings or IV fluid. You should also determine, in advance, how long to wait to see if you are getting any better before removing the tubes.

Does artificial nutrition and hydration prevent suffering near death?

The evidence from medical research and patients’ bedsides suggests that it is often more comfortable to die without artificial hydration provided either by a feeding tube or IV. Until this generation, everyone who died a natural death died without artificially supplied fluids. In people with terminal illness, refusing food and drink has always been a sign of the last phase of their life. Only recently have families been afraid that not providing food and fluid through a tube would force someone to “starve to death.” There is no medical or clinical evidence that leaving out a feeding tube or IV leads to a more a painful death. In fact, the research says just the opposite.

How is this different for patients with severe dementia?

Since eating is typically among the last activities to become impaired in persons with dementia, difficulty with eating signals that the person has entered the final phase of the illness. They may tend to choke on food and drink, or may lose interest in food, forget how to swallow, or forget they are hungry. These signs mark the end of a very sad and long disease process. By this point the patient is totally dependent on others for care, incontinent, unable to recognize family or to speak intelligibly and failing to thrive. However, the patient isn’t feeling hungry.

Dying is part of this very tragic disease, and the inability to eat is an expected part of its last stages. Inserting a tube will not stop the progression of the fatal disease; it might prolong or even hasten the dying process.

Content adapted from Handbook for Mortals, Oxford University Press, 1999. Accessed at www.abcd-caring.org

Why is it so hard to let a patient go without a feeding tube?

In all cultures and throughout all history, offering food has been a sign of caring and hospitality. It is no wonder that when someone we love is unable to eat and drink naturally, we feel compelled to "feed" them in some way. It seems to be basic caring. But, as your death approaches, you will not "keep up your strength" by forcing yourself to eat when it makes you uncomfortable. You should also know that a decrease in appetite is natural and eating less may be more comfortable than eating normally.

Because most dying people are more comfortable without eating or drinking at the end of life, forcing food or liquids is usually not beneficial, especially if restraints, IVs, or hospitalization would be required. Not forcing someone to eat or drink is not the same as letting him "starve to death." The truth is, for those who are dying, the times come when it might be more compassionate, caring, even natural, to allow a natural dehydration to occur. Forcing tube feedings and IVs on dying patients can make the last days of their lives more uncomfortable. By the use of wet swabs to moisten and clean their mouth, they can be kept comfortable and not feel thirsty.

A recent survey of physicians suggests that most physicians overestimate the benefits of feeding tubes for patients with advanced dementia. The disparity between the medical research and physicians' estimates is important because families turn to physicians for advice and information about this decision. Overly optimistic beliefs about the benefits of a G tube may lead to more tubes being put in without real benefit to the demented patients.

What about tube feeding someone who is unconscious?

Many people can be supported with artificial feeding even though they do not seem to be conscious. Some stroke patients may never again respond to any stimuli. Many young people have suffered head trauma and are also permanently unconscious. Two well-known court cases involved Karen Ann Quinlan and Nancy Cruzan, who both lived for years supported by feeding tubes though they were never aware of their surroundings.

The courts and medical practice have ruled it may be acceptable to withhold or withdraw tube feedings from such patients. This is not taking an action to kill the patient; rather it is allowing a natural death to occur. The advantages of dehydration in any dying patient will benefit these patients in their last days. They can die a very comfortable and peaceful death.

The real struggle for the families of these patients is an emotional and spiritual one. Can we let go? Are we continuing the artificial feeding for us or for the patient? If the patient could make his or her own choice, what would that choice be?

Most people who think about this ahead of time would prefer to avoid artificial feeding near the end of life, and simply be offered "comfort feedings", careful spoon-feeding of what they seem willing and able to take by mouth.

These problems underscore the importance of letting people talk about their goals and values while they still have decision-making ability. People need to let their loved ones know when or if they might want to have artificial nutrition withheld.

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**For more information, visit Dr. Menkin's website at:
www.permanente.net/doctor/menkin**