Tube Feeding

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Tube feeding, where a tube is placed into the stomach either directly through the wall of the abdomen (percutaneous endoscopic gastroscopy or PEG) or via a tube placed through the nose and down into the oesophagus (naso-gastric tube), is used for patients who are unable to swallow. In those circumstances the food given is of a fluid consistency like infant formula.

Generally the PEG is considered less of a problem than a nastr-gastric tube which can be persistently uncomfortable. Over the past twenty years with the advent of better methods of placing the tube, softer, more flexible materials for the manufacture of the tube, and better knowledge about avoiding complications, PEG feeding has become much more common. The initial placement of the tube is a surgical procedure but after that, provided no complications develop, feeding usually becomes routine and can be managed at home by people who lack nursing training. Family members often manage it without assistance for very long periods. They simply fill a large bore syringe with a measured amount of the formula, open the plastic tube into the stomach and then inject the contents of the syringe into the tube. It is important that the patient is sitting up during and after the feeding or there is risk of fluid finding its way into their trachea and lungs and causing respiratory problems, including pneumonia and death.

For patients who have had their bowel removed, a tube may be placed directly into a major blood vessel and nutrients are added to a saline infusion directly into the bloodstream (total parenteral nutrition - TPN). Because the latter is not absorbed through the gut, great care must be taken to manage the balance of nutrients in the blood stream and TPN thus requires expensive monitoring using frequent pathology tests. TPN can be managed by patients who then carry on a normal work routine, but it does require frequent attendance at a clinic for pathology tests and monitoring.

When the condition of a patient who is receiving tube feeding condition deteriorates, the question may be asked whether to continue with the feeding. For other patients who have suffer from a severe from which there is not much possibility of significant recovery such as advanced metastasized cancer, advanced ischaemic heart disease, severe stroke, advanced Parkinson's disease or severe dementia and they reach a stage in their illness when they are not able to swallow food, then the question may be asked whether it is necessary to initiate tube feeding.

Without nutrition and hydration, a patient will certainly die, so the question has grave implications.

Generally, the Church has taught that there should be a presumption in favour of providing life-sustaining measures to all patients including tube feeding[1]., unless the method of delivery is considered to be overly burdensome or futile.[2]

Tube feeding can be considered overly burdensome if problems develop such as a patient who finds a naso-gastric tube to be very uncomfortable, or a patient with a PEG develops inflammation of the lining of the stomach and or the gut or repeatedly suffers from food being aspirated into the trace and lungs causing sever respiratory distress.

Tube feeding can also be considered futile if the patient develops severe renal impairment or severe ischaemic heart disease or their system is shutting down for other reasons. In those circumstances continuing to provide hydration may overload the patient's system and cause a more rapid death. Initiating tube feeding may also be considered futile when the patient's condition is so close to death that the feeding will not sustain the life. This is often though to be the case when a patient reaches such an advanced stage of dementia that he or she can no longer swallow. When the disease is so advanced death is likely to happen so soon that feeding will not sustain the life significantly.

In the circumstances where it is thus futile or overly burdensome, initiating or continuing tube feeding is not considered to be obligatory[3].

The circumstances in which a patient requires tube feeding because a stroke or other severe damage to the brain through trauma has prevented them from swallowing then it is unlikely that feeding tube feeding would be overly burdensome. The condition in those circumstances often becomes relatively stable and even though any recovery may be slow, such recovery can seldom be totally excluded.

However the feeding may serve to maintain someone who is in a severely damaged state with poor prospects of a return to health. Often the question is asked whether such a condition is itself futile and the treatment should therefore be withdrawn.

Pope John Paul II addressed this issue saying:

> "….I feel the duty to reaffirm strongly that the intrinsic value and personal dignity of every human being do not change, no matter what the concrete circumstances of his or her life. *A man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man*, and he will never become a "vegetable" or an "animal".

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[1] Pope John Paul II An address to an International Congress on "Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas" Rome Saturday, 20 March 2004 Accessed from: http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.html

[2] See the discussion of these terms in the section in this collection headed "Care of the Dying and Proportionate Means"

[3] Ibid.

> "Even our brothers and sisters who find themselves in the clinical condition of a "vegetative state" retain their human dignity in all its fullness. The loving gaze of God the Father continues to fall upon them, acknowledging them as his sons and daughters, especially in need of help."

Simply expressed, people who are in an unresponsive state or have suffered severe brain damage remain as members of the human family, they remain someone's son or daughter, mother or father, sister or brother. Respect for their lives remains inherent because it is based not on their contribution but on who they are. All human beings are considered to be equal, no matter their level of ability or disability.

Pope John Paul II therefore held that the fact that a patient remains unresponsive after emerging from coma, and irrespective of how long the patient remains in this state, does not mean that the patient is any less deserving of medical treatment and non-medical care. Such patients should not be abandoned nor denied ordinary care and life-sustaining measures. In all cases, the judgments about the care due to patients should be based on the relevant medical and ethical criteria, not on the so-called "quality" of the patient's life or state of consciousness.[4]

In the case of feeding there is often a difference between withholding and withdrawing treatment because there is greater burden in initiating feeding than simply continuing servicing a feeding tube that has already been inserted. If no tube is in place then to start PEG feeding requires a surgical procedure to create the access. The techniques for this have developed and it is considered a procedure that has minimal risk. Nevertheless it is a surgical procedure with some attendant discomfort. Further, a very ill patient may be too high a risk of dying from the anaesthesia for the procedure. Therefore there can be circumstances in which tube feeding would be continued in someone whose condition has deteriorated, but for whom the surgery to initiate tube feeding would have been considered too burdensome if it were not already in place.

An aspect to consider in making decisions about tube feeding is the importance that feeding someone has in our understanding of our relationship to them. The process of cooking and providing a meal for someone is usually an act of love and expressive of the relationship between them. Tube feeding still has that significance of an act of love to sustain them. It is often the case that when a decision is made to cease feeding, relatives will receive that decision emotionally as giving up and it is sad to see sometimes that that is the point that they cease to visit. It is a though for them the decision not to feed means that their relative might as well be dead because they will be so very soon. The presumption in favour of continuing feeding is very important.

There has also been an unfortunate trend toward using tube feeding not because a person cannot swallow, but because they lack the capacity to feed themselves. In those circumstances tube feeding saves time because it is a very quick and easy procedure compared to having a staff or family member spend time hand feeding someone who cannot manage too hold a spoon or cup themselves. It is often an unfortunate effect of

[4] Op. Cit.

economic rationalism. Sadly people who are fed by a tube lack the opportunity to enjoy the taste of the food. Even more significantly, servicing the tube can be such a very swift business and done so impersonally that they also miss the social communication and the expressions of friendship that often accompany the rituals of eating and drinking.