

Case 2 – Nutrition at the End of Life

Mrs. Green is a 75-year-old patient with **renal failure**, currently on **dialysis**, who also has **COPD**, moderate **dementia**, **diabetes** and a **new diagnosis** of stage one **breast cancer**. There is also a history of **depression** according to the family. She has been admitted to your ICU after **falling down her stairs** at home and is in critical condition with **multiple fractures** to her **hip, ribs, wrists** and **neck**. Mrs. Green **does not have the capacity to make her own medical decisions** and has recently **started to refuse eating**. Upon discussion with GI Specialists, the **team agrees** that the patient is **not an appropriate candidate** for a **PEG** (feeding) tube. The patient's daughter, who is her **POA**, insists that the you **proceed** with the **placement** of the **PEG**, stating that if the **tube is not placed**, she will **contact her lawyer** and proceed with **legal action** against the physician and hospital.

1. What documentation would help you to determine what the patient's wishes are?
A document such as an advanced directive, if the client has one would help you to determine what the patient's wishes are. If an advanced directive is in place, you would follow the wishes stated here.
2. If the medical team does not feel that a PEG tube is medically appropriate, do you think the daughter can demand that it be placed and expect the team will provide it?
I think that the daughter can demand that it be placed due to legal reasons, however the client would not benefit much from this choice and would continue to fail. The advice of the health care team is what can benefit the client mostly.
3. What do you think some complications of PEG tube feeding may be at end of life?
I think some complications of PEG tube feeding at end of life would include bowel stasis and decreased bowel function which can lead to discomfort, retainment, constipation, and infection for the client. Also, a PEG is placed endoscopically and since the client is in critical condition, her body will most likely not heal very well from the insertion site. Her body will also feed her vital organs first over her bowel which can lead to more issues and infection.
4. Families often struggle with the concept of stopping nutrition/hydration at the end of life. Why do you think that may be?
I think that families often struggle with the concept of stopping nutrition/hydration at the end of life since they think if nutrition/hydration end then death would precede next and they are maybe not ready for that step and in denial and anticipatory grief.