

Instructions: Choose one of the 2 case studies below to read and answer the corresponding reflection questions for that scenario. Submit to my Dropbox and be prepared to discuss your responses in class.

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 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?
Advance directive, DMOST/ MOST form(s), prior statements regarding the patient's wishes in writing, HCP notes (Previous hospitalizations, PCP, etc.)
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?
As the POA, the daughter can request for the PEG tube to be placed and seek legal action. However, medical providers can deny POA wishes if they deem them to be medically inappropriate or non-beneficial. If medical decision-making conflicts persist, the medical team can consult the ethics team.
3. What do you think some complications of PEG tube feeding may be at end of life?
Infection, bleeding, pain, obstruction, displacement
Damage to adjacent intra-abdominal organs
Fluid imbalances, metabolic disturbances
Increased agitation
4. Families often struggle with the concept of stopping nutrition/hydration at the end of life. Why do you think that may be?
Terminating fluid and nutrition therapy at the end of life can cause guilt, fear, and anticipatory grief. The decision to stop something that is so crucial for survival can make loved ones feel as though they are causing death. Family members may also be concerned about their loved one's comfort. Although appetite naturally reduces at the end of life, terminating nutrition therapy can make family members feel as though they are starving their loved ones and causing discomfort. At this time, family members are also being introduced to the idea that their loved one(s) will soon pass. This can cause a variety of emotions associated with grief. The healthcare team should also consider and be sensitive to cultural and religious beliefs.