

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?

The documentation that would help you determine what the patient's wishes are is an advance directive. An advance directive helps outline medical preferences in situations that you are unable to communicate those wishes. It can include a living will, which explains what treatments you would prefer and not prefer during a time of need. This could include life support, tube feedings, CPR, 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?

I do not think that the daughter would be able to demand that the PEG tube be placed. As the POA, she must act on her mother's behalf and her wishes. If her mother did not verbally express or write down her wishes for parental nutrition, then she must act in her best interests. It is appropriate for the care team to not provide the treatment because it causes more harm than benefit. If they believe that she is not an appropriate candidate, then they are obliged to deny the care.

3. What do you think some complications of PEG tube feeding may be at end of life?

Some complications of PEG tube feedings that may be at the end of life include infections, bleeding, poor wound healing (diabetes), fluid imbalances, possible aspiration, increased agitation with the dementia, and increased suffering.

4. Families often struggle with the concept of stopping nutrition/hydration at the end of life. Why do you think that may be?

This could be a difficult concept to come by. The family could believe that they are giving up on their loved one. They could believe that they are quickening the process of death because their loved one is not receiving the nutrients and hydration that is needed daily. By continuing the feeds, it allows them to maintain hope and deny the fact that end of life is near. It allows them to feel like they are continuing to keep their loved one comfortable, when it is doing more harm. The most important thing with end-of-life care is to maintain and abide by the patient's wishes.