

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? **With an advanced directive/living will.**
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? **No, because even though she is the POA, she can't do something that the whole team has agreed is not medically appropriate.**
3. What do you think some complications of PEG tube feeding may be at end of life? **Aspiration PNA, infection at the site, diarrhea, electrolyte imbalances, bleeding, increased discomfort, decreased quality of life, electrolyte imbalances.**
4. Families often struggle with the concept of stopping nutrition/hydration at the end of life. Why do you think that may be? **They may feel like they are starving their loved one or it might cause guilt for them. They also probably believe that no food=death.**