

Making Healthcare Choices:

Tube Feeding

There are many things to think about when making a choice about tube feeding for yourself, or for someone who is very ill. The questions you might ask are:

- Will my loved one live longer, or possibly die sooner, after having a feeding tube placed?
- Will the benefit of a feeding tube outweigh any risks and discomfort?
- Will placing a feeding tube allow for treatment that is likely to cure the illness?

Discussing personal, religious and cultural values in, the person's overall medical condition, and life expectancy are important in decision-making. Talking with a doctor, as well as a chaplain or faith leader, may help.

What is Tube Feeding?

Tube feeding provides artificial nutrition to those who can't eat enough calories by mouth or are unable to eat. A feeding tube for short-term use can be placed through the nose or mouth, and into the stomach. A feeding tube for long-term use may be inserted through a small hole surgically cut in the stomach.

Those who can't eat food by mouth or who can't digest food, may get nutrition through Total Parental Nutrition, or TPN. TPN is a liquid given into the bloodstream through an intravenous(IV) line for 10-12 hours per day. TPN is not usually used for extended periods of time.

When is Tube Feeding Helpful?

Tube feeding is most helpful if the person might be able to return to eating. For example, a feeding tube might help those who are having cancer treatments, have been injured or have had a stroke. Persons with ALS (Lou Gehrig's disease) may be helped before the dying phase.

What are the Risks of Tube Feeding?

When a person loses his/her ability to swallow or loses interest in eating, this often is the progression of his/her condition. When this happens, the body is in a natural progression toward the end of life.

When a person is dying, the body can no longer use the nutrition a feeding tube provides, and a feeding tube can cause discomfort. Continued tube feeding may cause fluid overload and make breathing more difficult.

Aspiration can also occur, when feeding spills into the lungs, and can lead to breathing difficulty and pneumonia.

Those with conditions such as progressing dementia may feel anxiety and try to pull the tube out, and need to be physically restrained.

Other risks include bleeding, infections, nausea, vomiting, diarrhea, cramping and pneumonia.

Trial of Nutrition

Tube feeding can be done on a trial basis. When the decision is made to place the feeding tube, a decision can also be made to review the use of the tube for agreed upon goals and desired outcomes, to see if it is still the right thing to do. If it is felt that the goals/outcomes of tube feeding are not met, then the tube feeding may be stopped.

Options to Tube Feeding

People who choose not to have tube feedings can be kept comfortable with small sips of water, ice chips and wetting of their mouth and lips. For those who are still able to swallow, careful hand feeding may be tried. Hand feeding provides important human touch and care. Patients have the right to choose to eat for pleasure even if it's a risk.