

Conversations in Ethics:
**Ethical Challenges with Providing Nutrition for
the Terminally Ill Patient**

July 20, 2018
12:00 p.m. – 1:00 p.m.
West Kendall Baptist Hospital
Classroom 4 & 5

Video-conferenced to:
Mariners Hospital Executive Conf. Rm, BHM 5 MCVI Side A and Live
Webcast

Speakers:

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Baptist Health South Florida




Ethical Challenges with Providing Nutrition for the Terminally Ill Patient

Daniel Gelrud, MD
GastroHealth


Objectives

- Recognize the impact artificial nutrition has on the clinical outcomes of the terminally ill patient.
- Identify alternative means to provide nutrition in terminally ill patients.
- Recognize and adhere to medical personal legal obligations regarding the provision or lack of provision of artificial nutrition.

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Case Scenario

Mr. Perez is a 89 year-old man with dementia, COPD, chronic renal insufficiency and diabetes who is admitted with sepsis. He has been in the ICU for 2 weeks with mechanical ventilation, pressors and hemodialysis. I was consulted to consider placing a PEG for nutritional support

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Ethics in End of Life Care

Principles

- Autonomy
- Beneficence
- Nonmaleficence
- Justice
- Fidelity

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Advance Care Planning

- Crucial in providing good end of life care
- Patient Self Determination Act
 - Passed by Congress in 1990
 - Requires hospitals to inform patients about advance directives
 - Success is still uncertain

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Types of Advanced Directives

- Oral
- Living will
- Surrogate Proxy Decision Maker

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Advanced Directives Oral

- Any oral directive must be well documented in the chart

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Living Will

- Physicians must engage patient and surrogate in an educational discussion
- Use standardized forms to help direct the discussion

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Ethical Issues End of Life

- Withdrawing or Withholding Interventions
- Medical Futility

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Ethical Issues End of Life

- **Withdrawing or Withholding Interventions**
 - Cardiopulmonary resuscitation
 - Artificial nutrition
 - Hydration
 - Mechanical Ventilation
 - Surgery
 - Dialysis
 - Medications

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Is it legal to withhold ANH?

- **The Quinlan Case 1976**
 - New Jersey Supreme Court
 - The right to privacy includes the right to refuse medical care including incompetent patients

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Is it legal to withhold ANH?

- **The Cruzan Case**
 - Similar case but this time the Supreme Court ruled
 - Patients have the right to refuse medical treatment
 - Each state establishes the requirements for establishing the wishes of incapacitated patients

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Ethical Issues End of Life

- Medical Futility
 - Definition is vague
 - Is intervention specific
 - “Is a medical intervention that will not enable the achievement of the intended goal of the medical intervention”

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Now back to our patient...

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Means to Provide Nutrition


- Enteral
 - Self
 - Hand feeding
 - Artificial
 - Nasogastric tube
 - Nasojejunal
 - PEG
 - PEJ
- Intravenous feeding (artificial)

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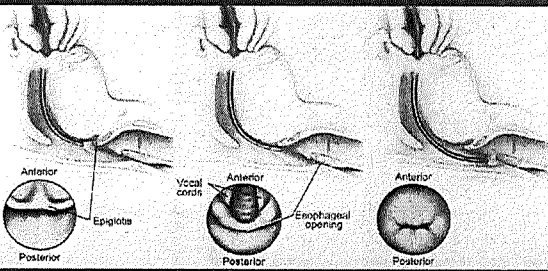
ANH and End of Life

Historical Standards about ANH

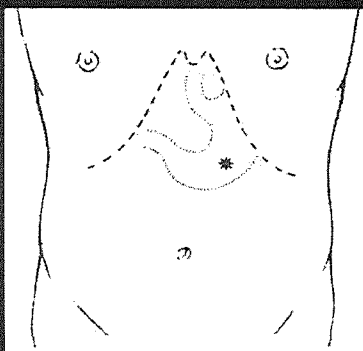
- Must be started on all patients who are unable to eat or drink
- Improves survival and healing
- Prevents aspiration pneumonia
- Improves nutritional status
- Withholding ANH exposes patients to thirst, distress and pain

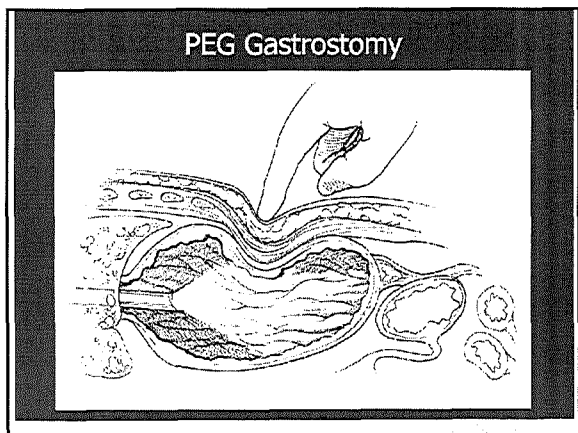
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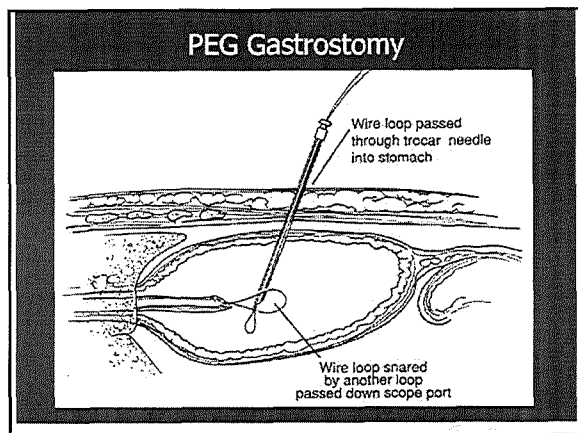
PEG Gastrostomy

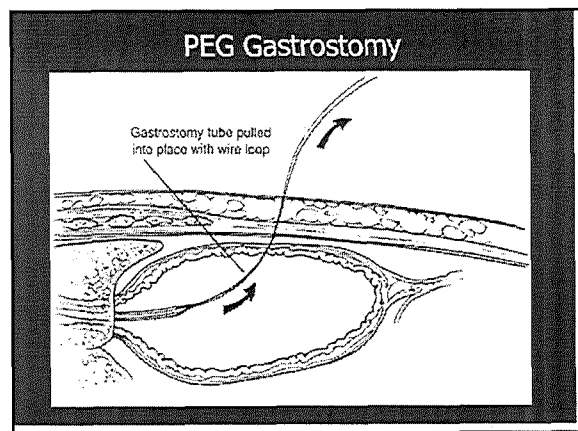


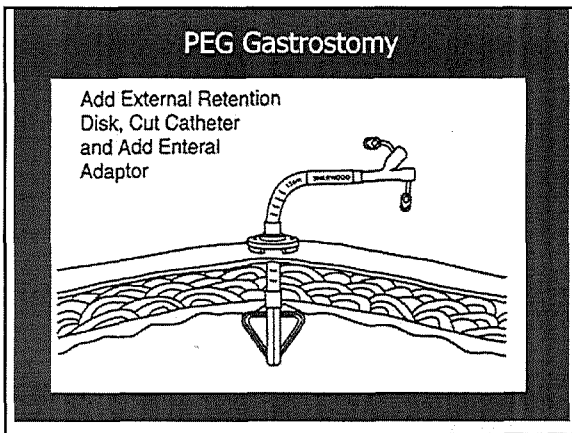
Optimal Exit Site for Gastrostomy Tube











Complications of PEGs

- Major:
 - Necrotizing fasciitis
 - Colocutaneous fistula
 - Aspiration
 - Obstruction
 - Inadvertent removal

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Complications of PEGs

- Minor:
 - Wound infection
 - Ileus
 - Peristomal leakage
 - Bleeding
 - Ulceration

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Myths about ANH


- Improves survival
- Prevents Aspiration Pneumonia
- Improves Nutritional Status
- Withholding ANH causes distress and pain

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Survival

- 1386 patients with severe cognitive impairment were followed for 2 years
- Survival did not differ between patients with or without feeding tubes
- The lack of difference held after adjusting for aspiration pneumonia, pressure ulcers, baseline function and stroke

Arch Intern Med Feb 1997

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Survival

- 5,266 patients with chewing and swallowing problems were followed for 1 year
- Patient with feeding tubes had a worse survival rate than patients without feeding tubes
- This held true after adjusting for baseline variables


J Gerontol A Biol Sci Med Sci. May 1998

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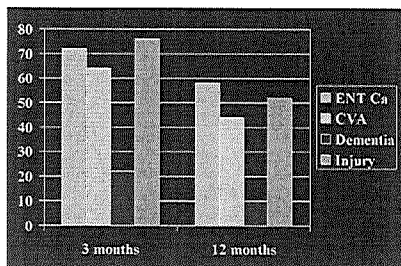
Survival

- 361 patients with PEGs for different reasons were followed for a year
- Setting: 2 acute care center in the UK
 - 65 had head and neck cancer
 - 120 had a stroke
 - 103 had dementia
 - 73 had head injuries

Sanders et al. Am J Gastroenterol 2000;95

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Survival



Sanders et al. Am J Gastroenterol 2000;95

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Survival Prospective


- Study in NYC academic center
- 99 patients with advanced dementia and surrogates
- Randomized into
 - Palliative care
 - Continued medical care
- Results: **No difference in survival at 6 months**

Sanders et al. Am J Gastroenterol 2000;95

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Myths about ANH


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- **Prevents Aspiration Pneumonia**
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- Withholding ANH causes distress and pain

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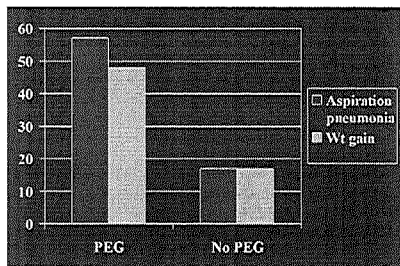
Aspiration Pneumonia

- 104 patients were followed in a NH in NYC
- 52 had PEGs, 52 did not.
- The study was retrospective
- All patients in the PEG group had dementia
- 72% of the non-PEG group had dementia


Peck et al, J Am Geriatr Soc 1990;38

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Aspiration Pneumonia



Peck et al, J Am Geriatr Soc 1990;38

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Myths about ANH

- Improves survival
- Prevents Aspiration Pneumonia
- **Improves Nutritional Status**
- Withholding ANH causes distress and pain

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Nutritional Status

- 46 NH residents with PEG tubes for dementia were followed
- Not a single patient had improvement in the nutritional status defined by albumin level
- No patient had improvement of functional status
- 50% mortality at 12 months, 60% at 18 months
- Pre PEG albumin was a predictor of death

Kaw et. Al. Dig Dis Sci 1994;39:738

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Myths about ANH


- Improves survival
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- Improves Nutritional Status
- **Withholding ANH causes distress and pain**

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Terminal Dehydration


- 32 patients with terminal cancer refused nutrition and or hydration and recorded their symptoms
- 63% never experienced hunger
- 34% experienced hunger only initially
- 62% never experienced thirst or only initially

JAMA. Oct 1994; 272(16):1263

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Take Home Points

- ANH is a medical intervention
- Medical interventions can be withheld
- The patient's wishes dictates how the team should approach ANH

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Take Home Points

- The Medical Team needs to discuss end of life issues with patients in an honest manner and needs to set realistic expectation of what medical interventions can achieve
- The best time to have these discussions is when the patient is well and with full cognitive capacity

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Take Home Points

- We should encourage patients to express their wishes, write a living will and designate a surrogate to advocate for their wishes

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Take Home Points

- Data from cancer patient suggests that terminal dehydration is not uncomfortable for most patients

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Take Home Points

- Do you have a living will and a health care surrogate?

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