Conversations in Ethics:

Ethical Challenges with Providing Nutrition for the Terminally Ill Patient

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West Kendall Baptist Hospital
Classroom 4 & 5

Video-conferenced to:
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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.

Case Scenario

Mr. Perez is an 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.
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

Types of Advanced Directives

• Oral
• Living will
• Surrogate Proxy Decision Maker
Advanced Directives Oral

- Any oral directive must be well documented in the chart

Living Will

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

Ethical Issues End of Life

- Withdrawing or Withholding Interventions
- Medical Futility
Ethical Issues End of Life

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

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

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
**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"

**Means to Provide Nutrition**

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

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**Optimal Exit Site for Gastrostomy Tube**
Wire loop snared by another loop passed down scope.

Wire loop passed through trocar needle into stomach.

Wire loop snared by another loop passed down scope part.

Gastrostomy tube pulled into place with wire loop.
Complications of PEGs

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

- Minor:
  - Wound infection
  - Ileus
  - Peristomal leakage
  - Bleeding
  - Ulceration
Myths about ANH

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

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

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 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

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

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


Aspiration Pneumonia

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

Myths about ANH

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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


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Myths about ANH

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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.

Take Home Points
• Data from cancer patient suggests that terminal dehydration is not uncomfortable for most patients.

Take Home Points
• Do you have a living will and a health care surrogate?