

**“WORKSHOP ON AVOIDING TUBE FEEDING IN
PATIENTS WITH DEMENTIA – ETHICAL AND
PRACTICAL CHALLENGES”**

Joint Workshop 12 Oct 2018

**Ethical consideration of
using tube feeding as a life
sustaining treatment**

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The 4 principles in biomedical ethics

1. Respect for Autonomy 尊重自主
2. Beneficence 行善、裨益
3. Non-maleficence ('do no harm')
不予傷害
4. Justice 公平公正

Beauchamp & Childress 1994

4 principles - examples

Respect for Autonomy

e.g. Informed consent, advance directives

Beneficence

e.g. Evidenced-based health screening and medical treatments

Non-maleficence

e.g. Avoid aggressive treatment that are not evidence based

Justice

e.g. Fair allocation in renal dialysis, ICU beds, organ transplant

4 principles – examples of applications

Respect for Autonomy

e.g. Informed consent, advance directives

Beneficence

e.g. Evidenced-based health screening and medical treatments

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e.g. Fair allocation in renal dialysis, ICU beds, organ transplant

Happily tube-bed?



Image source: ftjmikesouth.wordpress.com

The worry: restraining and doing harm



Ameliorating harm from physical restraining

Restraint guidelines:

- Doctors order
- Informed consent
- Follow proper technique
- Least restrictive
- Pad boney prominence
- Maintain Good body alignment



Mrs. Babitha K. Devu, Asstt. Professor

Source: Mrs Babitha K. Devu

The worst – force-fed

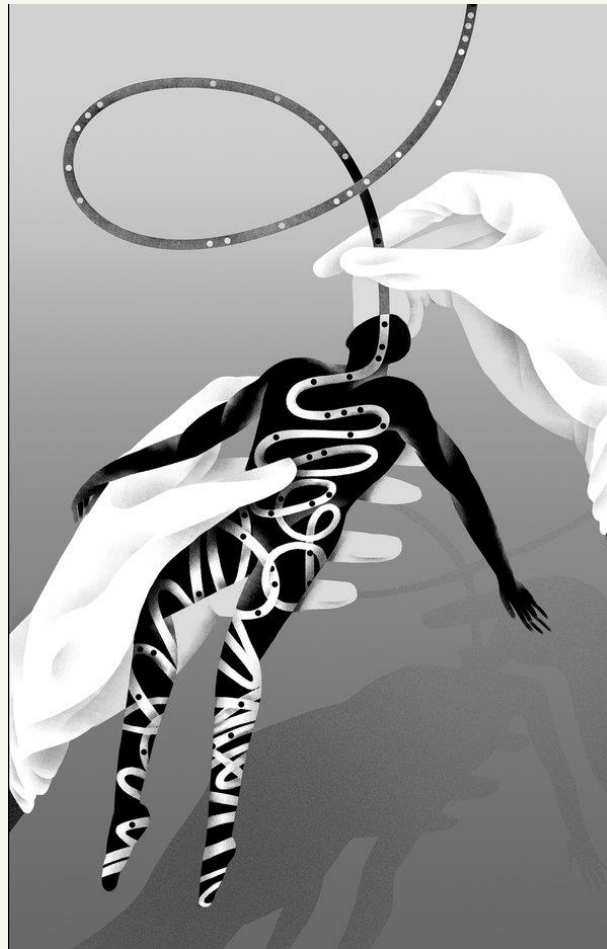


Image source: NYTimes

Fed with indifference



Image source: Daily Mail

Tube-fed with indifference: ethical concerns

1. Dignity
2. Discomfort and suffering unnoticed
3. Ignoring patient's prior expressed wish (not to be tube-fed)

Withholding tube feeding: ethical concerns

1. 'Starving' patient is also a kind of harm?
2. Oral feeding risky?
3. Shortened life span?

Withholding tube feeding: practical issues

1. Inadequate staffing and time for assisted oral feeding
2. Comfort feeding may not be sufficient to maintain nutritional status
3. Concern about legal risk
4. Team members not agreeing

Withholding tube feeding: practical concerns

1. Dignity concern
2. Discomfort and suffering unnoticed
3. Ignoring patient's prior expressed wish (not to be tube-fed)

More problematic: Use of physical restraints to keep feeding tubes in place

- Protection vs Harm?
- Justified because patient is un-cooperative with tube-feeding?

Tube feeding in dementia – again...

- There is little evidence that tube feeding prolongs life, prevents aspiration or improves wellbeing
- Liberal use of tube feeding increases agitation and restraint-related complications

Ethical policy and practice especially important when vulnerable subjects are involved

Dementia (and other frail elderly) vulnerable when practice is loose, unsupervised and without review

Thank you for your attention

