

Workshop on Avoiding Tube Feeding in Patients with  
Dementia – Ethical and Practical Challenges

# Challenge of Tube Feeding: Nursing Perspective

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## SPECIAL ARTICLES

# American Geriatrics Society Feeding Tubes in Advanced Dementia Position Statement

*American Geriatrics Society Ethics Committee and Clinical Practice and Models of Care Committee*

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When eating difficulties arise, **feeding tubes are not recommended** for older adults with advanced dementia. Careful hand feeding should be offered because hand feeding has been shown to be as good as tube feeding for the out-

often arises when a person begins to have difficulty eating or loses the desire to eat. People with advanced dementia often experience eating difficulties in conjunction with profound loss of cognitive, verbal, and functional abilities due to the progressive neurodegenerative process.

J Am Geriatr Soc 62:1590–1593, 2014.



瓊瑤（右）結婚37年，老公平鑫濤因血管型失智症去年開始住院。（本報資料照，魏嘉志攝）

平鑫濤因失智入院治療，  
瓊瑤不忍他受插鼻胃管之苦。

## 平鑫濤子駁：父親沒病危，只是失智

「對於您來說，父親得了失智症，不再記得您，就是  
「沒有靈魂的肉體」，就不值得活下去，不如去安樂死。  
但對我們來說，即使父親得了失智症，不記得我們了也  
沒有關係，只要他在自己的世界裡好好地活著就足夠了。  
他不記得我們，但我們對他的記憶還在，不會因此影響  
我們對他的敬愛...我們心裡都感到十分不忍」

Starving to  
death / Cruel

Right to  
treatment

Sanctity of life  
"They are still  
alive"



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# Food-oriented culture

- Not just to meet physiological needs

Chan HYL, Pang SMC. Chapter 12. Cultural aspects of forgoing tube feeding in American and Hong Kong Chinese patients at the end of life. Handbook of Nutrition and Diet in Palliative care, 2011.



# Symbolic meaning of food



## 郊子鹿乳



## 兄弟力考

其父患惡疾，**雖耗盡家財**，遍尋名醫，却旦藥罔效，二兄弟以求醫既然乏術，二人共同推載其父，遍訪遠近名山古寺，虔誠祈禱。一日，僕僕風塵，行至一山麓，偶遇一老僧，賜贈丹丸二粒，**其父服後，霍然痊癒**

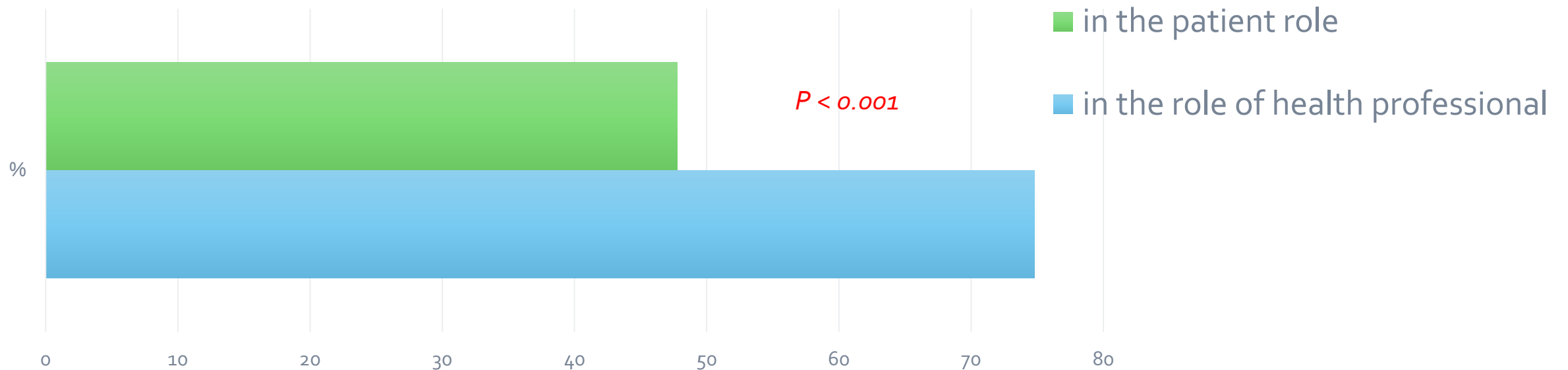


## 割股療親



# When Professional Judgement meets Personal Value

Willingness to provide/receive artificial nutrition and hydration (ANH) in the situation of advanced dementia (N=115 Doctors/Nurses)



Chan HYL, Wong KKY. Enteral feeding in palliative care: cultural aspects and beyond.  
Handbook of Nutrition and Diet in Palliative care (2<sup>nd</sup> ed.) (in press)



# Key factors influencing ANH decision

(N=115 Doctors/Nurses)

| Factors                                | %    |
|--|------|
| 1) Benefits of ANH                     | 92.2 |
| 2) Quality of life of patient          | 75.7 |
| 3) Family view/ preference on ANH      | 69.6 |
| 4) Patient's preferences on ANH        | 68.7 |
| 5) Life expectancy                     | 55.7 |
| 6) Professional guidelines             | 54.8 |
| 7) Likelihood of disease complications | 52.2 |
| 8) Legal concerns                      | 51.3 |
| 9) Burdens of ANH                      | 50.4 |
| 10) Age                                | 46.1 |
| 11) Co-morbidities                     | 40.9 |
| 12) Healthcare resources               | 24.3 |



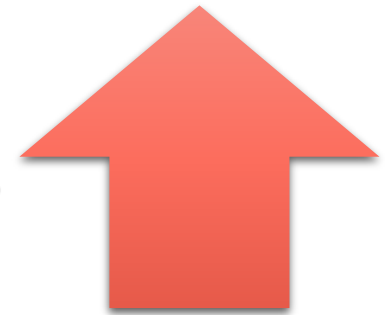
# Benefit-Risk Balance



- × prevent aspiration
- × heal pressure ulcers
- × improve nutritional status
- × decrease mortality



- + recurrent & new onset aspiration
- + aspiration-related infection, e.g. pressure ulcer
- + oral secretions
- + discomfort
- + use of physical & chemical restraints
- + tube-related complications, e.g. dislodgement, blockage







# A nurse's sharing

*"A terminally ill patient refused all life-sustaining treatments, including enteral feeding, in the end-of-life care. He lost his consciousness afterwards, and all invasive treatments were withheld. However, the patient experienced repeated seizures several times a day because the anticonvulsant medication cannot be given to him orally.*

*His wife felt perplexed because she hoped to free his husband from physical suffering in the last days of his life. Eventually, in balancing between the distress from tube insertion and physical problems, the wife and the health care team agreed that inserting a nasogastric tube to deliver drugs will be a more acceptable means of achieving the patient's goal of end-of-life care."*

Chan HYL, Wong KKY. Enteral feeding in palliative care: cultural aspects and beyond. Handbook of Nutrition and Diet in Palliative care (2<sup>nd</sup> ed.) (in press)



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# Perspectives of local healthcare providers in long-term care setting

1. Tube feeding is to provide nutrition for basic sustenance
2. Less invasive & sophisticated, compared with other LST
3. Life preservation is the primary obligation of health professionals
4. Better protected from legal liability
5. Burdens of tube feeding is acceptable for reversing malnutrition and dehydration

Chan HYL, Pang SMC. Chapter 12. Cultural aspects of forgoing tube feeding in American and Hong Kong Chinese patients at the end of life. Handbook of Nutrition and Diet in Palliative care, 2011.



# Practical concerns

- Careful hand feeding - Time-consuming
- Against recommendation of speech therapist!?
- Liability
- Not able to administer medication
- Fit for discharge? Readmission due to dehydration?

Luk JKH, Chan FHW, Hui E, Tse CY. The feeding paradox in advanced dementia: a local perspective.  
Hong Kong Med J 2017;23:306-10.



# Challenges

Lack of knowledge about prognosis of dementia

Cultural meaning of food

Optimistic about tube feeding

Lack of advance care planning



The background is an abstract, painterly composition of various colors including shades of blue, green, yellow, orange, and pink. A semi-transparent rectangular box with a white border is centered on the image, containing the text.

# Thank you

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