

Tube Feeding Decision Aid

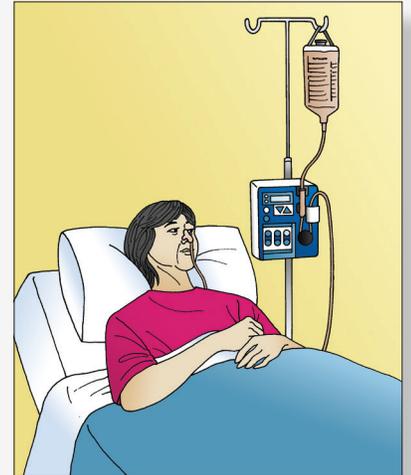
What is tube feeding or artificial nutrition?

Tube feeding (also called artificial nutrition) is a medical treatment that provides liquid food (nutrition) to the body.

How is tube feeding given?

It is given as a liquid through one of the following kinds of tubes:

- An **NG tube** (nasogastric tube) inserted through the nose into the stomach.
- A **PEG tube** (percutaneous endoscopic gastrostomy tube) or **G-Tube** (gastrostomy tube) which is placed by surgery through the skin into the stomach. This surgery is used if nutrition is needed for more than a few weeks.



When do people need tube feeding?

When a person cannot eat normally or enough by mouth, or they have problems swallowing. These problems may be short-term (temporary) or long-term (permanent).

Reasons for short-term tube feeding may include:

- A sudden, serious illness, surgery, or a severe injury.
- Brief loss of alertness or awareness.
- To cope with special treatments, like radiation.

Reasons for long-term tube feeding may include:

- Inability to eat enough food by mouth.
- Loss of ability to eat normally or to swallow safely due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness that prevents swallowing normally.
- Loss of ability to use (digest) food normally (for example, from bowel disease or stomach surgeries).

Who should use this guide?

This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about **tube feeding (artificial nutrition)**.

How might tube feeding help a person?

- It supports the body's organs.
- It can help people to live longer.
- It can help people to feel better, have more energy, and be more alert.
- It provides nutrition and fluids.
- It can help people to get through treatment, go through surgery, and recover faster.

How might tube feeding cause harm?

- Some people may have diarrhea, cramping, nausea, or vomiting.
- Some people may have swelling.
- A few people may have leaking around the tube.
- A few people may have skin infections.
- A few people may have bleeding around the tube.
- Some people's body may not be able to absorb or utilize the water.



Does tube feeding help people to get better?

It depends on the type of medical problems they have and why they need tube feeding.

Who is most likely to be helped by tube feeding?

- People who were mostly healthy before the illness or injury and have the physical strength to recover.
- Those who only need tube feeding for a short time (days).
- People who can be expected to live well with tube feeding.

Who is less likely to be helped by tube feeding?

- People who are seriously ill from heart, lung, liver, or kidney failure.
 - Those who have a terminal illness, such as advanced cancer or advanced dementia.
 - People who are older, weaker, or very frail.
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Can people try tube feeding for a short while?

Yes, people who are unsure about tube feeding may want to try it for a short time (a trial period) to see if it helps. They should talk with their doctors and medical team about what to expect and how to tell if it is helping.

What happens to people who decide NOT to try tube feeding?

They can still get other treatments.

People who decide ahead of time that they don't want to try tube feeding can still get other treatments they might need. This may include surgery, time in the intensive care unit, or other treatments and medications. Help with pain is always available.

- People who can swallow safely may continue to eat or drink or be assisted by hand.
- Caregivers can help relieve dry mouth with ice chips, moist sponges, moistening sprays, or liquids placed inside the mouth.
- Water, gum, lozenges, or candies can be given to people who can still swallow.



They may not feel hungry or thirsty.

Seriously ill people may not feel hunger or thirst the way healthy people do. It is normal for people who are very ill to need less food and water because their body isn't using calories in the same way.

They may not be able to prolong life.

If tube feeding is needed but is not given, then death may not be delayed.

How do people decide whether or not to try tube feeding?

They talk with their doctor about how tube feeding might affect their health or quality of life. They think about the benefits or possible harms of tube feeding to see if it is right for them.

It is important to talk with your doctors and medical team about:

- How tube feeding might help you to reach your goals, such as getting back to a certain level of health or ability.
 - How long tube feeding might be needed.
 - What kind of harms tube feeding might cause.
 - How long you might live with or without tube feeding.
 - What life might be like while using tube feeding.
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Who chooses to try tube feeding?

- People who are able to get better or are expected to live well and to have an acceptable quality of life with tube feeding.
- Some people who are willing to try tube feeding with the hope of living longer, even if the tube is uncomfortable or if it might cause other medical problems.
- Some people who want their life prolonged by artificial nutrition and hydration while they are in an irreversible unconscious condition or vegetative state.

Who chooses NOT to try tube feeding?

Some people with a serious or life-limiting illness may choose not to try tube feeding because they may want to:

- Avoid more medical treatments that have little benefit.
- Avoid swelling or other side effects that will outweigh any benefit.
- Avoid delaying natural death, while not hastening it.

What feels right for you?

When thinking about yourself and your choices, it may help to talk with:

- Anyone who might make medical decisions for you in the future.
- Any person for whom *you* are the medical decision-maker.
- Your doctors and medical team.
- Family or friends.
- Your spiritual or faith leaders.
- Others who have chosen tube feeding in similar situations.

Making Your Decisions Known

- Tell your family, close friends, and your doctor about your decision.
- Create an Advance Directive* and choose someone to speak for you when you cannot speak for yourself.
- Discuss advance care planning with your medical provider and whether your decision should be recorded in a special medical order. (Learn more at POLST.org.)
- Give copies of these forms to your family, to your doctors, and to your hospitals.
- Keep important documents in an easy-to-find place.

*Advance health care directive forms are available at WholePerson.care, CoalitionCCC.org or from your healthcare provider.



Caring for the Whole Person is a statewide initiative of the California Bishops and Catholic healthcare systems designed to provide resources and tools to ensure that seriously ill parishioners and patients are loved and supported; can openly talk to their spiritual leaders, clinicians and family members about their wishes at end of life; and have access to quality palliative care. This decision aid was developed in partnership with the Coalition for Compassionate Care of California. For additional copies or more information, contact info@wholeperson.care. Additional resources are available online at WholePerson.care and CoalitionCCC.org.