

Decisions regarding Artificial Nutrition and Hydration

It is a natural to want to provide food and water for those we love, even when they are no longer able to eat. The reason that a patient may no longer be able to eat varies from case to case.

For some patients, the inability to swallow and eat is a natural part of the dying process. When one of these situations occurs for yourself or your loved one you may be asked about artificial nutrition and hydration (ANH).

This document will help you understand the risks and benefits of ANH.

You May Be Asking Yourself:

“What is a Feeding Tube?”

Nasogastric Tube (NG or NJ tube)

These tubes may be placed through a person’s nose to pass down to the stomach in order that liquid nutrition can be given when a patient is unable to swallow. This type of feeding tube is temporary. These tubes are used while the healthcare team determines if a patient will regain consciousness or regain the ability to eat and swallow.

Percutaneous Endogastric Tube (PEG tube)

A PEG tube is a feeding tube that is inserted surgically and is meant as a long-term source of nutrition. The surgeon makes a small incision through the skin and the tube is inserted somewhere along the digestive system. Once the tube is in place the liquid nutrition can be delivered through the tube.

“Who Benefits From a Long Term Feeding Tube”

Patients who have been in an accident and are not conscious may have a feeding tube while the healthcare team determines if the patient will recover.

For patients who are alert and able to participate in regular activities, but have lost the ability to swallow, a feeding tube may provide nutrition so they can continue to be nourished. Some patients who fall into this category could be patient’s with ALS, Multiple Sclerosis, and some kinds of cancer. A feeding tube may extend the time a patient has with some quality of life.

“Does Feeding Tube Cause Harm and Does it Provide Comfort?”

When patients begin to die the gastrointestinal system, among other body systems begins to fail. When a patient has dementia, and sometimes as they become very old and or have many other illnesses they lose the ability to eat. This is a sign that the patient is dying.

“What are the Risks of a Feeding Tube”

Sometimes when a feeding tube is placed there are no complications.

When a patient is dying feeding tubes and IV fluids may cause discomfort as the body is no longer able to process the fluids. This may cause fluid to go into the lungs. Other problems that can occur with a feeding tube is bleeding at the tube site, infection at the site, oozing and leakage, diarrhea, abdominal pain, vomiting and nausea.

“Will the Patient Starve?”

No. Starvation is a long process which can take up to three months. When a person begins to die their body loses the desire and ability to eat. Also, when we die and stop taking food and water our body releases chemicals called dynorphins and endorphins (our bodies’ natural morphine) that make us more comfortable.

“Wouldn’t a Feeding Tube Increase Nutrition”

Please recall that some patients may benefit from ANH.

At the end of a serious illness and when a patient is beginning to die their gastrointestinal system begins to shut down. This means that our bodies cannot use the nutrients as they were able to before.

“How can I be sure I am making the right decision?”

It is important to ask yourself if the benefit of the feeding tube will outweigh the risk. Also, it may be helpful to explore and understand your own personal, spiritual, religious and cultural beliefs regarding such matters.

“What if we decide to not start artificial nutrition and hydration?”

For those who still have the ability to swallow small amounts, slow and careful feeding as the patient desires may occur. For others who are very advanced in their disease special care will be provided to keep the mouth moist and to make sure comfort is preserved.

“Who can I speak to for further information or concerns?”

We have specialists to discuss these types of difficult issues.



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