

## **The Relevance of a Person's Medical Condition and the Decision to Use ANH**

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Value-relevant biological and physiological facts are critical for determining the use of feeding tubes since those facts determine efficacy in attaining standard medical goals such as extending life, changing the course of the disease, providing nourishment, relieving thirst, or prevention of aspiration pneumonia. A person with advanced Alzheimer's disease or cancer patients with incurable disease, for example, do not present the same clinical picture as a person in a persistent vegetative state and thus should not be assumed to respond to tube feedings in the same manner. A systematic review of randomized controlled trials on the affect of tube feeding for over 21 different diagnoses indicates that there is little to no evidence of benefit from tube feeding save for dysphagic stroke patients after one week post stroke (1). Thus, the medical goals noted above are not met by enteral feeding for many diagnoses. Specifically, there is no evidence that there is any difference in life expectancy between persons with advanced dementia who receive tube feeding or those fed by hand (2). Tube feeding or other supplemental nutrition rarely changes the course of the disease in terminally ill cancer patients (3). Tube feeding does not alleviate the suffering caused by thirst which is better treated by conscientious mouth care (4). Aspiration pneumonia is not prevented by enteral feeding (5). Additional harms from tube feeding are well documented and include – diarrhea, tube displacement, fluid overload, and the use of restraints and the indignity that results from them (6).

For patients with advanced Alzheimer's disease or cancer, tube feeding does not meet the medical goals of providing the benefit of nourishment or alleviation of suffering. If that is the case, an absolute requirement of tube feeding to all persons regardless of diagnosis would ignore the specific needs of patients in the terminal stages of at least these two diseases and inflict unnecessary discomfort and distress on them in their last months of life. Furthermore, feeding by hand and providing mouth care, two actions that would put the dying person in contact with caregivers and provide the tenderness of human contact, are far preferable. Of course, if a patient

with a terminal condition like advanced cancer after receiving adequate information on the risks and possible benefits wants to try a trial of enteral or parenteral nutrition, then that is his or her choice. Finally, tube feeding should not be implemented to assuage the sensibilities of family or for cosmetic reasons (7).

#### References:

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