Making Sense of Bioethics
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Father Tad Pacholczyk
Director of Education
The National Catholic Bioethics Center

Are Feeding Tubes Required?

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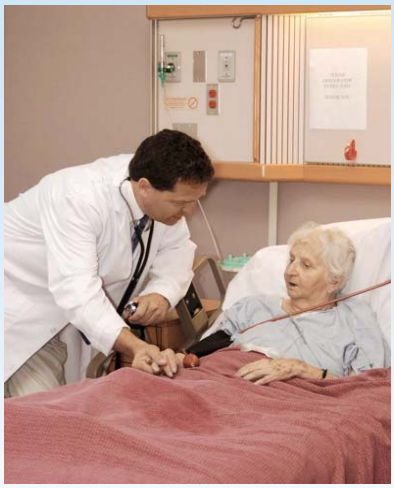

One of the very practical concerns that patients face near the end of life involves the question of feeding tubes. How can we discern whether a feeding tube is morally required? The answer always depends on the particulars of a patient's situation, but there are a few broad considerations that can help in the discernment process. As a general rule, we ought to die from a disease or an ailment that claims our life, not from an action (or inaction) by someone that intentionally causes our death. Our death, in other words, should result from the progress of a pathological condition, not from a lack of food or water if it could have been readily and effectively offered to provide comfort and support to a patient.

In general, there should be a presumption in favor of providing nutrition and hydration to all patients, including those who require the assistance of a feeding tube. A feeding tube can be conceptualized as a kind of "long spoon" that assists us in nourishing someone who may have difficulty swallowing.

Does this imply that feeding tubes must always be used, no matter what? Certainly not. There will be circumstances where the use of feeding tubes will become "disproportionate" or "extraordinary" and will not be morally obligatory. One very clear example would be the situation in which a feeding tube fails to provide nourishment to the patient. If somebody has advanced cancer of the digestive tract, for instance, so that he lacks a functional stomach or intestines, and cannot absorb nourishment, a feeding tube would not be required, since this would constitute a futile kind of "force feeding."

Several other examples where feeding tubes would not be required could be mentioned. In some cases, feeding tubes may actually cause significant problems of their own for a patient. For example, if someone is facing an advanced illness, perhaps with partial bowel obstruction, a feeding tube can sometimes cause them to uncontrollably vomit when fed, offering little nutritional benefit, and raising the specter of lung infections and respiratory complications if they inhale their vomit. The feeding tube under these conditions may become disproportionate and unduly burdensome, and therefore non-obligatory.

In some instances, providing drips and nasogastric feeding tubes can interfere with the natural course of dehydration in a way that causes acute discomfort to

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the patient facing imminent death. Intravenous fluids also tend to increase respiratory secretions, making it more difficult for patients to catch their breath or causing them to cough. Extra fluids may result in a need to suction the patient's lungs. Providing IV hydration can also cause a flare up of fluid accumulation in the abdomen and expand the edema layer around tumors, aggravating symptoms, particularly pain. The use of IV drips and feeding tubes will always have to be evaluated in terms of the totality of the patient's condition, taking into account any undesirable effects, and the likelihood of benefit.

Demented patients present a special challenge, as they may need to be restrained in order for a feeding tube to be inserted, and that restraint may need to continue so as to prevent them from pulling the tube out. Both the restraint and the presence of the tube can cause fear and anxiety, and one must therefore carefully weigh whether such a tube would really be proportionate to the patient's health care needs, especially in advanced dementia at a point close to death. Our desire to comfort and palliate those suffering from an end stage disease is an important part of the equation in mapping out the best options for health care treatment.

These considerations hold most notably for patients who are near death, where it is clear that we are not obligated to extend or "string out" an imminent death, and where the benefits of the feeding tube will be subject to considerable discussion. Sometimes as families discuss the possibility of a feeding tube for a loved one, there may be concern that such a tube can never be ethically removed once it has been put in place. In point of fact, however, such an understanding would be incorrect. Merely because a feeding tube has been placed does not say anything about whether that tube can later be withdrawn. If the patient's circumstances change so that a feeding tube has now become a burdensome and extraordinary intervention, that tube can certainly be withdrawn without hesitation or compunction.

We must be concerned first and foremost with providing the best possible health care interventions for our loved ones, and feeding tubes will oftentimes, but not always, assist us in exercising proper stewardship over the great gift of human life that each of us has received from God.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.