

## **Feeding Tubes**

The Medical Benefits and Burdens  
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From his BioethicsInBrief article  
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A difficult choice that a patient or, more often, a patient's family may face is whether or not to use a feeding tube, particularly near the end of life. Not surprisingly, one of the more contentious issues in the Catholic Church today is whether or not a feeding tube *must* be used when a person can no longer eat. Rather than jump right into the controversy, in this column I would like to clarify some of the *medical* considerations surrounding this issue.

Some patients are unable to eat, usually because they are unconscious or their swallow reflex is nonfunctional and there is a severe danger of food or liquids going into the lungs. However, these patients can still receive nourishment. One method of providing this nourishment is through a tube inserted into the stomach through the nose and throat (nasogastric tube); the other is through a tube surgically inserted directly into the stomach (parenteral tube).

Of course, as with any medical intervention, certain side effects must be taken into account. A nasogastric tube can be very irritating to the nose and throat and is seldom used for more than a week or two. Indeed, if the tube is not inserted properly, it can puncture a lung, causing a life-threatening problem that would require surgery to repair. A parenteral tube has all the possible complications of surgery: infection, open wound, danger of the tube's being torn out. Lastly, the liquid food can be aspirated (go back up the throat and into the lungs) and can cause severe diarrhea or other problems with the digestive system.

I mention all of these possible burdens because a feeding tube ought to be treated like any other medical intervention: a patient needs to weigh the benefits and the burdens of treatment and, in good Catholic tradition, choose or reject the treatment based upon this assessment.

In my experience as an ethicist, I would say that there are times when the use of a feeding tube is clearly indicated. For example, when a patient has a temporary problem with swallowing and a feeding tube will provide nourishment to sustain the patient's strength, a feeding tube makes great sense. I have met a number of patients who have used a feeding tube for years. These persons are going about their daily lives, treating the tube much like taking regular medication. In such instances, the benefits far outweigh the burdens.

However, there are more and more circumstances in which the use of a feeding tube has been found to be inappropriate. When someone is dying, a feeding tube often seems like good treatment, but it is not. Sometimes, as with cancer patients who are suffering from cachexia (the body's failure to absorb nourishment), any food creates havoc with the digestive system. We see this in patients who have no appetite or who suffer bloating, constipation, and stomach pain if they eat. A feeding tube cannot improve a patient's poor absorption of nourishment. Often in hospice or palliative care, a feeding tube is just an extra burden. In fact, studies have shown that a feeding tube does not generally prolong the life of the dying.

One of the toughest questions being asked today is whether a feeding tube must be used for people who will never regain consciousness (as in a permanent vegetative state.) Here we find the hub of disagreement in the Church. Some argue that these people are not dying because if a feeding tube is used and proper care is provided, these people will live, often for years. They hold that a feeding tube must be used to prevent starvation. Many others, myself included, believe that patients have the right to choose or reject treatment based upon their weighing of the benefits and burdens.

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