

Medically Assisted Nutrition and Hydration (Tube Feeding) for Persons with Advanced Dementia

In the Catholic tradition, providing a patient with nutrition and hydration, even by medical means, is considered part of the normal care due to the sick person. For this reason, there is, in principle, a moral obligation to provide patients with medically assisted nutrition and hydration when they have need of it. However, **there is no moral obligation to provide medically assisted nutrition and hydration if it will not work to prolong the patient's life or if it would be excessively burdensome for the patient.**

In the case of persons with advanced dementia, there is no evidence to suggest a difference in longevity between persons who have tube feeding and persons provided with assistance in regular oral feeding.

Further, tube feeding may have substantial burdens for persons experiencing advanced dementia. These burdens may include diarrhea, aspiration, infection related to the tube and to aspiration, increased oral secretions that are difficult to manage, discomfort, tube malfunction, and pressure wounds. Such individuals may

need to be restrained, physically or chemically, to prevent them from pulling out the feeding tube. Studies have shown that long-term care residents with advanced dementia and a feeding tube frequently need to be taken to a hospital emergency room to address tube-related complications.

The Alzheimer's Association has taken the position that it is permissible to withhold medically assisted nutrition and hydration when the person with Alzheimer's disease or dementia is in the end stages of the disease. Similarly, the American Geriatrics Society has concluded that the benefits versus the burdens of tube feeding do not support its use in older adults with advanced dementia.

Even when a feeding tube is not used for a person experiencing advanced dementia, that person should always be fed by hand as s/he is able to take food. If the person is experiencing swallowing difficulties, modifications in diet may be required. In order to encourage the person to take food orally, caregivers may need to offer the person his/her preferred foods or enhance their own skills in hand feeding. Oral feeding may be one of the few remaining pleasures and opportunities for socialization for a person with advanced dementia. Although quality of life may be diminished, the person with advanced dementia retains his/her dignity as a human being and deserves our care.

SOURCES

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