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Literature search results

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Search details

Ethics of enteral feeding and patient restraint (1995-present)

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; AMED; CINAHL; MEDLINE; PsychINFO; Google Scholar

Database search terms: "enteral" fe**, "enteral nutrition", "tube fe", "feeding tube", exp ENTERAL NUTRITION, ("artificial* fe" OR "artificial nutrition"), ("percutaneous endoscopic gastrostom*" OR "PEG tube"), (nasoenteric OR naso-enteric), exp FEEDING TUBES, exp ENTERAL FEEDING, ("non oral feed" OR "non-oral feed"), (nasogastric OR naso-gastric OR "NG tube" OR nasojejunal OR naso-jejunal OR "NJ tube"), exp INTUBATION, GASTROINTESTINAL, ("gastric* fe" OR gastrostom* OR "G tube" OR gastrojejunostom* OR gastro-jejunostom* OR "GJ tube" OR jejunostom* OR "J tube"), (gastrojejunal OR gastro-jejunal OR jejunal), restrain*, "physical* restrain*", "patient restrain*", exp RESTRAINT, PHYSICAL, ethic*, exp ETHICS, bioethic*, exp BIOETHICS,

Evidence search string(s):

"enteral feeding" OR "enteral nutrition" OR "tube feeding" OR "artificial feeding" OR "artificial nutrition" OR "feeding tube"

"patient restraint" OR "physical restraint"

Google search string(s):

restraints (ethics OR ethical) ("enteral feeding" OR "enteral nutrition" OR "tube feeding" OR "artificial feeding" OR "artificial nutrition")
### Summary

As you may expect a lot has been published with regards to the ethical considerations of enteral feeding. Very little has been published which specifically discusses the use of physical restraints and enteral feeding but within each article I assume there will be some discussion about this as part of wider ethical considerations.

### Guidelines

**British Society of Gastroenterology**

*The provision of a percutaneously placed enteral tube feeding service*, 2010

p. 11-12

Guidelines for Enteral Feeding in Adult Hospital Patients, 2003

Section 6.0 (p. 3-4) and also:

**Ethical issues**

ETF should never be started without consideration of all related ethical issues and must be in a patient’s best interests (grade C).

ETF is considered to be a medical treatment in law. Starting, stopping, or withholding such treatment is therefore a medical decision which is always made taking the wishes of the patient into account.

In cases where a patient cannot express a wish regarding ETF, the doctor must make decisions on ETF in the patient’s best interest. Consulting widely with all carers and family is essential **p. 2**

It has long been considered unethical to withhold nutritional support in the malnourished and in those likely to become so (for example, intensive care unit and burns patients) **p. 3**

**National Collaborating Centre for Acute Care**

Nutrition support in adults: full guideline, 2006

Section 5.3 (p. 71), Section 9 (p. 110-124)

**NICE Pathways**

Nutrition support in adults, 2012

**SIGN**

Management of patients with stroke: dysphagia, 2010

Section 6.2.3 (p. 16)

### Evidence-based reviews

**Cochrane Database of Systematic Reviews**

Enteral tube feeding for older people with advanced dementia, 2009

Despite the very large number of patients receiving this intervention, there is insufficient evidence to suggest that enteral tube feeding is beneficial in patients with advanced dementia. Data are lacking on the adverse effects of this intervention.

Enteral tube feeding for cystic fibrosis, 1999

Supplemental enteral tube feeding is widely used throughout the world to improve nutritional status in people with cystic fibrosis. The methods mostly used, nasogastric or gastrostomy feeding, are expensive and may have a negative effect on self-esteem and body image. Reported use of enteral tube feeding suggests
that it results in nutritional and respiratory improvement; but, efficacy has not been fully assessed by randomised controlled trials. It is acknowledged, however, that performing a randomised controlled trial would be difficult due to the ethics of withholding an intervention in a group of patients whose nutritional status necessitates it.

**Published research**

**Enteral feeding**

**Title:** Looking good or good nutrition? Rapid weight loss through enteral feedings: ethical and clinical considerations.  
**Citation:** JONA's Healthcare Law, Ethics, & Regulation, January 2013, vol./is. 15/1(44-50), 1520-9229;1539-073X (2013 Jan-Mar)  
**Author(s):** DeWolf Bosek MS, Whitney SL, Hamel-Bissell B  
**Language:** English  
**Publication Type:** Journal Article  
**Source:** MEDLINE

**Title:** Nutrients and fluids at the end of life: Physiological and ethical guideposts over uncertain terrain.  
**Citation:** International Journal of Child Health and Human Development, July 2012, vol./is. 5/3(265-282), 1939-5965 (Jul-Sep 2012)  
**Author(s):** Bricker, Lee A, Kinzbrunner, Barry M, Kavanaugh, Kevin J, Greydanus, Donald E  
**Language:** English  
**Abstract:** Controversy over how and whether to provide nutrition and fluid support to patients at the end of life has raged across medical, legal, ethical and religious disciplines for years, largely unaided by agreed-upon scientifically established guidelines. Many terminally ill patients are anorexic and may wish to be spared food and liquid beyond their own limited preferences, raising questions, particularly on the part of family members, as to whether, when, and how to initiate artificial feeding and administration of fluids. This paper outlines common techniques and consequences of such support. It reviews some unique biochemical features of terminal illness, including the role of inflammatory cytokines in anorexia and cachexia, and proposes tentative physiological mechanisms as to how those processes in terminal phases of diseases, cancer-associated and others, may lead to adverse effects when artificial nutrition and fluids are employed. In managing a patient nearing death, the ethical physician, acting within the constraints of known physiology, should provide the patient, caregivers, and surrogate decision makers with the best available information regarding the benefits and burdens of such artificial support. The properly informed patient's decisions should be held as first priority when possible. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)  
**Publication Type:** Journal, Peer Reviewed Journal  
**Source:** PsycINFO

**Title:** Artificial nutrition and hydration: The evolution of ethics, evidence, and policy.  
**Citation:** Journal of General Internal Medicine, September 2011, vol./is. 26/9(1053-1058), 0884-8734;1525-1497 (Sep 2011)  
**Author(s):** Brody, Howard, Hermer, Laura D, Scott, Larry D, Grumbles, L. Lee, Kutac, Julie E, McCammon, Susan D  
**Language:** English  
**Abstract:** Introduction: The debate over use of artificial nutrition and hydration (ANH) in terminal illness, including advanced dementia, remains contentious despite extensive ethical and empirical investigation. Methods: For this narrative
review we undertook a focused, selective review of literature reflecting ethical analysis, empirical assessment of outcomes, legal responses, and thinking within the Roman Catholic religious tradition. Results: The history of the debate over the past 60 years results from a complex interplay of ethical concerns, a growing empirical database, legal changes, public opinion, and financial as well as institutional concerns. Discussions of ANH today are often conducted without any understanding of this historical context. Discussion: Patients' interests could be better protected through remedial action at both the individual and the policy levels.

**Publication Type:** Journal, Peer Reviewed Journal  
**Source:** PsycINFO  
**Full Text:** Available from EBSCOhost in JGIM: Journal of General Internal Medicine  
Available from National Library of Medicine in Journal of General Internal Medicine

**Title:** Principles of nutrition in the palliation of long-term conditions  
**Citation:** International Journal of Palliative Nursing, May 2011, vol./is. 17/5(217-22), 1357-6321 (2011 May)  
**Author(s):** Holmes S  
**Language:** English  
**Abstract:** Palliative care, directed toward alleviating symptoms and improving quality of life, should be available to all those with chronic or incurable illness. Good nutrition is central to such care meeting patients' physical requirements and psychosocial needs, thus helping them to maintain a sense of autonomy and normality while also promoting psychological comfort, communication, and social interaction. Many patients receiving palliative care experience difficulties in maintaining an appropriate food intake, which presents many challenges for practitioners and requires an understanding of both nutrition and patient needs. This article describes the types of nutritional support that are available in the palliative care setting, as well as important ethical factors relevant to considerations of starting and withdrawing artificial nutrition.

**Publication Type:** Journal Article  
**Source:** AMED  
**Full Text:** Available from EBSCOhost in International Journal of Palliative Nursing

**Title:** Withholding or withdrawing nutrition at the end of life  
**Citation:** Nursing Standard, December 2010, vol./is. 25/14(43-6), 0029-6570 (2010 Dec 8)  
**Author(s):** Holmes S  
**Language:** English  
**Abstract:** Food and fluids are essential to life and play important social and psychological roles. Despite increased understanding of the appropriate use of artificial nutrition, its use is particularly challenging for professionals and families. This may be complicated by misunderstanding about its likely benefits and burdens, concern about patient suffering and ambivalence regarding the moral status of feeding. When patients are unable to meet their fluid and nutritional needs orally it is necessary to consider whether artificial nutrition is appropriate. Therapeutic decisions should be based on a clear understanding of the overall goals of care and the application of ethical principles that can provide a framework to guide practice.

**Publication Type:** Journal Article  
**Source:** AMED  
**Full Text:** Available from EBSCOhost in Nursing Standard  
Available from Nursing Standard in Lincoln County Hospital Professional Library; Note: ; Notes: Use the link to request articles from the library. Complete the
Title: Artificial nutrition and hydration at the end of life.
Citation: Journal of Nutrition for the Elderly, October 2010, vol./is. 29/4(347-85), 0163-9366;1540-8566 (2010 Oct)
Author(s): Heuberger RA
Language: English
Abstract: Considerable controversy surrounds the issue of care at the end of life (EOL) for older adults. Technological advances and the legal, ethical, clinical, religious, cultural, personal, and fiscal considerations in the provision of artificial hydration and nutrition support to older adults near death are presented in this comprehensive review.
Publication Type: Journal Article, Review
Source: MEDLINE

Title: Is it ethical to provide enteral tube feedings for patients with dementia?.
Citation: JAAPA, October 2010, vol./is. 23/10(55-6), 1547-1896;0893-7400 (2010 Oct)
Author(s): Hartsell ZC, Williams JS
Language: English
Publication Type: Journal Article
Source: MEDLINE

Title: Artificial nutrition for cognitively impaired individuals: strategies to promote appropriate care.
Citation: Journal of Hospice & Palliative Nursing, 01 July 2010, vol./is. 12/4(263-267), 15222179
Author(s): Coyne PJ, Lyckholm LJ
Language: English
Abstract: Artificial nutrition has become a standard of care in some institutions. It is considered a way to provide nutrition to cognitively impaired individuals, regardless of prognosis. More than 216,000 feeding tubes were placed in 2000, and in 30% of such cases, the patient was demented [Geriatrics. 2006;61(5):30-35]. In this article, we present a case example as we examine the background and reasons for this practice. We also offer a method by which to evaluate and determine the medical and ethical appropriateness of artificial nutrition in each situation.
Publication Type: Journal Article
Source: CINAHL

Title: Introducing enteral nutrition support: ethical considerations.
Citation: Nursing Standard, May 2010, vol./is. 24/37(41-5), 0029-6570;0029-6570 (2010 May 19-25)
Author(s): Best C
Language: English
Abstract: This article explores the potential benefits of, or problems associated with, the insertion of a feeding tube to commence enteral nutrition. Some of the issues that may arise when a patient is no longer able to meet their nutritional needs orally are discussed.
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from EBSCOhost in Nursing Standard
Available from Nursing Standard in Lincoln County Hospital Professional Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.
Title: Ethical issues in artificial nutrition and hydration: a review.
Citation: Jpen: Journal of Parenteral & Enteral Nutrition, January 2010, vol./is. 34/1(79-88), 0148-6071;0148-6071 (2010 Jan-Feb)
Author(s): Geppert CM, Andrews MR, Druyan ME
Language: English
Abstract: Healthcare professionals often face clinical and ethical challenges when charged with making decisions related to provision or lack of provision of artificial nutrition and hydration. The intent of this review is to supply a framework of clinical practices, ethical principles, legal precedents, and professional guidelines that will impart information and can assist decision making regarding artificial nutrition and hydration. Comprehensive understanding of the theory and practice of informed consent for competent adults, decisionally incompetent adults, and minors is necessary for making valid clinical judgments and for guiding patients and their families or surrogates in choosing options related to initiating, withholding, or withdrawing artificial nutrition and hydration. The framework offered in this review can serve as a basis for evaluation of appropriateness of artificial nutrition and hydration in 3 common conditions in which decision making is particularly challenging: terminal illness, advanced dementia, and a persistent vegetative state. The framework facilitates guidance for institutional policy makers and individual nutrition support professionals dealing with situations in which personal values often create ethical dilemmas related to artificial nutrition and hydration and its utility.
Publication Type: Journal Article, Review
Source: MEDLINE

Title: Complications of and controversies associated with percutaneous endoscopic gastrostomy: report of a case and literature review.
Citation: Medscape journal of medicine, 2008, vol./is. 10/6(142), 1934-1997;1934-1997 (2008)
Author(s): Potack JZ, Chokhavatia S
Language: English
Abstract: CONTEXT: Percutaneous endoscopic gastrostomy (PEG) is one of the most commonly performed gastrointestinal procedures, despite absence of benefit in many patients and risks associated with the procedure. Increased education of primary care physicians about the shortcomings of PEG may allow for better selection of patients to be referred for PEG placement.EVIDENCE ACQUISITION: We performed a comprehensive literature review by searching PUBMED using the search headings percutaneous enteral gastrostomy, PEG, complications, dementia, stroke, dysphagia, malnutrition, and complications. We identified English language articles from 1980 onward. The highest quality data were considered to be randomized controlled trials although given the paucity of trials in this area, we used all of the various types of literature.EVIDENCE SYNTHESIS: We based the major conclusions of this review, where possible, on the most robust literature, namely, controlled trials. However, the majority of the available literature in this field is based on case series. We attempted to maximize the use of larger case series with longer term follow-up. Case reports were used only to report on rare complications where no other literature was available.CONCLUSIONS: Despite more than 30 years of experience with PEG, numerous questions remain regarding the utility of nutrition support in many of the clinical scenarios in which PEG placement is contemplated. There is a multitude of evidence that artificial nutrition does not improve outcome or quality of life in patients with dementia who have decreased oral intake. It is likely that ethical, moral, religious, and legal considerations of family members and caregivers play a role in the decision to place a PEG in a patient with dementia despite the medical evidence demonstrating lack of benefit.
Publication Type: Case Reports, Journal Article, Review
Source: MEDLINE
Title: Ethics, Informed Consent, and Decisions About Nonoral Feeding for Patients With Dysphagia

Citation: Topics in Geriatric Rehabilitation, July 2007, vol./is. 23/3(240-8), 0882-7524 (2007 Jul-Sep)

Author(s): Sharp HM, Brady Wagner L

Language: English

Abstract: Alternative methods for sustaining or artificial nutrition and hydration (ANH) may be recommended when a person is at risk for malnutrition, dehydration, or aspiration due to oropharyngeal dysphagia. Patients and their families may have existing preferences not to accept ANH. Contemporary ethical principles and practices require that clinicians engage patients (or their surrogate) in a process of shared decision making so they can make fully informed choices. This article provides a comprehensive review of the requirements for informed consent associated with ANH, and offers practical solutions to ethical issues that arise for clinicians who work with patients with dysphagia in rehabilitation settings.

Publication Type: Journal Article

Source: AMED

Title: Ethics roundtable. Continuation of feeding tube.

Citation: American Journal of Hospice & Palliative Medicine, 01 June 2006, vol./is. 23/3(236-240), 10499091

Author(s): Baumrucker SJ

Language: English

Publication Type: Journal Article

Source: CINAHL

Title: Biomedical ethics and nutrition support.

Citation: Support Line, 01 April 2006, vol./is. 28/2(10-14), 10673768

Author(s): Brown B, Maillet JO

Language: English

Abstract: Many principles of biomedical ethics are inherent in the provision of artificial nutrition and hydration (ANH). The nutrition support registered dietitian (RD) is uniquely qualified to combine his or her knowledge of biomedical ethics and evidence-based medical nutrition therapy guidelines to promote improved patient outcomes. Increasing one's knowledge and comfort level with ethical issues in health care can expand the nutrition support dietitian's role as a vital member of a multidisciplinary health-care team.

Publication Type: Journal Article

Source: CINAHL

Title: Stopping nutrition and hydration technologies: a conflict between traditional Catholic ethics and church authority

Citation: Christ Bioeth, April 2006, vol./is. 12/1(11-28), 1380-3603 (2006 Apr)

Author(s): Drane JF

Language: English

Abstract: This article focuses on the troubling effects of the secular values of individual freedom and autonomy and their impact on laws regarding suicide and euthanasia. The author argues that in an increasingly secularized culture, death and dying are losing their meaning and are not thought of within a moral framework. The debate regarding the provision of artificial nutrition and hydration is critically considered in light of the history of Catholic morality as well as within the modern healthcare context, and finally with new insight from the recent statements made by the late pope. Drane argues that the pope's insistence on providing artificial nutrition and hydration despite irreversible persistent vegetative states in unconvincing.

Publication Type: Journal Article
Title: Ethical Issues in the Management of Dysphagia After Stroke.
Citation: Topics in Stroke Rehabilitation, 2006, vol./is. 13/4(18-25), 1074-9357 (Falg, 2006)
Author(s): Sharp, Helen M
Language: English
Abstract: When patients have severe dysphagia after a stroke, tube feeding may be recommended to reduce the risks associated with malnutrition, dehydration, and/or aspiration. Patients may not be able to participate in decision making, but they may have previously expressed strong preferences related to tube feeding. Clinicians must work together with the family to establish a treatment plan that is respectful of the person's previous wishes, yet mindful of the flaws in advance care planning. Although ethical issues cannot be avoided, clinicians can reduce uncertainty by understanding current ethical and legal views on these challenging issues. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Publication Type: Journal, Peer Reviewed Journal
Source: PsycINFO

Title: Ethical dilemma. "Seeing" artificial hydration and nutrition through an ethical lens.
Citation: Home Healthcare Nurse, 01 November 2005, vol./is. 23/11(739-742), 0884741X
Author(s): Jacobs BB, Taylor C
Language: English
Abstract: Nurses may be asked by conscious, rational patients to participate in the withdrawal of their life-sustaining nutritional support. The case study presented in this column gives clinicians a framework to handle these situations when they arise, using an ethical framework as their guide.
Publication Type: Journal Article
Source: CINAHL

Title: Medical and ethical aspects of long-term enteral tube feeding.
Citation: Mayo Clinic Proceedings, November 2005, vol./is. 80/11(1461-76), 0025-6196;0025-6196 (2005 Nov)
Author(s): McMahon MM, Hurley DL, Kamath PS, Mueller PS
Language: English
Abstract: Clinicians frequently care for patients in whom long-term enteral tube feeding is being considered. The substantial increase in the use of endoscopically placed tubes for long-term feeding reflects the aging population, advances in medicine and technology, and inadequate advance care planning. Physicians should address advance care planning with all patients at the earliest opportunity. Prospective randomized trials measuring clinical outcomes for patients receiving long-term tube feeding are understandably limited. In addition, confusion regarding medical and ethical guidelines for long-term tube feeding often exists among clinicians, patients, and surrogate decision makers. Therefore, we discuss the physiology and clinical tolerance of limited oral nutritional intake, the prevalence of and Indications for long-term tube feeding, the endoscopic procedures and their complications, the reported medical and quality-of-life outcomes, and the critical importance of advance care planning. We present our multidisciplinary approach that combines medical, nutritional, and ethical principles for the care of these patients.
Publication Type: Case Reports, Journal Article, Review
PEGs and ethics revisited: a timely reflection in the wake of the Terri Schiavo case.

Citation: Gastroenterology Nursing, 01 July 2005, vol./is. 28/4(292-297), 1042895X
Author(s): Breier-Mackie SJ
Language: English
Abstract: Percutaneous endoscopic gastrostomy is an accepted technique for long-term enteral feeding. The demand of percutaneous endoscopic gastrostomy placement continues to increase because of the increasing numbers of vulnerable patients with chronic diseases coupled with the relative ease of insertion, and societal ambivalence about such treatment. Despite the demand and improvements in placement technique, the issue of tube feeding in vulnerable patients remains an ethical minefield, leading to considerable discussion and debate. This contentious area of clinical ethics is further complicated by the recent papal allocution regarding artificial nutrition and hydration. The case of Terri Schiavo should serve as a timely reminder of those problematic clinical and ethical issues inherent in percutaneous endoscopic gastrostomy placement and feeding in vulnerable patients.

Ethical challenges of percutaneous endoscopic gastrostomy.

Citation: Surgical Endoscopy, March 2005, vol./is. 19/3(398-400), 0930-2794;1432-2218 (2005 Mar)
Author(s): Morgenstern L, Laquer M, Treyzon L
Language: English
Abstract: Percutaneous endoscopic gastrostomy (PEG) is a widely used procedure for patients who cannot swallow. Although it is mostly performed for valid indications, its use in terminally ill patients is questionable. In this study, more than 30% of patients died in hospital after PEG placement and 16% died less than 30 days after placement. Strict guidelines and oversight or PEG placement are recommended.

Feeding tubes, slippery slopes, and physician-assisted suicide.

Citation: Journal of Legal Medicine, December 2004, vol./is. 25/4(389-409), 0194-7648;0194-7648 (2004 Dec)
Author(s): Orentlicher D, Callahan CM
Language: English
Notes: 109 fn., KIE Bib: allowing to die; suicide

PEG placement in patients with dementia: a contentious ethical and clinical dilemma?

Citation: Gastrointestinal Endoscopy, September 2004, vol./is. 60/3(492; author reply 492-3), 0016-5107;0016-5107 (2004 Sep)
Author(s): Sanders DS, Hurlstone DP, McAlindon ME
Title: Ethics roundtable debate: withdrawal of tube feeding in a patient with persistent vegetative state where the patients wishes are unclear and there is family dissension.

Citation: Critical Care (London, England), April 2004, vol./is. 8/2(79-84), 1364-8535;1466-609X (2004 Apr)

Author(s): Buckley T, Crippen D, DeWitt AL, Fisher M, Liolios A, Scheetz CL, Whetstine LM

Language: English

Abstract: The decision to withdraw or withhold life supporting treatment in moribund patients is difficult under any circumstances. When the patient becomes incompetent to clarify their wishes regarding continued maintenance in long-term facilities, surrogates sometimes cannot agree, further clouding the issue. We examine a case where the State's interests come into play, forcing a controversial resolution.

Publication Type: Case Reports, Editorial

Source: MEDLINE

Full Text: Available from National Library of Medicine in Critical Care

Title: Ethical dilemma: voluntarily stopping eating and drinking.

Citation: Dimensions of Critical Care Nursing, 01 January 2004, vol./is. 23/1(38-43), 07304625

Author(s): Stinson CK, Godkin J, Robinson R

Language: English

Abstract: Nutritional support is an ethical/legal dilemma that healthcare providers must face when dealing with the elderly population of patients in critical care units. As nurses we have the responsibility to consider the issues concerning this topic. The debate concerning the issue of nutritional support, implications to terminate treatment, and fears concerning liability have shifted the decision-making process from the intensive care bedside to the courtroom. Hence, nurses must face this dilemma daily. This article utilizes a case study approach, explores legal issues, discusses ethical guidelines, and identifies techniques for conflict resolution.

Publication Type: journal article

Source: CINAHL

Full Text: Available from EBSCOhost in Dimensions of Critical Care Nursing

Title: Ethical issues in dysphagia: when patients refuse assessment or treatment.

Citation: Seminars in Speech & Language, November 2003, vol./is. 24/4(285-99), 0734-0478;0734-0478 (2003 Nov)

Author(s): Sharp HM, Bryant KN

Language: English

Abstract: The primary goal of intervention for patients with dysphagia is to restore oral feeding. When patients are unable to achieve adequate nutrition, hydration, or safety with oral feeding, then nonoral approaches are often recommended. Although patients' rights to accept or refuse clinical recommendations are widely recognized, when a patient refuses tube feeding or other recommendations, dysphagia specialists are left with a host of practical questions about their role in caring for the patient. We review the criteria for assessing patients' capacity to make informed choices, approaches to decision making when patients lack capacity, and the roles and responsibilities of clinicians when patients choose high-risk treatment options.

Notes: 68 refs., KIE Bib: informed consent; treatment refusal
Withholding artificial feeding from the severely demented: Merciful or immoral? Contrasts between secular and Jewish perspectives.

Traditional medical practice dictates that when patients are unable to eat or drink enough to sustain their basic nutritional requirements, artificial feeding and hydration is indicated. Common clinical examples of this problem are patients with senile dementia and those in a persistent vegetative state (PVS). In recent decades, however, the practice of mandating artificial feeding has been increasingly questioned. A combination of legal, ethical, and clinical considerations has resulted in broad support for withholding and withdrawing artificial nutrition. The guiding ethical principle in the current clinical standards is that patient autonomy must be honoured. In the context of an incompetent adult such as a patient with advanced dementia or in a PVS, advance directives or surrogate decision making are legally binding. The most obvious clinical objective in artificially feeding demented patients is to sustain their lives by preventing starvation. In recent years, however, researchers have argued that severe dementia is a terminal condition and that artificial nutrition does not extend life. However, there is no data to argue against the assumption that artificial nutrition will prolong life in patients who are unable to eat orally, that complications rates are not excessive with percutaneous endoscopic gastrostomy (PEG) tubes, and that there is no added suffering from tube feedings. This article cites clinical arguments in favour of withholding artificial feeding, ethical arguments, the Halachic approach, and a general sense of Jewish approaches to this issue.

The percutaneous endoscopic gastrostomy tube. medical and ethical issues in placement.

OBJECTIVE: Offering and recommending PEG tube placement to patients has been a topic of considerable interest in the medical literature. The role of individual health care professionals in the decision making process is poorly defined. PEG tubes are often placed inappropriately because of unrealistic and inaccurate expectations of what they can accomplish in patients unable to tolerate adequate oral intake. We have developed an algorithm for PEG placement for the geriatric, oncology, and neurology patients based on a critical review of current literature.METHODS: An extensive review of the literature was performed focusing on PEG tube placement in oncology, neurology, and geriatric patients. This algorithm was developed to provide both the primary care provider and the specialist with appropriate indications for PEG placement in these patient populations.RESULTS: Appropriate indications for PEG placement are 1)
Esophageal obstruction (e.g., esophageal cancer), 2) Neurologic etiology of dysphagia without obstruction (e.g., status post cerebrovascular accident, pseudobulbar palsy), 3) Prolonged refusal to swallow without evidence of concomitant terminal illness (e.g., protracted pseudodementia due to severe depression), 4) Supplemental nutrition for patients undergoing chemotherapy or radiation therapy. CONCLUSIONS: If no physiologic benefit is expected with PEG placement (anorexia-cachexia syndrome), the health care team has no obligation to offer or perform an intervention. This same principle would apply if intervention improves physiologic states but has no effect on quality of life (e.g., permanent vegetative state). Small-bore feeding tubes are cost effective and relatively safe for enteral feedings of up to 6-8 weeks. This is especially pertinent in the population with acute neurological deficits, in which prognostication on extent of impairment is best estimated by communication with neurologist. In the geriatric population there is no proved benefit in weight gain or markers of nutrition (albumin, prealbumin) in patients with malnutrition due to impaired oral intake.

Notes: 26 refs., KIE Bib: allowing to die; patient care; selection for treatment
Publication Type: Journal Article
Source: MEDLINE

Title: Artificial nutrition in older people with dementia: moral and ethical dilemmas.
Citation: Nursing Older People, July 2002, vol./is. 14/5(19-21), 1472-0795;1472-0795 (2002 Jul-Aug)
Author(s): Young J, Fawcett T
Language: English
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from Nursing Older People in Pilgrim Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.
Available from EBSCOhost in Nursing Older People

Title: Are we using percutaneous endoscopic gastrostomy appropriately in the elderly?.
Citation: Current Opinion in Clinical Nutrition & Metabolic Care, January 2002, vol./is. 5/1(35-42), 1363-1950;1363-1950 (2002 Jan)
Author(s): Skelly RH
Language: English
Abstract: Many percutaneous endoscopic gastrostomy patients are very elderly and frail. Outcomes after percutaneous endoscopic gastrostomy have been disappointing in some instances: about a fifth of patients are dead within 30 days of the procedure and those that survive often have a severely impaired functional status. Many healthy elderly persons would not wish for tube feeding especially in the context of advanced dementia. Despite this the number of patients receiving percutaneous endoscopic gastrostomy continues to increase. The case mix, outcomes and ethical issues of percutaneous endoscopic gastrostomy feeding are reviewed. Guidance on selection of appropriate patients is given.
Publication Type: Journal Article, Review
Source: MEDLINE

Title: Food refusal and dysphagia in older people with dementia: ethical and practical issues.
Citation: International Journal of Palliative Nursing, 01 October 2001, vol./is. 7/10(465-471), 13576321
Author(s): Wasson K, Tate H, Hayes C
Language: English
Abstract: Food refusal poses difficulties for nurses and care staff and can place
older patients with dementia at risk of undernutrition. The dangers of and reasons for food refusal in these patients are explored and the fundamental ethical and legal issues raised in caring for these patients are examined. Practical guidance and solutions are offered through dietetics and speech and language therapy with the aim of helping nurses and care staff, as well as professional carers in palliative care, explore ways of critically examining and coping with these dilemmas.

**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Ethics in practice. Artificial nutritional support: the daughters' dilemma.  
**Citation:** Topics in Stroke Rehabilitation, 01 July 2001, vol./is. 8/2(56-58), 10749357  
**Author(s):** Stein J  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** PEGs and ethics.  
**Citation:** Gastroenterology Nursing, May 2001, vol./is. 24/3(138-42), 1042-895X;1042-895X (2001 May-Jun)  
**Author(s):** Mackie SB  
**Language:** English  
**Abstract:** The ethics of dealing with the provision of nutritional therapies has been complicated by technological advances that have affected all of medical science. As a result, nurses are increasingly confronted with decisions regarding the provision of invasive treatments. Indeed, enormous faith is invested in the ability and wisdom of healthcare professionals to alleviate suffering and accomplish cure through the application of invasive therapeutic interventions such as percutaneous endoscopic gastrostomy (PEG) placement. Such decisions are often complex, present a moral dilemma, and are further complicated by prevailing politico-economic, social, and cultural influences. The insertion of tubes for artificial nutritional support in those patients who can be defined as "vulnerable" is no exception. This article explores both the clinical and ethical realities of PEG tube placement and use thereafter in vulnerable patients. The ethical principles of autonomy, beneficence, and justice are discussed within the context of PEG placement and feeding and recommendations are given for nurses practicing in the area of gastroenterology.  
**Publication Type:** Journal Article, Review  
**Source:** MEDLINE

**Title:** The adequacy of informed consent for placement of gastrostomy tubes.  
**Citation:** Archives of Internal Medicine, March 2001, vol./is. 161/5(745-8), 0003-9926;0003-9926 (2001 Mar 12)  
**Author(s):** Brett AS, Rosenberg JC  
**Language:** English  
**Abstract:** BACKGROUND: Gastrostomy tubes are placed commonly in patients with limited life expectancy. However, it is unclear whether the process of informed consent is adequate in these patients. This study examined the quality of informed consent in hospitalized patients undergoing placement of gastrostomy tubes. METHODS: Retrospective review of the medical records of a cohort of 154 consecutive hospitalized adults undergoing placement of gastrostomy tubes in the context of chronic progressive illness, in the setting of a large community-teaching hospital. RESULTS: The medical record documented a procedure-specific discussion of benefits and burdens of and alternatives to tube feeding in only 1 of 154 patients. Only 12 of 33 definitely or probably competent patients signed the hospital consent form; in the remaining 21, a surrogate decision-maker signed the form. The cumulative 1-year mortality for this cohort was 50%. CONCLUSIONS:
The quality of informed consent for placement of gastrostomy tubes was inadequate in a large community-teaching hospital. Indirect evidence from the literature suggests that these results are not unique to this institution. Physicians should become more familiar with the medical and ethical issues relevant to medically administered nutrition near the end of life, and institutions should develop procedures to improve the quality of decision-making for patients considering this intervention.

Notes: Brett, Allan S; Rosenberg, Jason C, 16 refs., KIE Bib: informed consent
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available from Highwire Press in Archives of Internal Medicine

Title: Artificial nutrition and hydration in the patient with advanced dementia: is withholding treatment compatible with traditional Judaism?
Citation: Journal of Medical Ethics, February 2001, vol./is. 27/1(12-5), 0306-6800 (2001 Feb)
Author(s): Gillick MR
Language: English
Abstract: Several religious traditions are widely believed to advocate the use of life-sustaining treatment in all circumstances. Hence, many believe that these faiths would require the use of a feeding tube in patients with advanced dementia who have lost interest in or the capacity to swallow food. This article explores whether one such tradition - halachic Judaism - in fact demands the use of artificial nutrition and hydration in this setting. Traditional (halachic) arguments have been advanced holding that treatment can be withheld in persons who are dying, in individuals whose condition causes great suffering, or in the event that the treatment would produce suffering. Individuals with advanced dementia can be considered to be dying, often suffer as a result of their dementia, and are likely to suffer from the use of a feeding tube. Given these observations and the absence of a compelling case for distinguishing between tube feeding and other forms of medical treatment, traditional Judaism appears compatible with withholding artificial nutrition for individuals with advanced dementia.
Publication Type: Journal Article
Source: AMED
Full Text: Available from Journal of Medical Ethics in Grantham Hospital Staff Library; Note: ;
Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.
Available from National Library of Medicine in Journal of Medical Ethics
Available from Highwire Press in Journal of Medical Ethics

Title: Making decisions about tube feeding for severely demented patients at the end of life: clinical, legal, and ethical considerations
Citation: Death Studies, April 2000, vol./is. 24/3(233-54), 0748-1187 (2000 Apr-May)
Author(s): Hoefler JM
Language: English
Abstract: Caregivers and family members are forced to deal with questions about tube feeding at the end of life for hundreds of thousands of patients suffering from severe dementia every year. But decisions about accepting or forgoing artificial nutrition and hydration (ANH) tend to be made in haste, late in the game, without benefit of full information. Oftentimes, this to leads to increased patient suffering and the inefficient use of medical resources. Surviving family members and caregivers may experience a haunting sense of guilt, wondering if they made the right decision at the right time. The professional literature suggests that foregoing ANH is an entirely appropriate alternative at the end of life. The vast majority of
Americans say they do not want to be tube fed if mortally ill and are no longer able to eat on their own. Nonetheless, the provision of aggressive nutrition and hydration support for the severely demented population at the end of life is the norm in America. If there were more awareness of (a) the burden typically associated with ANH; (b) the pathogenesis of terminal dehydration, and; (c) the medical, legal, and ethical acceptability of terminal dehydration, then forgoing of ANH might become more commonly considered.

**Publication Type:** Journal Article  
**Source:** AMED  
**Full Text:** Available from EBSCOhost in Death Studies

**Title:** A patient with Alzheimer's disease, fed via percutaneous endoscopic gastrostomy, with personal reflections on some of the ethical issues arising from this case.  
**Citation:** Journal of Human Nutrition & Dietetics, 01 February 2000, vol./is. 13/1(51-54), 09523871  
**Author(s):** Barratt J  
**Language:** English  
**Abstract:** Dementia is a common condition which is often complicated by difficulties with eating and drinking, including dysphagia. This case study describes the management of the dysphagia of an elderly woman with Alzheimer's disease and her eventual feeding via percutaneous endoscopic gastrostomy. Some of the ethical issues arising from the case are discussed, including enteral nutrition in dementia care, resource allocation and the consequences of not using nonoral feeding to manage dysphagia.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Journal of Human Nutrition and Dietetics

**Title:** Issues and interventions. Ethical dilemmas in artificial nutrition and hydration: initiation vs. withholding.  
**Citation:** Nursing Case Management, 01 March 1999, vol./is. 4/2(85-89), 10843647  
**Author(s):** White KS, Hall JC  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Issues and interventions. Ethical dilemmas in artificial nutrition and hydration: food for thought.  
**Citation:** Nursing Case Management, 01 January 1999, vol./is. 4/1(34-36), 10843647  
**Author(s):** White KS, Hall JC  
**Language:** English  
**Publication Type:** journal article  
**Source:** CINAHL

**Title:** Giving or withholding fluid and nutrients: ethical and legal aspects.  
**Citation:** Journal of the Royal College of Physicians of London, January 1999, vol./is. 33/1(39-45), 0035-8819;0035-8819 (1999 Jan-Feb)  
**Author(s):** Lennard-Jones JE  
**Language:** English  
**Abstract:** When a patient does not or cannot drink or eat enough to maintain adequate hydration or nutrition, fluid with or without nutrients can be given through a tube. In law, a tube feed for an adult is regarded as a medical treatment that can
be refused, withheld or withdrawn. Legal requirements and ethical principles of conduct are discussed in relation to a patient's ability or wish to drink and eat, and the administration of fluid with or without nutrients by tube. Emphasis is placed on adequate consultation from the outset with each competent patient, between all members of the health care team, and with those closest to an incompetent patient.

Notes: KIE Bib: patient care
Publication Type: Journal Article, Review
Source: MEDLINE

Title: Ethical issues in instituting and discontinuing enteral feeding.
Citation: Gastrointest Endosc Clin N Am, July 1998, vol./is. 8/3(723-32) (1998 Jul)
Author(s): Herrmann VM, Norris PF
Language: English
Abstract: The shift from inpatient care has not lessened the importance of ethical issues in caring for patients. Dilemmas involving withholding and withdrawing enteral nutrition require input from the patient, family, and caregivers. Decisions to forego or discontinue treatment such as home enteral support should never be distinguished from the responsibility of providing support and compassionate care throughout life, even during dying.
Publication Type: Journal Article
Source: AMED

Title: Tube feeding in dementia: a controversial practice.
Citation: Journal of Nutrition, Health & Aging, 1998, vol./is. 2/3(184-9), 1279-7707;1279-7707 (1998)
Author(s): Sheiman SL, Pomerantz JD
Language: English
Abstract: Primary care providers for patients with endstage dementia are often confronted with difficult tube feeding decisions. Decreased food intake occurs with increasing age which can be worsened by dementia. Often the solution is to provide food by way of tube feeding. However, no improvement in survival has been found with the use of tube feeding in anorexia caused by endstage dementia. Several complications involving pulmonary, gastrointestinal and renal systems are common. Ethical and legal considerations weigh tube feeding as basic care versus a medical treatment. Nursing home and state regulations designed to prevent abuse challenge patient's rights to refuse tube feeding as a medical treatment. This review discusses the complications and issues surrounding the use of this practice in end stage dementia.
Notes: KIE Bib: allowing to die/legal aspects; patient care/mentally disabled
Publication Type: Journal Article, Review
Source: MEDLINE

Title: A review on enteral tube feeding in demented patients: Ethical and organizational issues.
Citation: Archives of Gerontology and Geriatrics, 1998, vol./is. Suppl 6/(469-480), 0167-4943 (1998)
Author(s): Sarti, G, Calogero, P, Tavoni, F, Berti, V, Savorani, G, Vulcano, V
Language: English
Abstract: Enteral tube feeding provides nutrition through a tube, catheter, or stoma, to deliver nutrients without use of the oral cavity for patients unable to eat naturally. It is a safe, efficient, and relatively inexpensive method for feeding selected patients with adequately functioning gastrointestinal tracts. Dementia and cancer are the most usual indications for enteral feeding, despite the unsure benefits and the possible complications. Moreover, enteral tube feeding has become a widely used medical practice in hospital wards, in nursing homes, and at home. Nevertheless, the scientific societies for nutrition have not provided specific
recommendations for enteral tube feeding in demented patients. Only a few countries have elaborated organizational issues for this medical practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Publication Type:** Journal, Peer Reviewed Journal  
**Source:** PsycINFO

**Title:** Tube feeding dilemmas: can artificial nutrition and hydration be legally or ethically withheld or withdrawn?.  
**Citation:** Journal of Advanced Nursing, February 1997, vol./is. 25/2(217-22), 0309-2402;0309-2402 (1997 Feb)  
**Author(s):** Goodhall L  
**Language:** English  
**Abstract:** The incidence of elderly patients receiving long-term artificial nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) feeding tube is increasing. The wisdom of this practice is debatable when poor quality of life is often the outcome, and this has resulted in a dichotomy of opinions. The legal and ethical implications of withholding or withdrawing life-sustaining nourishment, however, appear to be formidable. This paper examines the judicial trends and the ethical reasoning which influence health care professionals, and attempts to answer the question “can artificial hydration and nutrition be legally or ethically withheld or withdrawn?” The value of advance directives and surrogate decision-making for non autonomous patients is considered, and the quality of life concept is discussed. A bias towards the reductionist male ethos may exist and may be influencing the developing case law. It is recommended that the nursing profession helps to redress the imbalance by becoming more active in ethical decision-making.  
**Notes:** KIE BoB Subject Heading: allowing to die, Full author name: Goodhall, Lesley

**Publication Type:** Journal Article  
**Source:** MEDLINE  
**Full Text:** Available from EBSCOhost in Journal of Advanced Nursing

**Title:** Ethically justified, clinically comprehensive guidelines for percutaneous endoscopic gastrostomy tube placement  
**Citation:** Lancet, February 1997, vol./is. 349/9050(496-8) (1997 Feb 15)  
**Author(s):** Rabeneck L, McCullough LB, Wray NP  
**Language:** English  
**Abstract:** Guidelines for the placement of percutaneous endoscopic gastrostomy (PEG) tubes are not available. We developed a decision-making algorithm by integrating the medical and ethical dimensions of the decision. According to our algorithm, physicians should not offer PEG tubes to patients with anorexia-cachexia syndromes. For patients with permanent vegative states, physicians should offer and recommend against the procedure. For patients who have dysphagia without other deficits in quality of life, physicians should offer and recommend the procedure. For the remaining patients who have dysphagia with other deficits in quality of life, the physician's role is to provide non-directive counselling regarding the short and long-term consequences of a trial of PEG tube feeding.  
**Publication Type:** Journal Article  
**Source:** AMED  
**Full Text:** Available from Elsevier in Lancet, The Available from Lancet in Grantham Hospital Staff Library; Note: ; Notes: Use the link to request articles from the library. Complete the appropriate online form and press 'Send'.
Title: Eating, ethics and Alzheimer's.
Citation: Nursing Times, December 1996, vol./is. 92/50(29-30), 0954-7762;0954-7762 (1996 Dec 11-17)
Author(s): Clibbens R
Language: English
Abstract: This article describes a situation in practice where the patient's difficulties in swallowing became an ethical dilemma for her family and the author. The incident caused the author to reflect on practice and look for ways to improve, by reviewing the relevant literature.
Publication Type: Case Reports, Journal Article
Source: MEDLINE

Title: Withdrawal of nutritional support: a family's choice.
Citation: Gastroenterology Nursing, January 1996, vol./is. 19/1(25-8), 1042-895X;1042-895X (1996 Jan-Feb)
Author(s): Kowalski S
Language: English
Abstract: Facilitating the death of a loved one through the withdrawal of nutritional support is a difficult choice. This case study illustrates the ethical principles used by a family and a health team during the decision to terminate tube feeding and hydration for a patient. Patient autonomy, beneficence, justice, and professional integrity are discussed. Also addressed are use of ordinary versus extraordinary means of treatment, futility of treatment, and quality of life. Nursing interventions used to assist the family with their fears and concerns during the decision-making process, and eventually the dying process, of their husband and father are described.
Notes: KIE BoB Subject Heading: allowing to die, Full author name: Kowalski, Susan
Publication Type: Case Reports, Journal Article
Source: MEDLINE

Title: The decision to withdraw tube feeding.
Citation: Hawaii Medical Journal, April 1995, vol./is. 54/4(485-9), 0017-8594;0017-8594 (1995 Apr)
Author(s): Murakami JF, Wong WF
Language: English
Abstract: Physicians involved in the care of elderly patients are often faced with end-of-life decisions including withholding or withdrawal of tube feeding. More than 80% of deaths take place in the hospital or nursing home and the prolongation of life by medical technology has replaced natural processes. We believe the availability of life-sustaining medical technology including tube feeding does not make physicians ethically obligated to use it once it is known that health and function cannot be restored and the burdens outweigh the benefits. Patients and their surrogate decision-makers have a right to refuse life-sustaining medical treatment they find burdensome. Tube feeding as a medical treatment, withholding of tube feeding as equivalent to withdrawal of tube feeding, the benefits versus the burdens of tube feeding, and the decision-making process involved in the withdrawal of medical treatment are considered Hawaii's statutes as they apply to decision-making and examples of cases to illustrate how these concepts are pertinent to patients whom we encounter in clinical practice are discussed.
Notes: Murakami, Joy F ; Wong, Warren F, 18 refs., KIE Bib: allowing to die
Publication Type: Case Reports, Journal Article
Source: MEDLINE

Physical restraints

Title: The use of physical restraints in neurologic patients in the inpatient setting.
Neurologists are commonly asked to make decisions concerning the use of physical restraints on hospitalized patients. These decisions are determined within the context of medical risk to the patient, including falls and the disruption of medical therapies (eg, self-extubation, removal of nasogastric tubes), risk to the caregivers, and the wishes of patients and their families. Familiarity with the medicolegal issues involved, including regulations of the local hospital and governmental agencies, as well as current evidence concerning the efficacy and harms that can occur with these interventions, is paramount to determining whether to use devices designed to restrict patients’ freedom of movement in order to control their behavior. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
physicians reach a consensus on how to proceed. ...

**Tube feeding patients with advanced dementia: an ethical dilemma**
EP McNamara, NP Kennedy - Proceedings of the Nutrition ..., 2001 - Cambridge Univ Press

... Other studies report the use of restraints on patients to keep nasogastric tubes in situ;

**Tube feeding in patients with advanced dementia**
V Portnoi - JAMA: the journal of the American Medical Association, 2000 - Am Med Assoc

... of ethics. Ethical questions frequently arise when a balance is required between survival with suffering on one hand and dying in comfort on the other. A very difficult ethical question would arise, for example, if there were any evidence that tube feeding and the use of restraints…

[PDF] **Rethinking the role of tube feeding in patients with advanced dementia**
MR Gillick - New England Journal of Medicine, 2000

British Association for Parenteral and Enteral Nutrition (BAPEN). Ethical and Legal Aspects of Clinical Hydration and Nutritional Support; 1998.


**Tube-feeding decisions in the elderly**.
MO Hodges, SW Tolle - Clinics in geriatric medicine, 1994 - europepmc.org

... If restraints are needed to keep the tube in place, or if significant medical complications ensue, the burdens of the therapy ... We well recognize that what is legal is not always what is ethical. Ethics should lead the law as we consider how to use new health care technologies wisely ...