
Case Study: To Tube Feed or Not to Tube Feed

Nationwide studies indicate that ethics committees engage in educational projects and policy development and review far more than they participate in actual case consultations. Nevertheless, no project engages people in ethical dialogue more effectively than the discussion of cases. The fictitious case study below was submitted to several ethics committees in the Kansas City area for a mock case consultation. The committees' case reviews that follow illustrate the different strategies ethics committees use in a case consultation. Recommendations from case consultations, such as those arrived at in discussion of this mock review, are intended to help patients, their families and health care providers make ethically-sound treatment decisions.

Case Study

Jennie M., age seventy-nine, came into St. Francis Nursing Center four years ago. At that time, she appeared to have little contact with reality although she had not been declared incompetent by the court. Her sixty-year-old daughter, Mary, had taken care of her mother until Jennie's hypertension, diabetes, and several small strokes made it impossible for Mary to do all for her mother that she hoped to do. Upon arrival at the nursing center, Mary handed her mother's advance directive to the admitting clerk. The directive showed that Jennie had initialed "no surgery, heart-lung resuscitation, antibiotics, dialysis, mechanical ventilator, or tube feeding." Together they read through it while Jennie sat beside them, apparently uncomprehending everything about the move. Mary signed all papers. From that time on she visited her mother frequently and has always been cooperative when the nursing center has requested information or guidance.

The years passed; Jennie has been eating less and taking more and more time to consume what little she does eat. She no longer feeds herself and often in the assisted-eating dining room, aides spend over two hours to ensure that minimal nutrition standards are met for Jennie's intake. The director of nursing has mentioned to Mary that consideration ought to be given to the insertion of a feeding tube. Jennie is not acutely ill; clearly she is an elderly woman with multiple disabilities, but she is not in danger of imminent death. All she needs is sufficient nutrition, yet the director of nursing feels she cannot justify an aide's time being devoted to one patient for so long a period three times a day.

Mary knows that her mother's advance directive was made one day when a neighbor was visiting, and all that Jennie told her about it was that she didn't want to be "kept alive on a machine." When Mary and the director of nursing are talking, Mary says she does not consider tube feeding a "machine" and her mother most likely did not understand the implications of her initialed statement, "No Tube Feeding." The daughter concurs with the nursing director that it would be better for Jennie if a tube is inserted. But when the administrator was told of the decision, she felt uneasy because she saw that tube feeding would prolong and deform Jennie's dying, and she called together the ethics committee. Present at the meeting were the following: social worker—chair, administrator, the medical director, director of nursing, a dietitian and a minister who was asked to belong to the committee since he has a number of parishioners who are residents. Mary was invited as was one of the aides who has often fed Jennie.