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The ethics of offering futile treatment

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REFLECTION:

The ethics of offering futile treatment

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On an inpatient medicine service we cared for an elderly man with major cognitive impairment due to Alzheimer's dementia. He was admitted from a nursing home for sepsis and hypoxia secondary to healthcare-associated pneumonia. Throughout the course of his hospital admission, he was intubated and extubated twice, and failed two swallowing studies. The patient did not have a designated power of attorney for healthcare and was unable to make his own medical choices. His family struggled with decision-making. Before his discharge back to his nursing home, the patient's family was faced with a major decision: whether or not to place a percutaneous endoscopic gastrostomy (PEG) tube for enteral feeding.

According to the 2009 Cochrane library review (Issue 2) entitled, "Enteral tube feeding for older people with advanced dementia," there is inconclusive evidence for PEG tube placement improving survival, quality of life, improving nourishment, or decreasing the risk of pressure sores in elderly patients with advanced dementia. There are risks of increasing aspiration pneumonia¹. PEG tube placement in patients such as the one we cared for may not benefit the patient, but expose him to potential harm. Despite our best attempts to inform the family of potential risks of benefit and risks of harm, the family decided to have a PEG tube placed, thereby preventing their relative from "starv[ing] to death."

PEG tube placement for enteral feeding in elderly patients with advanced dementia is a common practice. One attending physician who was aware of this evidence said, "Everybody does it anyway." This discrepancy between evidence-based recommendations and what is actually done clinically is concerning. The Cochrane review stated, "...clinicians may be aware of the risks but feel pressured by institutional, societal or even legal directives to intervene." It is difficult for patients, their families, as well as healthcare providers, to discuss feeding without some level of emotion. The idea of someone starving to death is abhorrent to us and, for some, PEG tube-associated risks may appear to be the "lesser of two evils." Despite this, it is our duty to provide patients and families with up-to-date, objective medical recommendations so they may make well-informed decisions. Perhaps if we explain that we cannot prolong survival, but risk prolonging dying, our patients and their families may be able to face their fears of mortality. It is important to acknowledge our own emotional biases and be cognizant of how we present options to patients and their families, so that they may provide truly informed consent.

References

1. Sampson EL, Candy B, Jones L. Enteral tube feeding for older people with advanced dementia. *Cochrane Database of Systematic Reviews* 2009;2:CD007209. doi: [10.1002/14651858.CD007209.pub2](https://doi.org/10.1002/14651858.CD007209.pub2)

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