

Case Study: VICTOR

Victor is 98 years old with severe dementia. He has lost interest in mealtime, self-feeds poorly, and is losing weight. Victor was recently admitted to the hospital with aspiration pneumonia which was successfully treated with antibiotics. A swallow test was done and dysphagia was diagnosed. Victor's caregivers will continue to monitor and assist him at mealtime. Victor should

- a) be allowed to consume what he wants to eat at each meal.
- b) be offered alternatives such as peanut butter cups and shakes, in addition to his meals.
- c) be hand-fed, multiple times each day, with modified diet.
- d) be considered for tube placement.

Case Study: ELVIS

Elvis is a 75 y/o male NH resident who has advanced dementia. He is eating poorly, has some difficulty feeding himself but no problems chewing or swallowing. Elvis is often distracted and shows little interest in participating in social activities. He is non-ambulatory but is able to transfer from bed to a chair or wheelchair and back at least twice a day. The plan should be to:

- a) Try to serve food he likes but let Elvis eat whatever he wants during meals.
- b) Offer Elvis supplements such as Ensure to drink to meet some of his needs.
- c) Keep Elvis supplied with "snacks" and have staff remind/encourage him to eat throughout the day.
- d) Insert a PEG tube and provide formula to meet his needs.

Case Study: BETTY

Betty is an 87 y/o female who fell about 6 days ago, broke her pelvis and is now bedridden. Betty has end-stage renal disease and is on dialysis. Since her fall she has seemed to be declining, including having difficulty feeding herself, and not finishing her meals. Yesterday she seemed confused and today she became unresponsive. Betty has a DNR and Living Will indicating no artificial means of nutrition. As Betty's guardian, what should you do?

- a) This is classic end-stage renal failure, make Betty comfortable and allow natural death.
- b) This may be a treatable complication related to ESRD and immobility; call the physician.
- c) Wait to see if Betty wakes up, and then ask her to clarify her "no ANH" decision.
- d) Start TPN (as this is a better choice for ESRD patients than PEG)

Case Study: JUANITA

Juanita is a 77 y/o with a history of diabetes, hypertension, and obesity. Family members report she was able to walk, talk and carry out ADLs with little to no assistance. She has suffered catastrophic stroke from which any functional recovery is unlikely. Her prognosis is grim; although she is breathing on her own, she has no motor function, and is unable to communicate. Juanita has a living will indicating no extreme measures and no ANH should be provided. Juanita's HCS, her granddaughter, demands that a PEG tube be placed because she cannot be the one responsible for authorizing her grandmother to starve to death (a cultural taboo.)

- a) Juanita's living will must be honored and no tube placed.
- b) The tube should be placed out of respect for cultural traditions of the patient's family, and the relative minimal burden to the patient.
- c) The tube should not be placed until the disagreement can be settled by judicial review. The review can be initiated by the HCS, the family, the physician, the facility or by any interested party within 7 days.
- d) The living will is not legally binding on the HCS, however, neither can the HCS demand that the physicians provide contraindicated or futile medical treatment.

Case Study: JOHN

John is 39 years old. He has diabetes, end stage renal disease and is dependent on dialysis. John suffered a major stroke, which, among other things, affected his ability to swallow. He is restricted to pureed solids and thickened liquids, which John rejects because of taste and texture. A PEG tube was inserted in the hospital to increase his intake. John has now been admitted to I/P rehab. He is very motivated to recover from his stroke and his family is very supportive. In developing his nutritional plan, which of the following options is ethically appropriate?

- a) Due to his swallowing problems, the current regime will have to be continued. John should be encouraged to eat the pureed foods and thickened liquids. PEG feedings will continue as well.
- b) Since John does not like the food he is permitted to eat, oral feeding should be discontinued. He should be permitted to be nourished through the PEG tube only.
- c) John should be offered a course of intensive rehab working with speech therapists and dietitians to improve his oral intake and ability to swallow, with the goal that the PEG tube will be a temporary intervention.

Please respond to polling questions as they appear during the presentation with the choice you would make in each case. At the end of the presentation, poll results, choice based on best evidence, and the actual case outcome will be shared by the panelists.