

Tube Feeding:

What you should know

Facts about tube feeding:

- It is most beneficial if one needs a temporary source of nutrition to assist with recovery from illness or surgery
- Tube feeding does not quench one's thirst
- Artificial feeding is not required to keep someone free from pain
- If someone has a terminal condition, tube feeding may cause an individual to experience worsening symptoms
- Frequently, if one is in a weakened condition, they still may take in pleasure foods
- A decision to not have a tube feeding is acceptable, it is not euthanasia
- Patients who are at the end of life rarely experience feelings of hunger

Some risk that may be associated with tube feeding:

- Complications from the insertion, such as bleeding or infection
- Aspiration (feeding that spills into the lungs) causing pneumonia
- Diarrhea or constipation
- Cramps/bloating
- Nausea or vomiting if not tolerated
- Intentional or accidental removal of tube

Questions for you to consider for yourself, your family, or your physician:

- Is the placement of a feeding tube going to fix or reverse my health condition?
- Will the feeding help my quality of life?
- Will I still be able to eat food I enjoy?
- Will my family have to take care of the tube and food?
- If I am confused and pulling it out, do I want you to tie my hands down and force me to have this in place?



After asking yourself these questions, indicate your personal preferences on your advance directive so that if you cannot speak for yourself, your wishes to elect or forgo the placement of a tube for feeding are known.