Ethics & the meaning of feeding: ethics & decisions

Participants will be able to:

- Explain differences: values, morals, ethics
- Discuss medical ethical principles
- Integrate frameworks that support robust & ethically sound decision making

Frameworks
Why?

- Ethics
  - ethics, morals & values
- Evidence
  - why ebp?

Values

- Individual rules for decisions
- Right & wrong
- Should & shouldn't
- Good & bad
- Rank importance
- Trade meeting one value or another

Morals

- Society's standards: right & wrong
- More about **good & bad** than other values
- Judge others on morals
- “Immoral” person
  - but no word for not respecting values
- Tend to be externally imposed
Ethics

- “Professional morals”?
- Formal system or rules
- Explicitly adopted by group
  - medical ethics
  - Internally defined & adopted

Medical ethical principles

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

Autonomy

Respect another’s worth & right to make choices
Ethics & the meaning of feeding:
ethics & decisions

Beneficence

*Take positive action to do good for others*
*AND act to prevent or remove harm*

Nonmaleficence

*Avoid causing harm*

Justice

*Provide what patients need in fair & equitable manner*
**Evidence Based Practice**

- Combine knowledge of
  - best available evidence
  - with informed clinical judgment
  - with patient’s values & expectations
- Relative benefit of chosen approach
- Evidence based = ethical guidelines

**Best evidence**

- Not always randomized control trials
- Some evidence is better than others
  - [http://www.asha.org/members/ebp/assessing](http://www.asha.org/members/ebp/assessing)
- Get trained in how to judge papers
- How robust was study?
- Are participants like my patients?
- Was there bias?
ASHA resources

- Discuss ethical concerns
  - with supervisors
  - with peers
- ASHA help
- Policy documents & specific guidelines
- Ethics forum
- Special interest group communication

ASHA support

- Code of ethics
- Issues in ethics statements
  - http://www.asha.org/practice/ethics/ethics_issues_index.htm
- ASHA sanctions for violations
  - http://www.asha.org/practice/ethics/sanctions.htm

Documentation

- Poor clinical record keeping is unethical
- Clinical documentation in speech-language pathology
ASHA Principle I

“Individuals shall evaluate the effectiveness of services rendered and of products dispensed and they shall provide services or dispense products only when benefit can reasonably be expected.”

Feeding tubes: saints or sinners?

- What’s the evidence?
  - robust?
  - participant?
  - bias?
- What problems does patient have?
- Have I checked advanced directives?
- TALK TO PATIENT, FAMILY, TEAM

Why worry about nutrition?

- If people can’t eat enough
- Protein energy malnutrition
- Muscle changes
- Muscles affect swallowing

Veldee & Peth (1992)
Do tube feeds help?

- ✧ Swallow recovery (Lee et al, 2004 letter)
  - need nutrition AND exercise
- ✧ Texture modified diet (Wright et al, 2005)
  - patients on modified diets are susceptible to protein & energy deficit
  - consult dietitian in case patient needs tube feed supplementation
- ✧ Think about specifics of your case

Tubes & dementia?

- Historically against gastrostomy tube feeds
- Poor outcomes “does not prolong survival” (Mitchell, 1998)
- “Lack of benefit” (Meier, 2001)
- What does prolonging survival mean?
- What is benefit?

What can tubes do?

- ✧ Nutrition
- ✧ Hydration
- ✧ Aspiration
- Quality of life?
- Patient perception (Anis et al, 2006)
  - families & patients felt it helped with nutrition
  - BUT still need evidence on real nutrition benefit & quality of life
Select for right patient

- Stroke (FOOD Trial, 2005)
  - early feeding increase survival but worse outcome
  - supplement malnourished
- Does this simply mean that sicker patients are more likely to have tube feeds?
- This is associated not causative!

Dementia: think again

- Comorbidities?
- Prognosis?
- Patient wishes?
- SLP: what is your role
  - palliative?
  - rehabilitative?

Evidence Based Practice

? Clinical Expertise

? Patient Preference

Best Evidence
Participants will be able to:

- Identify ethical issues associated with decisions around feeding in your caseload
- Explain requirements for informed consent
- Discuss what information might be "material" for you to disclose
Informed Consent

Informed consent

- Process not an event
- You don’t “consent” a patient
- Need:
  - intention
  - capacity
  - voluntariness

Clinician disclosure

- The law was written for “physicians”
- But it would be an applicable standard
- Standards of disclosure
  - Physician or professional
  - Patient or lay
History & legal cases

- Ears & battery
- Rights & bodies
- Know stuff before giving permission

What is Material?

Justice

Provide what patients need in fair & equitable manner


Cox, J. (2009). Making the healing difference: guilt and regret. American Journal of Hospice & Palliative Medicine, 26(1), 64-65


