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Malta

*Ethical issues surrounding the removal
of a percutaneous endoscopic
gastrostomy tube*



ETHICAL ISSUES REGARDING THE REMOVAL OF THE PERCUTANEOUS GASTROSTOMY TUBE

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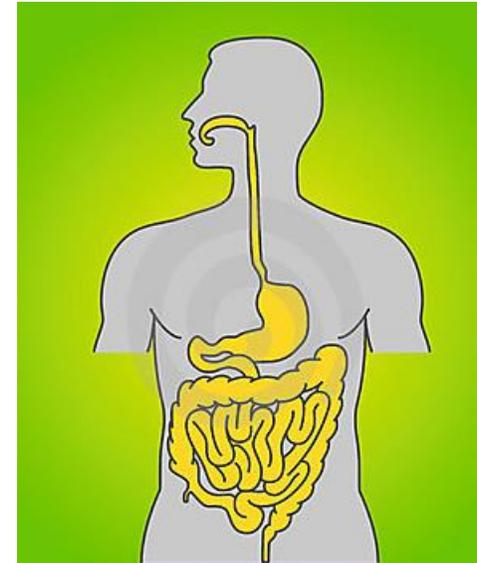
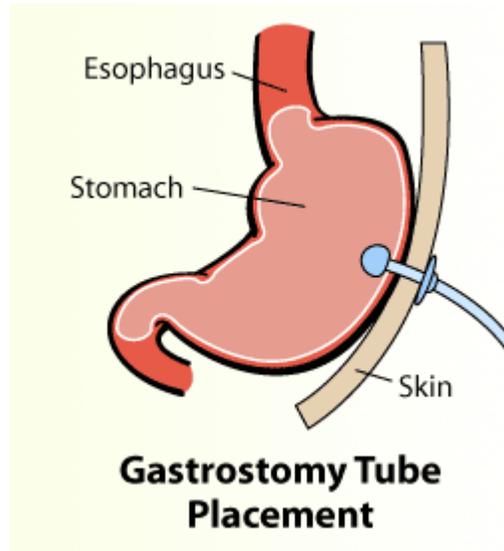
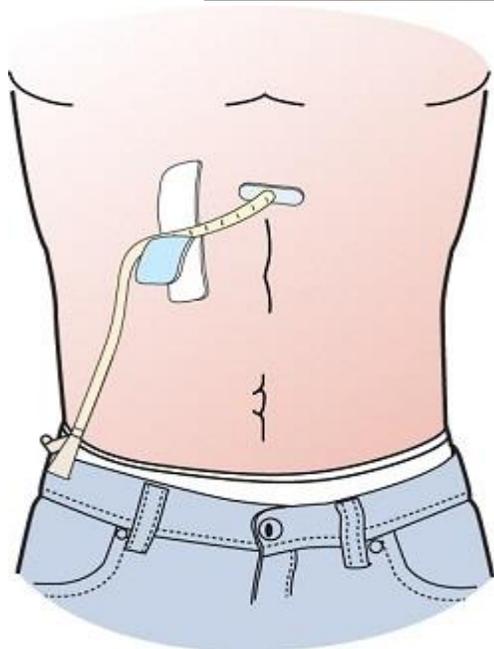
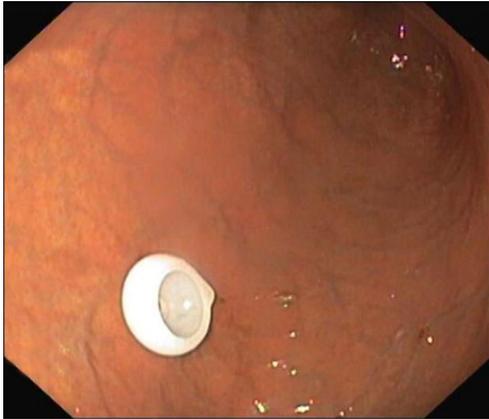
The Ethical Issues

- There are times when life-sustaining treatments can be legitimately withheld or withdrawn. The bioethical challenge lies in maintaining human dignity in a world where technological methods are constantly improving; one of these methods is through tube feeding.
- Yet when is aggressive treatment too aggressive? Is one who believes in intrinsic human value committed to indefinitely preserving human life in disregard of other factors?
- Can the concept of ordinary and extraordinary treatment, although a predominantly Catholic idea, apply when it comes to feeding tubes?

Objectives of this Presentation

- To investigate when it is ethically possible to remove a Percutaneous Endoscopic Gastostomy tube
- To highlight European cases such as that of Tony Bland from the UK and Eluana Englaro from Italy

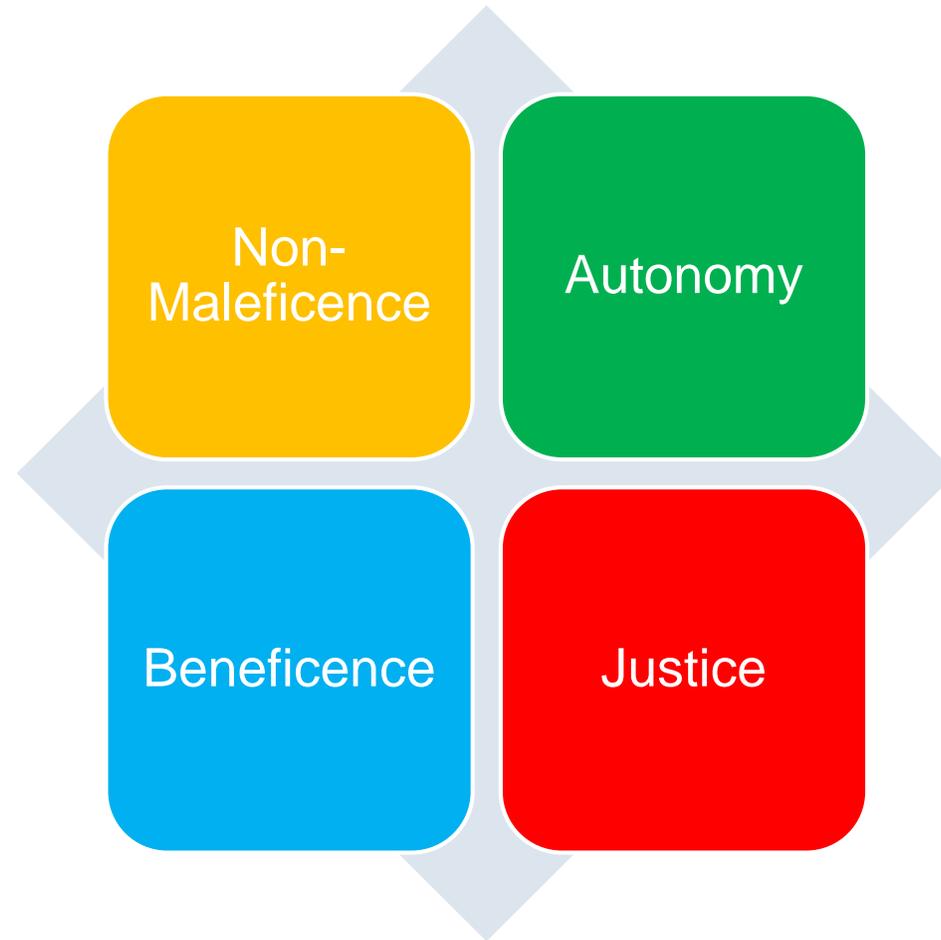
The Percutaneous Gastrostomy tube



Ethical Principles when Administering Artificial Nutrition and Hydration

- Not only the means but the ends towards which the intervention is aimed for are important for moral analysis. (Shannon and Walter 2004).
- If there is no further physical or spiritual benefit to be gained from life, then there is no moral obligation to prolong it. (Paris J.J. Sj 2005).

The Four Ethical Principles



Non-Maleficence

- Prognosis and long term goals of treatment.
- Back-up plans in case original treatment planned does not give expected or desired outcomes.
- Burden benefit ratio for the patient, the family, the community, and the available resources.

Autonomy

- Mental capacities for decision making of the patient have to be determined. If the patient is non compos mentis his prior wishes need to be taken into consideration if known or can be determined.
- Pros and cons of treatment must be discussed exhaustively.
- Patient's right to choose has to be respected both ethically and legally.
- The role of a surrogate must be determined and must be involved if the patient cannot take decisions.

Beneficence

- Long term prospects of administering treatment must be fully disclosed.
- Physical, mental, and social deficits must be explained.
- Plans and financial back-up for long term care have to be in place.

Justice

- Religious and cultural issues.
- Clinical research, organ harvesting, and resource allocation.
- Conflict of interest between patient, families, and clinicians.

Tony Bland



The Case of Tony Bland

- The 22-year-old was crushed and his brain starved of oxygen during a football match in April 1989, when 95 people died.
- For nearly four years, he was in a persistent vegetative state. Doctors at Airedale hospital, in Steeton, West York, insisted he would never recover. His parents fought a legal battle that went to the High Court, the Court of Appeal and finally the House of Lords for the right to lawfully withdraw their son's life-sustaining artificial feeding tube. The Telegraph considers this case to be “the Case that changed the rules”.

The Case of Tony Bland

The Law in England and Wales Prior to Bland

- ❑ Selective non-treatment of newborn babies.
- ❑ Very physically challenged neonates allowed to die.
- ❑ Such decisions must be made in the best interests of the patient.

During Bland's case

- ❑ Experts examined Bland and claimed that there was no benefit to continue treatment as there was no prospect of recovery of cognitive function.
- ❑ The case was delegated to the Bolam standard, which removes liability from staff. Under Bolam, a health care professional need only show that he was following accepted medical practice, even if that practice was only followed by a minority of medical professionals.
- ❑ Since the ruling, the cases of about 15 other patients in a persistent vegetative state have been taken to court in the UK.

The Case of Eluana Englaro

- **Eluana Englaro** (born in 1971 in Lecco) was an Italian woman who entered persistent vegetative state on January 18 1992, following a car accident.
- Her father requested to remove her feeding tube and allow her to die, saying that she "has clearly expressed the wish to die in case of an accident that left her in a coma or a vegetative state", but the authorities delayed his request.

The Case of Eluana Englaro

- Has been described as the Italian Terri Schiavo.
- Father's request to remove the tube was denied twice, in 1999 and 2005.
- A request for a new trial was granted.
- Milan court of appeal allowed Beppino Englaro to remove the tube, yet he waited for all the appeals to be granted before making a move.
- On November 13th 2009, Italy's top court allows the tube to be removed.
- She took 13 days to die.

When may a Feeding Tube be Removed?

- 1) Either when in a persistent vegetative state, when the patient may not have the capacity to get up and get food for themselves, open their mouths and swallow it but their digestive system works well and they are not dying and therefore the tube is sustaining their lives. The removal of the tube in these cases results in dehydration and a slow, painful death.

When may a Feeding Tube be Removed?

2) The other situation involves not forcing food and water upon patients who have stopped eating and drinking as part of the natural dying process. This typically occurs, for example, at the end stages of cancer when patients often refuse nourishment because the disease has distorted their senses of hunger and thirst. In these situations, being deprived of unwanted food and water when the body is already shutting down does not cause a painful death.

Conclusions

- There are instances when a feeding tube may be removed. However these must be carefully reviewed in order to comply with the four ethical principles, especially that of non-maleficence.
- Unless the body is rejecting the nutrition administered, it is difficult to assume that a feeding tube is extraordinary treatment.