

Introduction:

Care givers are increasingly confronted with difficult choices in end of life issues such as artificial nutrition. Severely ill patients cannot communicate their choices, resulting in complex decisions being entrusted to healthcare staff and families, who have their own deep-seated beliefs. Conflicts occur when choices differ. We hypothesized that a systematic multi-disciplinary care pathway which balances ethical values and medical benefits can support the decision making process and optimize the care of elderly referred for tube feeding.

Objective:

1. Improve the decision making process for tube-feeding by patients, care-givers and healthcare professionals;
2. Examine caregivers' knowledge and attitude towards tube-feeding
3. Explore the prevalence of tube-feeding in elderly inpatients.

Methodology:

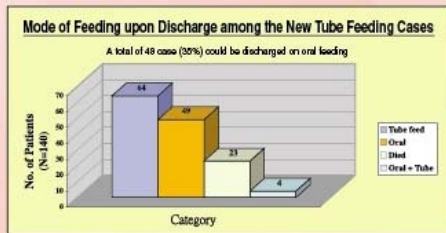


1. All tube fed elderly in 190 geriatric beds were included.
2. Interventions included case consultations, staff training, care pathways, management protocols and a published educational toolkit.
3. Staff training consisted of three hours lectures and hands-on practice assessed by pre vs post training questionnaire and compliance audit.
4. Outcome was measured by the number of cases avoided feeding tube.

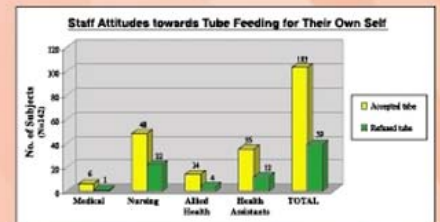
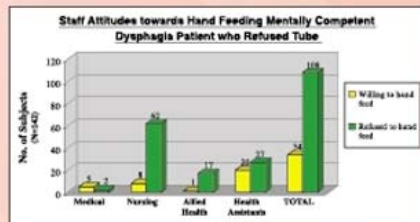


Results:

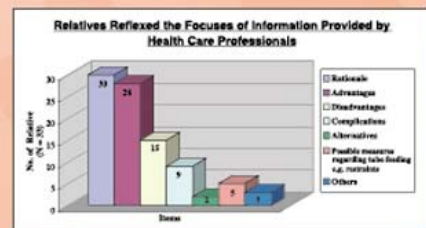
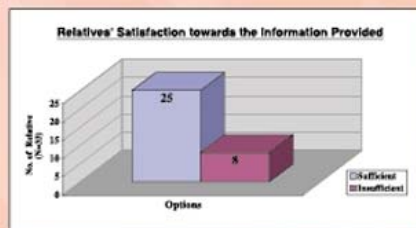
- Included 140 newly initiated tube feeding elderly. 49 (35%) of new cases were successfully discharged on oral feeding. Another 4 (3%) were fed orally supplemented with tube feeding and 23 (16%) patients starting tube feeding died before discharge.



- Staff attitude and knowledge questionnaire revealed marked discrepancies in willingness to accept tube feeding for own self and to assist in oral feeding for mentally competent patients.



- Post intervention, knowledge of ethical principles and practical skills improved.
- Relatives reflected staff emphasized advantages more than burden during the consent process.



Conclusion:

The study identified discrepancies in staff knowledge and attitudes, biased information given during consent which influences the local use of tube feeding. Our comprehensive program ensures that patients or relatives are better informed, patient autonomy is respected and inappropriate tube feeding is reduced.