

AIM Exit Examination Question Ethics/Communication(2)

Insertion of feeding tube

A stroke gentleman 60 years of age has receptive and expressive dysphasia, and swallowing problem requiring nasogastric tube feeding while in acute medical ward.

1. Do you have medicolegal or ethical concerns in ordering tube feeding without informed consent?

The main ethical concern is whether treatment without patient's consent violates the 'autonomy' principle. Legally, intrusion of patient's body against his/her will may be considered as 'assault'.

2. What are the points you need to consider in this situation?

- If the receptive part of the dysphasia is incomplete, the patient is able to understand simple explanation of the need for tube feeding, especially if he/she notices choking symptoms on swallowing assessment or trial oral feeding.
- If the patient does not actively resist the insertion of the nasogastric tube, it may be considered to be 'implied consent'.
- The 'best interests' principle allows doctors to prescribe beneficial treatments in acute/emergency situations, particularly if – as in this case – the procedure itself is of low risk.
- If the patient needs physical restraint for nasogastric tube insertion and keeping the nasogastric tube in place, then 'implied consent' does not exist. 'Best interests' principle (especially with family's understanding) still applies.
- It helps to explain the indication of tube feeding to the patient's close relatives. This is for good communication rather than to obtain the so-called 'minor consent'. (By Common Law, the relatives cannot consent on behalf of the patient unless someone has been appointed legal guardian.)
- If the family strongly objects to tube feeding for the patient, the physician can try to explain along the line of #3 above. May also explain that tube-feeding in the acute stroke phase does not imply permanent tube feeding. (More than half of the patients can later resume oral feeding in rehabilitation phase.)
- Emergency application to the Guardianship Board is the last resort, to be considered only if the family's objection cannot be resolved and is actively interfering with the treatment. The Guardianship Board may appoint the Director of Social Welfare Department to be legal guardian for consent.

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