

Deciding About Artificial Feeding



When you have a serious, possibly life-limiting, illness, your healthcare provider will review treatment choices with you as your illness progresses. Some of these treatments help support or sustain life if your body can no longer perform certain functions on its own. Artificial feeding is one such treatment. It supplies artificial nutrition to your body if you can no longer take in food by mouth. This sheet tells you more about artificial feeding and what you need to know when deciding about this treatment.



How is artificial feeding given?

Artificial feeding can be given in a number of ways. Each way involves the use of a tube to send liquid food to the body. Some types of tubes include:

- **Nasogastric (NG) tube.** This tube is placed through the nose and down into the stomach. It sends liquid food directly to the stomach.
- **Gastrostomy tube (G-tube) or percutaneous endoscopic gastrostomy tube (PEG tube).** This tube is placed through a small hole in the stomach. It sends liquid food directly into the stomach.
- **IV (intravenous) tube.** This tube is placed into a vein. It sends liquid food directly into the blood vessels.

What are the risks of artificial feeding?

Risks can include bleeding or infection at the tube site and problems with the tube. If artificial nutrition goes into the lungs instead of the stomach, it can cause life-threatening pneumonia.

What happens if I choose to have artificial feeding?

You will get artificial nutrition to help your body function. This may help you feel better and improve your quality of life. If you are near the end of your life, you may find it hard to tolerate the problems that can happen with the treatment. In this case, your healthcare provider may recommend against artificial feeding if it's too much of a burden on your body, or if it will not prolong life or provide symptom relief.

What happens if I choose not to have artificial feeding?

You will continue to receive comfort care. This includes measures to relieve pain and other symptoms. If you can still chew or swallow, you may be offered food for pleasure. This is done by spoon-feeding or careful hand feeding. If you can't take in any food by mouth and choose not to have artificial feeding, your body will slowly shut down. Death will likely happen within a few days or weeks. You may find it reassuring to know that most patients near the end of death don't typically feel hunger or thirst. Dry mouth is a more common problem. This

can be relieved by keeping the lips and mouth moist. Ice chips and small sips of water can also be given, if desired.

How do I decide if I want artificial feeding?

Your healthcare provider and other members of your healthcare team can tell you more about artificial feeding and what it means for you. If you want, you may include family and friends in these discussions. As you make your decision, here are some things to think about or ask your healthcare team:

- Will my illness improve? Or will it worsen? How likely is a cure?
- How will artificial feeding affect my health? Will having the treatment change the outcome of my illness?
- What are the risks and benefits of artificial feeding? And what problems can it cause? Will I be able to live with these problems?
- How will artificial feeding affect my comfort and quality of life?
- How long will I need the feeding tube?
- Feeding tubes for people with advanced dementia are no longer recommended due to pain and suffering that doesn't change the inevitable progression of the disease.

Consider your own values or faith. Also ask for advice from those who share your values.

Note

If you are having trouble deciding about artificial feeding, ask your healthcare provider if you can try it for a short time to see if it helps you feel better. When the trial is done, you may then choose whether to continue or stop the treatment.

How do I tell others my decision about artificial feeding?

You can make your decision known by telling your healthcare provider directly. It's best to also put your treatment wishes in writing in advance directives. These are legal forms related to healthcare decisions. Laws about advance directives vary from state to state. Ask your healthcare provider about what forms are needed to make sure your wishes will be followed. Some common forms include:

- **A durable power of attorney for healthcare or healthcare proxy form.** This form allows you to name a person to make treatment decisions on your behalf when you can't. This person is often called a healthcare proxy, medical or healthcare power of attorney, surrogate decision-maker, or agent.
- **A living will.** This form tells others the kinds of treatment you want or don't want when you become too ill or injured to speak for yourself.

Keep in mind that you can change or cancel an advance directive at any time. Make it a practice to review your decisions each time there is a change in your health or goals of care. Be sure to tell your healthcare proxy and loved ones of any changes in your decisions.

Deciding about artificial feeding for a loved one

Ideally, the decision about artificial feeding is made with the patient's consent. But in some cases, the decision may fall to the patient's healthcare proxy or another adult. If you need to decide about artificial feeding for a loved one, start by talking with their healthcare provider. Discuss the goals of care and the benefits and burdens of the treatment on your loved one's health. Also think about your loved one's wishes and values. If needed, seek advice from other healthcare team members, like a social worker or spiritual advisor.

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