The Issue

Issues around feeding and swallowing can take many forms:

- Insertion or withdrawal of a feeding tube
- Provision of a contraindicated diet
- Adherence to recommended diets
- Diagnostic testing such as a swallow study
- Voluntary cessation of eating and drinking

In discussing the ethics of a particular feeding and/or swallowing issue, it will be very important to clearly articulate the problem or question and goal of the discussion.

Ethical considerations

Some factors that may need to be considered in order to clearly identify the issue and facilitate a satisfactory resolution include values that might be in conflict, for example:

**Choice:** The individual’s preference in what and how to eat

**Safety:** Choking, aspiration, malnutrition

**Respect:** Recognizing the importance of every person

**Dignity:** Recognizing the inherent worth of each person

**Care:** Ability to provide necessary care to residents; maintaining therapeutic relationship/emotional connection

**Fidelity:** Trust relationships, truthfulness, conflicts of interest, personal agendas

**Autonomy:** A patient or family’s decision may have implications for the patient’s safety - risk of choking, aspiration, discomfort related to contraindicated feeding at the end of life, of a dissatisfactory end-of-life experience for the patient and family, to staff when asked to do something that may not align with personal, organizational or professional values.
Ethics Issue Quick Reference: Feeding and Swallowing

Ethical Principles and Theories

Ethical Principles

Autonomy: Individual choice and respect for the right to choose the course of one’s own life
Beneficence: How best to achieve good for all involved
Non-maleficence: The avoidance of harm to the patient/client/resident; avoiding direct or vicarious harm to the staff
Fairness: Ensuring rules are applied equitably; appropriate allocation of all resources including human

Ethical Theories

Virtue: The exercise of patience, honesty, kindness
Consequentialism: What are the implications of each option? E.g. what are the likely outcomes for placing/not placing a feeding tube? Of removing/not removing the tube? Of feeding/refusing a patient their desired diet? Of a patient’s decision to stop eating and drinking voluntarily?
Deontology: Organizational, professional and societal rules and policies; obligations to patients and families, colleagues, organizations, professions; laws
Relational Ethics: Emotional connection of caring for another human; consideration of the implications of various options for patient-provider and provider-colleague relationships

Decision-Making Processes

Frameworks can be helpful. Consider applying your organization’s or region’s ethical decision-making framework to the situation, or use the Manitoba Provincial Health Ethics Network’s framework, found at http://www.mb-phen.ca/er-frameworks.html

Pay special attention to the clinical components of the situation. The following considerations are based on the Four Topics method (Jonsen, Seigler & Winslade, 2010), which is embedded in many decision-making frameworks.

Medical Indications
What is the patient’s condition? Goals of treatment? Will this be effective in achieving these goals?

Patient Preferences
What does the patient want? Are they competent to make their own decisions? Is there a substitute decision maker? Is the decision informed?

Quality of Life
What are the patient’s views on quality of life? Would this procedure contribute to an improvement according to the patient, or would it reduce quality of life?

Contextual Features
Are there legal, religious, family, institutional, economic or other factors to consider?

Often, feeding and swallowing issues are about the conflict between respecting an individual’s autonomous choices, and supporting their safety.

For more information, see the reference list on page 4.
Ethics Issue Quick Reference: Feeding and Swallowing

Questions for Exploring the Issue

1. What is the nature of the issue?
2. What values are in conflict?
3. How can the conflicting values be weighed or balanced?
4. Are there clinical practice guidelines that might help facilitate a discussion?
5. Are there organizational policies or professional codes of ethics that could provide some guidance on the conflict?
6. What are the available options?
7. What supports are in place for facilitating each option?
8. What are the ramifications of each option?
9. Is it compliant with an organizational mission, vision, values, policies, etc.?

Literature Scan

The following is a brief list of resources that may be helpful in considering this issue. It is not an exhaustive list, but identifies some helpful sources discussing the major components of the issue.


