Correspondence

Percutaneous endoscopic gastrostomies

Sir,

We read with interest, the editorial ‘Percutaneous endoscopic gastrostomies: are they being done for the right reasons?’ (QJM 1997; 90: ). In the palliative care setting, it is evident that, in some cases, problems can arise from gastrostomy feeding. Occasionally, terminally ill patients and their relatives regard their feeding tube as a ‘lifeline’, reinforcing their denial of progressive disease. This can lead to great distress as the patient reaches the last weeks of life. Furthermore, artificial feeding can prolong poor-quality life.

In both the US and Italy, published figures demonstrate a marked increase in the use of enteral and parenteral nutritional support in patients with cancer.¹² Malignancy is now the largest single diagnosis of patients starting home parenteral and enteral nutrition in the United States.¹ There is a similar, if less dramatic, trend in the UK. It is certainly appropriate to review the use of gastrostomy feeding in this cohort of patients.

The decision to use nutritional support in any patient needs to be made on an individual basis, with the involvement of patient and relatives, as far as possible. The decision is often difficult, but in patients with cancer, it may be helpful to consider the following. (i) With the exception of patients with head and neck malignancy, there is little evidence to suggest that aggressive nutritional support in cancer patients confers physical benefit.³ Use of enteral feeding to manage anorexia, weight loss or cachexia is therefore unlikely to be helpful. (ii) The use of enteral feeding to palliate dysphagia may not be appropriate if the patient is not hungry. (iii) Anxiety related to anorexia/weight loss is a problem for some patients, but often a source of greater distress for relatives (and possibly staff). This anxiety usually responds well to explanation and discussion.⁴ Pressure for nutritional support from a distressed patient, family or staff members should be addressed initially with consultation. In many cases, it is neither necessary nor appropriate to progress to artificial nutritional support.

There are ethical issues to be considered every time a patient is assessed for enteral feeding. At present, there is minimal information available addressing the effect of aggressive nutritional support on the patient’s quality of life. This is an area requiring further investigation. The goals of nutritional support must be clearly defined before a decision is reached. It is essential that the medium and long-term consequences of gastrostomy feeding are considered by those who insert the feeding tubes, taking into account potential physical and psychological effects.

C. Hawkins
Dept of Palliative Medicine
Bristol Oncology Centre
Bristol

Y. Yiannakou
Dept of Gastroenterology
Llandough Hospital
Penarth

References