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I've spent most of today in court watching an urgent application before Mrs Justice Judd concerning a feeding tube for a woman (P) in her 70s with Lewy Body dementia. She's in hospital following admission in November last year with biliary sepsis + delirium.

She's had a rough time in hospital. Pneumonia, surgery for gallstones + Covid for which she needed oxygen. All this combined to mean she can't swallow + nasogastric tube is now dislodged. Trust don't think replacement replacing it is in her best interests.

Family disagree. Describe P's good quality of life - loved, cared for, supported, communicating with family + doing Times crossword up until a few weeks before hospital admission. Family says this is not "severe" dementia + treatment should not be withdrawn

Trust doctors diagnose "severe" dementia and cite NICE Guidelines that tube feeding should not be used for people with "severe" dementia:

<https://www.nice.org.uk/guidance/ng97/resources/enteral-tube-feeding-for-people-living-with-severe-dementia-patient-decision-aid-pdf-4852697007>

Trust application is to discharge P home (which family agree with) but to discontinue subcutaneous fluids and not reinsert the NG tube but pursue palliative treatment. Family wants temporary NG then PEG or RIG and discharge home.

Official Solicitor finds situation challenging and is "torn" - invokes sanctity of life + chance that Trust may not be right about "severe" dementia. It may be that current presentation is heavily influenced by what she's been through (covid, etc) + some recovery possible.

Official Solicitor has suggested "maintaining the status quo" and instructing an independent expert. (Treating clinician was witness in court - and cross-examined vigorously; her view that dementia is 'severe' is also that of another geriatrician + the entire treating team).

How are P's views taken into account? Daughter spoke movingly about her mum's zest for life. Crucially though, P has appointed her husband as her Health and Welfare Attorney to make decisions for her (including about life-sustaining treatment).





Decision of Attorney must be in P's best interests (which is what's under dispute here).

But OS made strong argument that P chose husband as person she wanted to make decisions for her - in expectation that would be respected.

His decision must weigh heavily in BI decision.

I find this a compelling argument.

I'd want my own Health+Welfare Attorney's decisions to weigh very heavily in any BI decision about me made by court.

In my opinion, if option of continuing CANH is on the table (and it is) then husband/attorney view should prevail.

Though it's complicated because due to covid the family has had limited access to P and may not fully appreciate how she is now. They undoubtedly need more information + support.

Judgment will be handed down tomorrow.

Judgment just handed down.

Nutrition + hydration to be reintroduced ASAP initially via NG tube, then via a PEG or RIG (also antibiotics as necessary).

Judge says she "has a question in my mind about the diagnosis of 'severe' dementia" + family view "seems reasonable".

Judge said she "placed considerable weight" on the fact that P had appointed her husband as Health+Welfare Attorney and that he "firmly wishes" her to receive clinically assisted nutrition + hydration and to have a chance at recovery.

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