The EthicsLab Essentials provides a core curriculum designed to enrich ethics committee members through a podcast and website format. A podcast format was chosen due to its easy accessibility and learning schedule flexibility for the listener.

**Episode: Feeding Tubes – Are Things What They Seem?**

**Description:**
Feeding tubes at the end-of-life is an ethical topic often fraught with emotion because of our moral obligations to provide patients with the primary necessities of life – food and water. However, there are numerous misperceptions about the efficacy of feeding tubes at the end-of-life that entail complex discussions with patients, families, and surrogate decision-makers. Our lead contributor in this episode Alan Sanders, Vice President of Ethics Integration & Strategy at Trinity Health, Newtown Square, PA, is in conversation with a nationally recognized ethicist and priest, and palliative care and hospice physician, both who explore the complexities and challenges in helping patients and families make decisions about feeding tubes.

**Process:**
Have your ethics team members listen to this podcast prior to your regular ethics committee meeting. Then, at your meeting facilitate a discussion and application of the episode around the following questions.

**Facilitation Questions:**

1. How should clinicians discuss decisions about feeding tubes with patients and family members? What could our Ethics Committee do to provide them with the education and resources they need to in these cases?

2. What tools or resources can the Ethics Committee provide to clinicians and family members who need to help in discussing options? What community education could the Ethics Committee do to help the community understand the clinical realities of feeding tubes at the end-of-life?

3. What are legitimate reasons for removing a feeding tube from a patient at the end-of-life? What reasons are not legitimate? Do you have any guidance regrading the use of feeding tubes as a temporary measure?

4. How might ethics consultations contribute to the needs above? What could we do as an Ethics Committee or Ethics Consultation team to help clinicians in these cases?