LETTER TO THE EDITOR

Percutaneous endoscopic gastrostomy placement in Taiwan

Dear Editor,

We read with great interest the article by Yeh et al. They investigated the decision-making experiences of Taiwanese caregivers on the use of percutaneous endoscopic gastrostomy (PEG) tubes for their family members. Interviews with 26 caregivers who were willing to respond to a phone call invitation were analyzed. Two researchers independently examined the transcripts of the interviews and generated five themes reflecting participants’ experiences: awareness of suffering, awareness of options, uncertainty, opportunity, and contentment with the decision. They concluded that caregivers’ decisions were mediated by the desire to relieve the patient’s suffering provided there was enough information on PEG tubes to support decision-making for gastrostomy tube placement. Although their findings provide important information in this area of active investigation, several issues deserve further discussion.

First, because the caregivers in this study were selected from a purposive sample, the enrolled caregivers had some specific features that may be different from most caregivers. For example, the caregivers needed to respond to a phone call invitation, which means that the study had excluded the caregivers who do not have a phone, do not wish to be surveyed, or do not answer telephone surveyors. In addition, the selected caregivers were predominately female, the selected patients with PEG tubes were predominately male, and all patients had experienced nasogastric tubes (NGTs) before PEG tube placement. Therefore, the decision-making experiences of male caregivers, female patients, and the reasons of those who deferred PEG placement were not available in this study.

Second, although PEG tube placement is the preferential route for enteral nutritional support with less complications than NGTs, the indications for PEG tube placement remain unclear. Moreover, several studies reported a high 30-day mortality rate after placement of a PEG tube. Therefore, it is critical to find clinical variables that may affect the decision-making and identify the patients that may benefit most from the procedure. Of note, this study provided useful information from the viewpoints of caregivers and the patients themselves that may help in both decision-making and the development of indications for PEG placement. However, it will be informative to know the improvement of a patient’s physical and psychological condition after PEG tube placement.

Finally, because this study is limited by its small sample size and qualitative method, future studies including transforming the five qualitative themes into quantitative scales or indexes, and verifying these quantitative indexes in a larger study population, are warranted.

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References


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