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Legal & Ethical Implications for Dysphagia Management

- Patient rights
- Dysphagia Management: Modified diets
- Informed consent

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Patient Rights

- Valid consent must be obtained for medical procedures/treatment
- Consent must be:
 - Informed
 - Voluntary

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Modified Diets

- The most frequently utilized intervention for SLPs managing dysphagia (O’Keeffe, 2018).
 - Thickened liquids are ordered for up to ¼ of all long-term care residents.
 - 30-45% of residents in rehabilitation facilities receive modified diet textures.

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(Castellanos et al., 2004; Keller et al. 2012)

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Voluntary & Informed Consent

- Voluntary
 - Patients must understand that they will direct their care and ultimately make the decision

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Informed and Voluntary Consent

- Informed
 - Patients/families do NOT need to become experts
 - Information must be presented in a way that an individual can understand
 - Information must be accurate and balanced—discussing all relevant outcomes

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Can SLPs Provide Accurate & Balanced Information to Patients?

- Every medical condition carries risks associated with **treatment** or **non-treatment**
- For dysphagia:
 - **Non-treatment** risks include – malnutrition, dehydration, asphyxiation, chest infection
 - What about risks of **treatment**?

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Known Complications of Modified Diets

- **Malnutrition**
 - Dehydration, poor recovery from illness, debilitation, prone to infections
- **Dehydration**
 - Renal failure, constipation, UTI, impaired mental status, respiratory infection, hypotension, delirium, poor recovery from illness, fever
- **Interfere with medication absorption**
- **Slowed digestion/delayed gastric emptying**
- **Increase economic cost**
- **Significantly reduced quality of life**
 - Patient descriptions: **“vile”** & **“awful”**

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(Begum, 2010; Cichero, 2013; Mukand, 2003; Nadel, 1980; O’Keeffe, 2018; Swann et al., 2015; Wotton, 2008)

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SLP Knowledge of Treatment Risks

- Survey of clinical practice patterns related to the known risks associated with modified diets and thickened liquids
- Practicing SLPs
 - $n = 326$
 - March 2022 – April 2022

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Results

- Percent of SLPs who recommend altered diets
 - Altered texture diets: **96%**
 - Thickened liquids: **93.5%**

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Results

- Percentage of SLPs who received training in the relationship between malnutrition/dehydration and dysphagia
 - Received formal training: **75%**
 - Had not receive formal training: **25%**

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Results

- Over 90% of clinicians stated that they “very frequently” or “almost always” weighed the risks of **thickening liquids** prior to recommending them.
- 86% of clinicians stated that they “very frequently” or “almost always” weighed the risks of **altering diet textures** prior to recommending them.

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Results

- Participants were given a list of possible side effects for modified texture diets and thickened liquids.
 - They were asked to select any and all side effect(s) they knew to be associated with modified diet textures and thickened liquids.

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Known Complications of Modified Diet Textures

- Malnutrition
- Dehydration
- Poor recovery from illness
- Decreased quality of life

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Known Complications of Thickened Liquids

- Dehydration
- Respiratory infection
- Poor recovery from illness
- Constipation
- Urinary tract infection
- Slow digestion
- Ability to interfere with medication absorption
- Constant feeling of thirst
- Decreased quality of life

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Scoring the Results

- 253 respondents answered both questions
 - ($n = 253$, $M = 6.72$, $SD = 4.41$)
- Greater than one in five clinicians ($n = 55$; 21.7%) were **unable to select even a single known consequence** associated with modified texture diets

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Scoring the Results

- Despite being described as **'vile'** and **'awful'** by patients:
 - "Decreased quality of life" due to thickening liquids was selected by **fewer than half** of clinicians surveyed ($n = 118$; 46.6%)
- Only 16/253 respondents (6.3%) were able to **correctly identify all 13** risks listed in this survey.

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Training?

- Scores between SLPs who had received formal training in the relationship between dysphagia and malnutrition/dehydration were not significantly different.
 - Training: $n = 177$, $M = 7.21$, $SD = 4.20$
 - No training: $n = 59$, $M = 6.97$, $SD = 4.30$

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Revisiting Informed and Voluntary Consent

- Informed
 - Patients/families do NOT need to become experts
 - Information must be presented in a way that an individual can understand
 - Information must be *accurate* and *balanced*—
discussing all relevant outcomes

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Discussion

- 94% of clinicians reported using thickened liquids and modified diet textures
- >86% of clinicians reported informing the patient of the risks associated with modified diet textures
- 6.3% of clinicians could accurately identify all of the risks associated with altered diets and thickened liquids

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Informed Consent

- Are we informing the patient/family of the risks associated with altered diets and thickened liquids?
- Are we capable of fully informing our patients?

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Questions?

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