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## Case Study – Moral Authority: Is the Feeding Tube Necessary?



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Bioethics case study on regarding moral authority.

Medical ethics is always a challenging and complicated field. The very nature of the work is to provide assistance and support in the most difficult situations and to offer guidance on the most ethically supported path forward.

It carries enormous responsibilities, mainly through the idea of *moral authority*—being viewed as an example of morality, someone who is believed and respected simply because of who they are. In my experience, it is always best to prioritize compassion, humility, and empathy over everything else.

My ability to connect with people on a personal level has been the key to resolving many clinical situations—more so than my knowledge of philosophy, ethics, or rational argument.

For example, we had a patient in her early 80s. She was unresponsive and dying of breast cancer. She had lost the ability to swallow and was no longer able to take food orally.

She had two children—a son and a daughter. The son believed she should have a feeding tube, a PEG tube, surgically placed. The daughter disagreed, saying this was not something their mother would want, and that she would prefer a more comfortable, natural passing.

So there was disagreement. I was asked to assist as an ethicist.

As I worked with the family, I had discussions with the son and began to sense that his concerns weren't purely medical—they were deeply personal. I asked him, "Why do you want your mother to have a feeding tube?"

That question changed the conversation.

He said he didn't want his mother to be hungry. Even though he knew she wouldn't have wanted the tube, he was afraid she might be suffering from hunger as she was dying.

We talked about the dying process and how patients at that stage are unlikely to experience hunger. I explained that we have medications and other ways to ensure comfort and prevent suffering. She would not feel hunger as she passed.

He then became fully supportive of the comfort-focused plan. Everything proceeded peacefully.

It was that personal connection—not the medical facts or philosophical arguments—that changed the outcome of the situation.

Questions:

How could this patient's situation have been improved earlier by using a compassionate approach?

How did humility, rather than authority, shift the dynamic?

Did this family need a moral authority, or simply a supportive presence?

As ethicists, we fill all of these roles. Sometimes we are deep-thinking philosophers. Other times, we are compassionate and supportive guides. Sometimes families want us to be the one responsible—to make the hard decision. Other times, they need us to give them permission to do what they already believe is right.

It is a challenging field, but also an extremely rewarding one.