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# Nutrition Nuggets

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## Artificial Hydration and Nutrition

### *Key Points for Decision Making*

When the diagnosis of a life-limiting illness has been made, it is necessary to consider the treatment options and the possibility that artificial hydration and/or nutrition will increase the quality of life. Often this can improve a patient's comfort who is not able to take foods by mouth. However, at end-of-life, the individual's body begins to shut down because of the disease and dying process, not as a result of the absence of food and water.



At this time, most patients will either be unable to take food and fluids by mouth or will refuse food and drink. Most actively dying patients do not experience hunger. Thirst may be an issue, but drinking usually does not relieve symptoms of dry mouth.

Artificial nutrition and hydration often contributes only more discomfort to a dying person. Tube feeding is associated with a high incidence of aspiration pneumonia and no improvement in survival has been found in patients with advanced, irreversible illness.

Evidence exists that avoiding artificial nutrition and hydration contributes to a more comfortable death. Patients who refuse food and drink soon enter a state of ketoacidosis that further reduces hunger, while increasing endorphins provide comfort and a form of anesthesia.

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### Special Points of Interest:

- Artificial hydration and nutrition may lead to increased discomfort for the patient.
- Death does not require nourishment.
- The Hospice philosophy does not support the force-feeding of patients.

## *Is Artificial Nutrition and Hydration Appropriate?*

The decision on whether to give artificial hydration and nutrition to a patient will involve several factors, including:

1. The medical condition of the patient. Short-term use of IVs or feeding tubes may briefly prolong life, but reduce its quality.
2. The patient's comfort. People react differently to artificial hydration and nutrition. Some feel better with this provided as they near the end of their life. For others, the fluids received through tubes can build up in the extremities, lungs, or stomach and result in increased discomfort.
3. Personal beliefs about artificial hydration and nutrition at the end of life. Two views favoring artificial hydration and nutrition are most widely held. They are: a) The belief that either or both will improve the quality of remaining life and, b) The belief that these are basic human needs and should be provided, regardless of the circumstances.

Medical professionals can help the patient and family members understand the risks and benefits of artificial nutrition and hydration. Addressing the issue raised in 3b, health care providers may explain that food and water are basic human needs for life, but in the state of tissue breakdown that precedes death, these can be deterrents to the patient's comfort as his or her body is losing its ability to digest and utilize nourishment.

We must keep in mind that death does not require nourishment. The philosophy of hospice is opposed to the force-feeding of patients who are terminally ill. They are encouraged to eat whatever they desire and are able to tolerate. The patients' comfort and pleasure are the primary concerns.



### *For Further Information:*

Artificial Hydration and Nutrition. (2008). FamilyDoctor.org. [On-line] Available: <http://familydoctor.org/online/famdocen/home/pat-advocacy/endoflife/629.html>

Some Facts About Artificial Nutrition and Hydration. (2008). Huntington's Disease Support Information. [On-line] Available: <http://endoflifecare.tripod.com/Caregiving/id90.html>

Artificial Nutrition and Hydration: Beneficial or Harmful. (2008). American Hospice Foundation. [On-line] Available: [http://www.americanhospice.org/index.php?option=com\\_content&task=view&id=48&Itemid=8](http://www.americanhospice.org/index.php?option=com_content&task=view&id=48&Itemid=8)