Certificate in Integrative Palliative Care – 3

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Week-09

Lecture 73: Nutrition During End of Life

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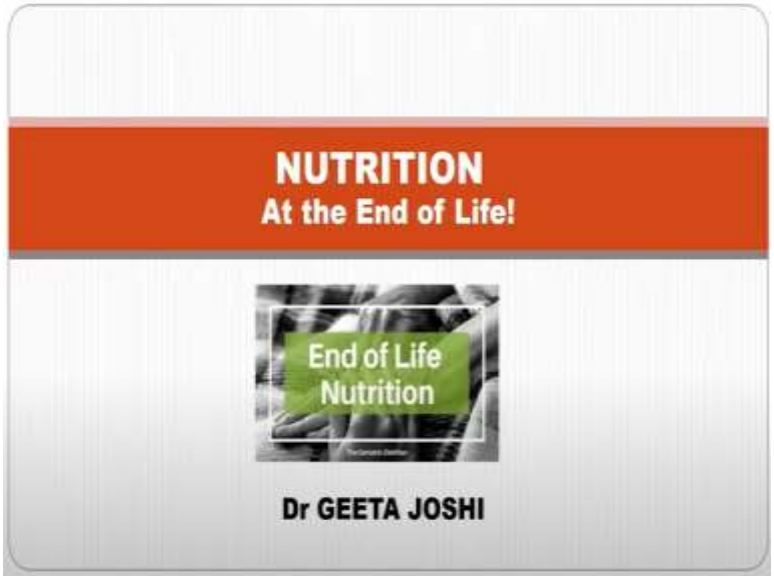

Namaskar. Today we will talk and discuss about a very confusing but very important topic. Nutrition at the end of life. At this stage, generally the caretakers, the attendants are not very sure about whether the focus should be on health, nutritive foods or any food which can give comfort to the patient or his favorite food. What to decide? How to decide? When to decide? We will discuss all this in today's session.

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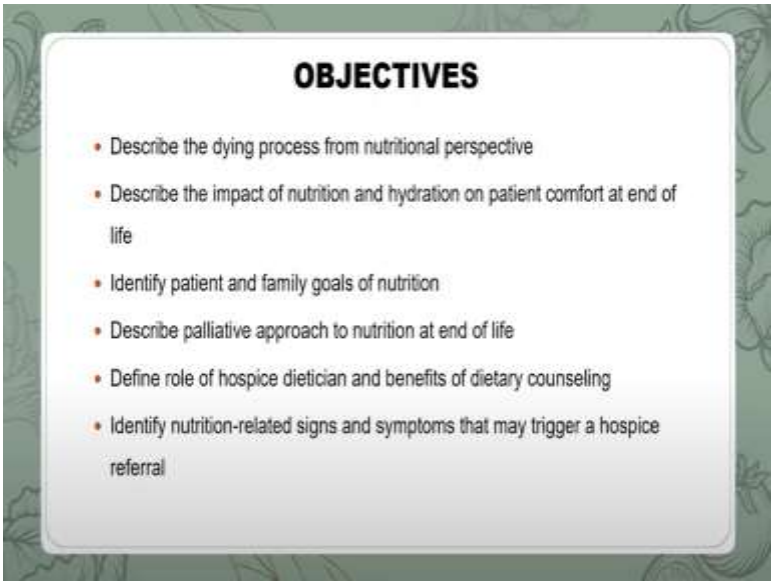

The objectives for this session will be describe the dying process from nutritional perspective, describe the impact of nutrition and hydration on patient comfort at the end of life, identify the goals of nutrition for the patient and their family, describe palliative approach to nutrition at the end of life, define role of a hospice dietitian and benefits of dietary counseling, Identify nutrition-related signs and symptoms that may trigger a hospice referral.

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Nutrition at the end of life. From the very beginning of life, we are taught that food is love and provides comfort. It is a feeling of connection and bonding. For example, when a mother is nursing her child and breastfeeding, it forms a very emotional bond between mother and the child.

Socialization. If there is a birthday, any marriage, any function, any festival, So food is like a comfort and it is a very important part of the celebration. Significant events, weddings, anniversaries, this also brings it with itself a lot of food which can be different from culture to culture. It is a medium of making a bond between our culture and the individuals. Family activities, it is another form of showing care, concern and support for the others.

But what happens when a loved one's need for food changes actually?

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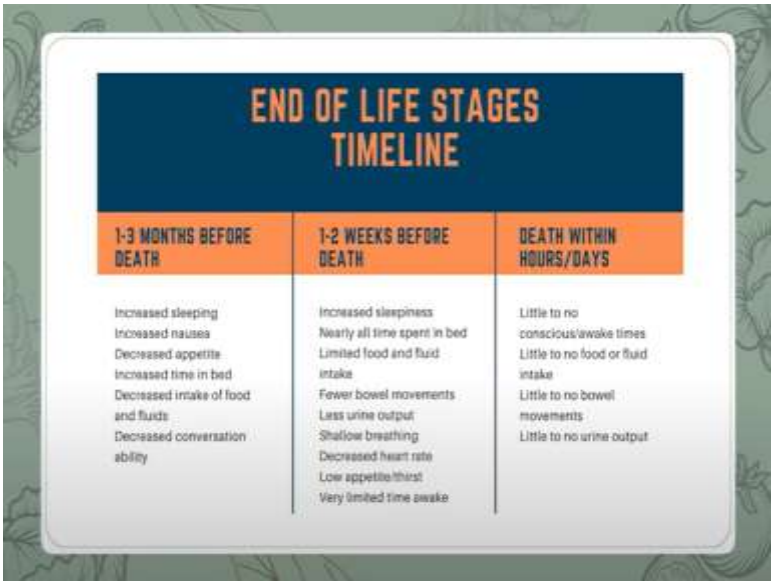

How do we define the end of life stages? What is the timeline? Let's discuss one to three months before death. So what are the issues encountered by the patients? There could be increased sleeping, increased nausea, decrease in the appetite, increased time in bed, the patient does not feel energetic and does not want to come out of the bed. There is decreased intake of food and fluids and decreased ability to converse with the friends or families. One to two weeks just before death. Increased sleepiness.

Nearly most of the time spent in bed. Very limited food and fluid intake. Fewer bowel movements. Less urine output. Shallow breathing.

Decreased heart rate. Low appetite or thirst. Very limited awake time. Death within hours or days. There is very little consciousness.

Little or no food or fluid intake, little or no bowel movements, little or no urine output.

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Loss of appetite is a very common sign and symptom which is encountered by these patients. They always will say that I am not able to eat this food. If possible, the family members can try and sit beside the patient to give them a homely environment that might increase the chance the patient can eat his or her favourite food.

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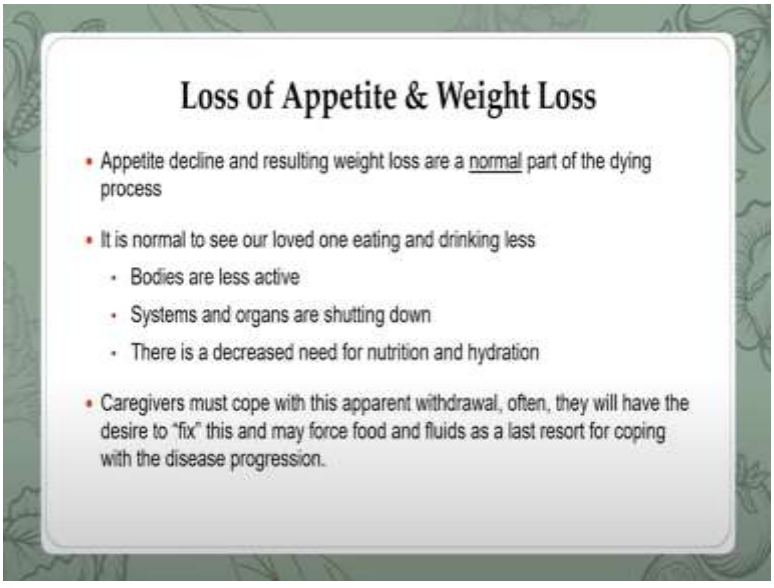

How to deal with this? Appetite declines and results in weight loss.

These are a normal part of the dying process. It is normal to see a loved one eating and drinking less. The bodies become less active. The system and the organs are shutting down. There is a decreased need for nutrition and hydration.

Caregivers must cope up with this apparent withdrawal. Often they will have the desire to fix this and may force food and fluids as a last resort for coping with the disease progression. But sometimes acceptance is the key.

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What happens if we try and forcibly feed the patient? The patient can have uncomfortable side effects through giving excessive food and fluids. They can feel bloated, nauseous or swollen.

Diarrhea caused by delayed GI function, regurgitation and heartburn, coughing, vomiting, choking can be another side effects. Excessive fluids may pool in the lungs causing shortness of breath and there are chances it will be difficult for the patient to breathe also. The best guide in assessing a loved one's food and fluid need is recognizing their comfort level and honoring their choices.

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We will now discuss what are the nutrition and feeding goals in such a stage.

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What should be the nutrition and feeding goals? Maximum nutrition through oral feedings, Decrease food-related discomfort.

Increase the food enjoyment. Create a positive and calm feeding environment. Feed slowly, small portions. Serve favorite food items. Offer soft and safe to eat foods.

Few examples can be ice cream, puddings, jellies, applesauce, etc. Now one question is

there that is alcohol acceptable when a loved one asks for it? Actually it depends on the situation.

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Palliative approach to feeding. Often patients will experience symptoms of dysphagia or the inability to swallow food or fluids properly and may cause choking, coughing or even aspiration. Palliative measures provide comfort as well as choking, coughing, episode prevention.

The diet can be altered in terms of consistency and thickness. The feeding techniques can be changed, proper positioning during the meal times and the patient should be given ample time to eat or drink his meal.

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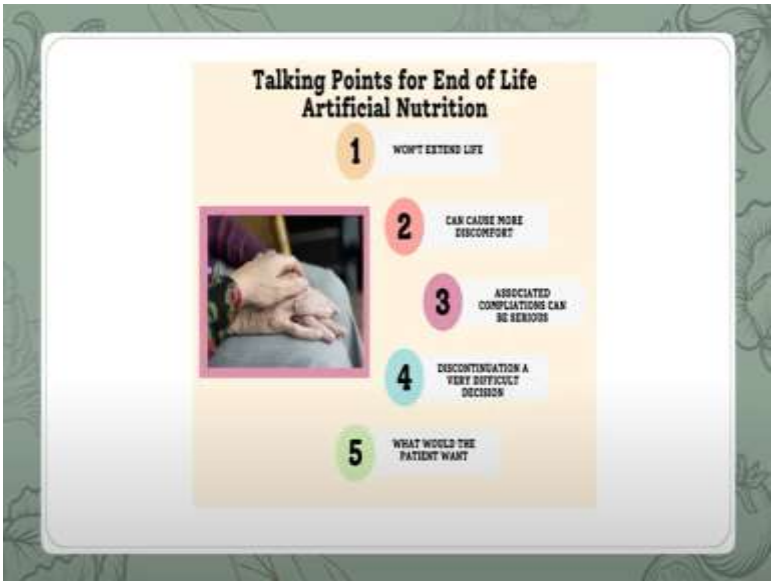

Talking points for end of life artificial nutrition. Now there are certain approaches where artificial nutrition either through tube feed should be promoted or not in such stages. We have to know that artificial nutrition won't extend the life time for the patient.

It can actually cause more discomfort. There can be associated complications which can be serious. Discontinuation is actually a very difficult decision because generally the attendants, the caregivers, the family members believe that till the time the nutrition is being given to the patient, there are chances of survival. What would the patient want? There are chances the patient might not want to go through an artificial method of nutrition and would like to continue with his or her favorite foods, although in a moderate quantity. Initiation of artificial nutrition.

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There is no convincing evidence that tube feedings prolong life, provide comfort, improve function or prevent complications at this stage of the life. Feeding tubes are usually contraindicated for hospice care. However, they can be used as a comfort measure when it's the only form of nutrition. The patient must be in a skilled nursing facility to have a registered nurse 24 by 7 for tube feeding management. The cleaning of the tube, how to prepare tube feed, how to administer tube feed are important inclinations where a nurse should be there.

Feeding tube placement may increase patient suffering. There could be leakage in the tube. There could be complications like GERD, constipation, diarrhea, bloating, even aspiration. These in combination will be decreasing the quality of life and comfort for the patient.

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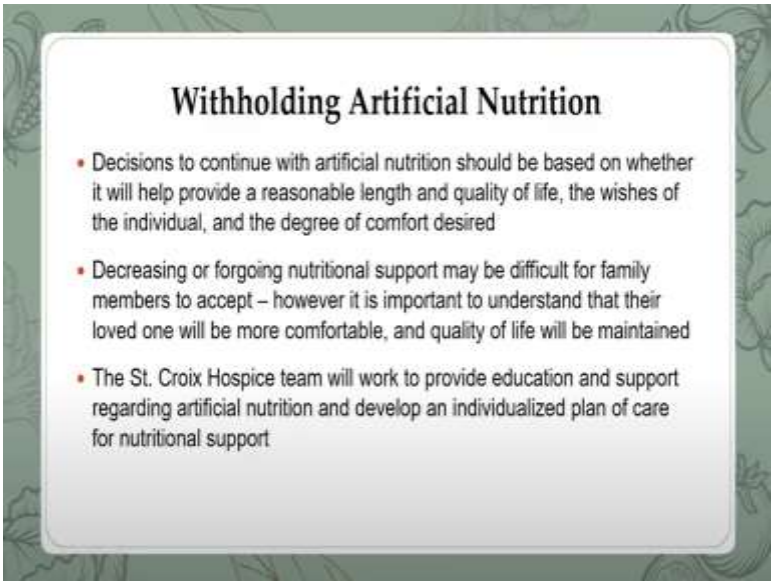

Withholding artificial nutrition.

Decisions to continue with this form of nutrition should be based on whether it will help provide a reasonable length and quality of life, the wishes of the individual and the degree of comfort which is desired. Decreasing or foregoing nutritional support may be difficult for family members to accept. However, it is important to understand that their loved one will be more comfortable and quality of life will be maintained. In palliative care, maintenance of quality of life is the most important goal.

The St. Croix Hospice team generally works to provide education and support regarding artificial nutrition and develop an individualized plan of care for nutritional support. To initiate or discontinue artificial feeding should be in consultation with an expert in healthcare.

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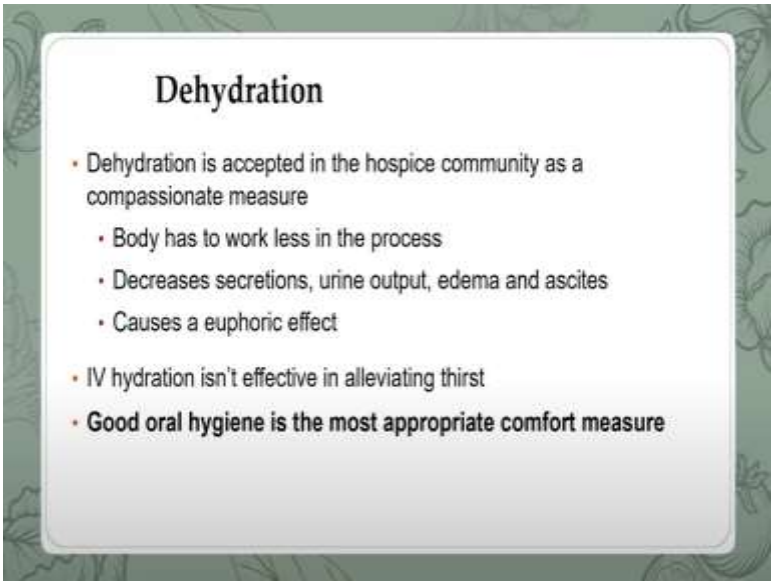

Dehydration. Dehydration is accepted in the hospice community as a compassionate measure. The body has to work less in the process.

It decreases the secretions, urine output, edema and ascites. It actually causes a euphoric effect. IV hydration is not effective in alleviating thirst. Good oral hygiene is actually more appropriate comfort measure.

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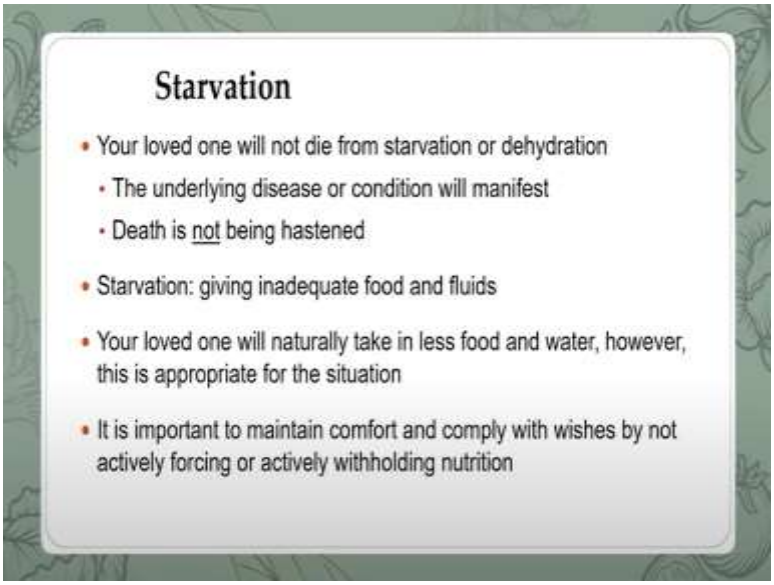

Starvation. Your loved one will not die from starvation or dehydration. The underlying disease or condition will manifest. Death is not being hastened. Starvation.

Giving inadequate food and fluids. Your loved one will naturally take in less food and water because they generally do not have that much energy. They do not want to have. However, this is appropriate for the situation. Forceful feeding should not be encouraged. It is important to maintain comfort and comply with wishes by not actively forcing or actively withholding the nutrition.

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When to go for a nutritional consultation? The registered dietitian can provide individualized consultations and educational sessions to provide a specific nutritional plan of care for the patient.

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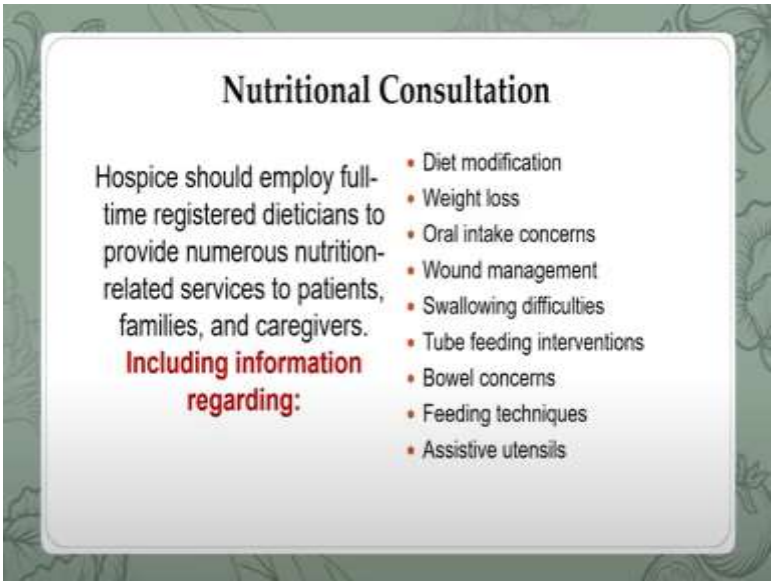

Hospice should employ full-time registered dietitians to provide numerous nutrition-related services to the patient, families and their caregivers. This includes information regarding diet modification, weight loss, concerns pertaining to oral intake of food, wound management, swallowing difficulties, tube feeding interventions, bowel concerns, feeding techniques or assistive utensils.

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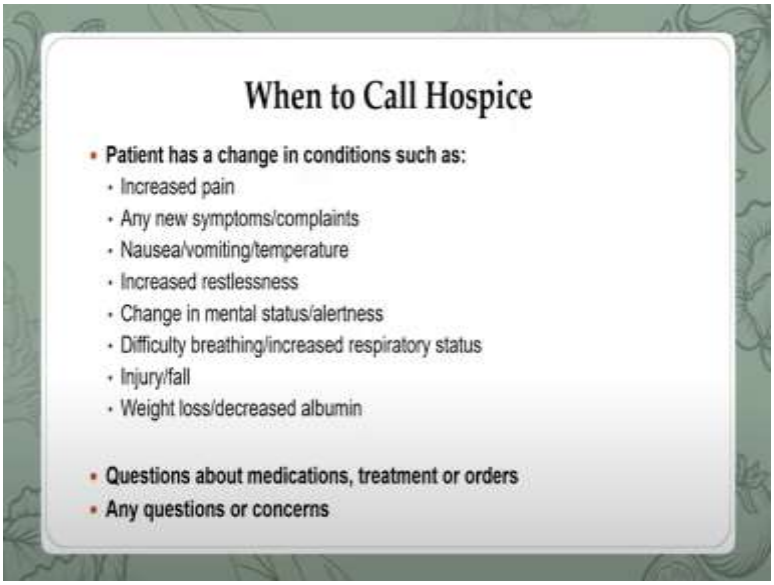

When to call a hospice? Patients has a change in condition such as increased pain, any new symptoms or complaints, nausea, vomiting, temperature, increased restlessness, change in mental status or alertness, difficulty in breathing, increased respiratory status,

injury or a fall, weight loss or a decreased albumin level. Questions about medication, treatment or orders should be discussed with the associated doctor.

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We need to understand that hospice is not the fast track to the end of the race. It is actually simply choosing a smoother ride for the journey. At this stage, at the end of life, the attendants, the family members, the caregivers, I agree it is very hard to accept, but accepting makes the truth easier. Thank you so much.