



NUTRITION AND HYDRATION IN THE LAST DAYS OF LIFE

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AIMS

- Consider what we know about how the body handles nutrition and hydration in final days
- Review relevant clinical guidelines
- Discuss case studies outlining different scenarios

WHAT EFFECT DOES NUTRITION AND HYDRATION IN THE FINAL DAYS OF LIFE HAVE ON THE BODY

- Stopping eating and drinking is a natural part of the dying process but one that can cause significant distress to the dying person and those close to them
- The physiology of the dying body is not well understood and we don't have any specific evidence about what exactly causes the dying person to stop eating and drinking.
- As the body is in the process of shutting down part of this will be the normal biochemical processes that drive and regulate metabolism stop working which probably means the dying body does not effectively utilise nutrition in particular

WHAT EFFECT DOES NUTRITION AND HYDRATION IN THE FINAL DAYS OF LIFE HAVE ON THE BODY

- What limited evidence there is about clinically assisted hydration in the dying person is this can possibly help with some symptoms related to dehydration such as myoclonus, nausea and sedation
- However there is also the potential risk of side effects related to fluid overload although the lack of evidence means it is very difficult to say how common or significant these side effects are
- In patients not yet in their final days but deteriorating as a result of a life limiting condition who are struggling to eat and drink the clinical question you are asking yourself can be distilled to 'Is this person dying because they are unable to eat and drink or have they stopped eating and drinking because they are dying?'

NUTRITION AND HYDRATION – CARE OR TREATMENT?

- This question can feel very emotive as an integral part of caring for someone is to make sure they have enough to eat and drink
- Supporting a person to eat and drink as far as possible and safe (including mouthcare) is an integral part of care that should never be stopped
- Nutrition and hydration being given via any means other than by mouth is considered a medical treatment

CLINICAL GUIDELINES

- NICE Care of the Dying Adult 2015
 - Support the dying person with sips of fluids is possible and wished for
 - Regular mouthcare
 - Consider and discuss risk and benefits of clinically assisted hydration
 - Individualised assessments not blanket policies
 - Daily review of hydration status in the dying person

CLINICAL GUIDELINES

- Palliative Use of Hydration in the Dying Patient 2017
 - Support with sips of fluid where possible
 - Regular mouth care
 - Decisions about clinically assisted hydration should be made on a case by case basis weighing the risks and benefits

LEGAL AND ETHICAL CONSIDERATIONS

- Mental capacity of the dying person and best interest decision making
- Lasting Power of Attorney and Advance Decisions to Refuse Treatment
- Ethical Principles
 - Autonomy
 - Beneficence
 - Non-maleficence
 - Justice

CASE ONE

You are caring for a 60-year-old man who has motor neurone disease and as a result lost his ability to swallow. He had a PEG inserted earlier in his illness which he has been receiving all nutrition and hydration through. As his illness has progressed, he has become very distressed by his increasing dependence on others for all aspects of his daily life. He expressed that he does not wish to be kept alive the way he is and that he would like nutrition and hydration through the PEG to be stopped. Although speech is impaired, he communicates by typing into an iPad and you have no doubts about his capacity to make decisions about his treatment and care.

The patient's family support his decision and agree with the patient that he should remain at home after he stops receiving nutrition and hydration through the PEG for end of life care. You visit a week later during a spell of very hot weather. The patient has significantly deteriorated and is no longer able to communicate. The family express distress that the dying process is taking longer than they and the patient had anticipated and worry that he is distressed by thirst. They ask you if they can start to give him some fluid through the PEG as they feel this will keep him more comfortable.

CASE TWO

You are caring for a 60-year-old lady with metastatic ovarian cancer. She developed a complete bowel obstruction six months ago which was not amenable to surgical intervention and because of a good performance status was started on TPN. She was discharged from hospital with this and reported having a good quality of life and enjoying spending time with her family. She described the TPN to family and healthcare professionals as her 'lifeline'.

The patient's condition has been deteriorating at home for several weeks and you now feel she likely in the last few weeks of life. She is troubled by significant oedema, which is a new problem. The patient and family recognise that the TPN might be contributing to this but express the belief that stopping the TPN will hasten her death, both because she will lack nutrition and hydration but also that it would cause her to give up hope.

IF YOU TAKE AWAY TWO THING...

- Decisions must be individualised to the particular circumstances of the dying person, no one size fits all
- When supporting a dying person where there are challenging clinical or ethical decisions that need to be made about nutrition and hydration there should be an MDT approach