



# NUTRITION AND DYING

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December 4, 2010

# TO FEED OR NOT TO FEED?



- ◉ What does or would the patient want?
- ◉ Will quality of life be improved?
- ◉ Do the possible benefits outweigh the risks and costs?
- ◉ Are there any religious, social, psychological or cultural issues to be considered?
- ◉ Is there an advanced directive?





# TYPES OF NUTRITIONAL SUPPORT

- Natural or artificial
- Solid Food
- Mechanical Soft or Pureed Diet
- Supplemental nutritionals
- Tube Feedings
- Peg Feedings
- Hyperalimentation





# END OF LIFE NUTRITION ISSUES

- ◉ Eating and desiring less solid food is common
- ◉ Many patients prefer soft foods and clear liquids
- ◉ Those with swallowing problems may do better with thicker liquids
- ◉ Terminally ill patients often do not feel much hunger at all and should not be forced to eat
- ◉ Food should be viewed as source of enjoyment
- ◉ Usually can forget all the dietary restrictions

# MORE THOUGHTS



- ◉ Diet restrictions only when truly needed (ie. Some cancers and other diseases affect the abdominal areas and may need soft diets to prevent blockage of bowel)
- ◉ Grandma with her diabetes probably should be able to eat her favorite pumpkin pie



# ADVANTAGES/DISADVANTAGES ENTERAL NUTRITION



- ◉ May improve alertness
- ◉ May provide comfort to family members
- ◉ May decrease nausea
- ◉ May decrease hopelessness and fears of abandonment BUT,
- ◉ May cause diarrhea or constipation
- ◉ May increase nausea
- ◉ Sometimes requires surgery
- ◉ Risks for pneumonia, infection
- ◉ Greater burden on caregiver

# PEG TUBES



- **What is a peg tube?**
- A peg tube---also called a gastrostomy tube (g-tube) or feeding tube---is a device that allows people with poor nutrition to supplement or replace eating
- The tube extends from the inside of the stomach through the abdominal wall to the outside of the body
- The tube must be inserted surgically, but it may be replaced periodically without surgery. Formula is pushed through the tube and into the stomach
- Invasive, surgical procedure

# PEG TUBES



## ◉ Some Possible Complications

- Infections at tube site, especially when the tube is first placed.
- Blockage of the tube, usually due to thick formula or pushing medications through the tube can also occur.
- Sometimes an intolerance to the formula will develop, resulting in diarrhea, nausea, vomiting, and abdominal discomfort.
- Increased acid reflux (aspiration) is another possible complication.
- Uncomfortable and simply undesirable for many patients

# PEG TUBE FEEDINGS



- Studies of PEGs and the elderly with dementia have also made another unwelcome discovery: the 30-day post-PEG mortality rate can be as high as 25-30%
- Patients should not be subjected to a PEG unless they expect to require feeding for greater than 30 days.
- The most frequently given medical reasons for tube feeding demented patients include lowering their risk of pneumonia, relieving hunger and thirst, healing or preventing pressure ulcers and prolonging life. However, recent studies found no evidence that the use of PEGs accomplishes any of this.

# WATER



- Withholding of hydration has to be considered in two parts: First, the withholding of salt water (normal saline) causes no pain and suffering of any kind. It takes weeks or months for significant salt depletion to develop and, when it does, the effect is a gradual drop in blood pressure and eventually a painless death from severe low blood pressure.

# WATER



- ◉ Secondly, concerning withholding of plain water, here is where opponents conjure up images of the '49ers dying of thirst in Death Valley with horrible thirst, swollen tongues and cracked lips. The case is quite different for the comatose, terminally ill patient lying in bed, usually in an air-conditioned environment.



# MORE ON WATER



- The condition of the mouth often depends upon the oral hygiene provided by the nursing staff, not on the state of hydration.
- Thirst, if present, is very subtle and easily treated, where appropriate, with ice chips or sips of water.
- There is no other pain and suffering that occurs.

# LEGAL CASES



- Starting with the case of Karen Ann Quinlan in 1976, the United States courts have spoken loud and clear about the use of life-sustaining treatments and artificial nutrition and hydration. The courts have repeatedly upheld the principle that competent patients may refuse or withdraw any medical treatment, even if that treatment is necessary to sustain life
- More recently Terri Schiavo 2005
- Many in between cases (State Law)

# MEDICAL/LEGAL



- The American Medical Association, a President's Commission and almost every appellate court decision have agreed that artificial nutrition and hydration is a form of medical treatment that may be legally refused.
- Competent patients have the legal right to refuse tube feedings.



# FINAL THOUGHTS



- ◉ To the maximum extent possible, the patient's own values and wishes need to be determined.
- ◉ If the patient is incompetent, doctors should respect any available advance directives, such as a living will, or proxy/surrogate.
- ◉ Friends and family should understand that it is both legal and ethical to withhold artificial nutrition and hydration in cases where the patient has properly refused them

# FINAL THOUGHTS



- ◉ The most appropriate setting for making these difficult, often emotionally wrenching decisions is within the health care team-patient relationship, not in courts of law!
- ◉ Bioethical teams can give great support (include Dietitians, Nurses, Physicians, Clergy, and others as available)
- ◉ Doctors and allied health care providers should be able to discuss the relevant ethical, moral and medical issues with family and patients openly and plainly.

# THE END

- ◉ Questions?
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