

What are other ways I can provide comfort?

Finding other ways to provide comfort is important at this time. Here are some ideas you might find helpful:

- » Share stories and memories.
- » Share a favorite song, poem or reflection.
- » Provide a comforting touch and a caring presence.
- » Pray with the person.

If you have questions about any of these ideas, or if you would like more information or suggestions, please talk with the care team.

REFERENCES:

Dunn, H. (2001). *Hard Choices for Loving People*. Lansdowne, VA: A & A Publishers, Inc.

Caring Connections. (2006). Artificial Nutrition (Food) and Hydration (Fluids) at the End of Life. Retrieved June 8, 2009 from <http://www.caringinfo.org/UserFiles/File/PDFs/ArtificialNutritionAndHydration.pdf>.

Karnes, B. (2008). *Gone from My Sight*. Vancouver, WA: Barbara Karnes Books.

Partnership for Caring. Some Facts About Artificial Nutrition and Hydration. Retrieved June 8, 2009 from <http://endoflifecare.tripod.com/sitebuildercontent/sitebuilderfiles/artificialnutritionandhydrationsomefacts.doc>.

Slosar, J.P. (2009). *Promoting Human Dignity Through Tube Feeding: Finding the Mean**. Supportive Voice, 13, 2, 6-8.

The Catholic Health Association. (2009). *Advance Directives: A Guide to Help You Express Your Health Care Wishes*.

United States Conference of Catholic Bishops (2001.) *Ethical and Religious Directives for Catholic Health Care Services, 4th Edition*.

The CHI Health Mission calls us to give special care to our patients and families at the end of life. Our staff acknowledges the privilege of being with you and your loved one at this holy time.

CARE TEAM CONTACT INFORMATION:



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Nutritional Needs at the End of Life



There are things that we don't want to happen but have to accept, things we don't want to know but have to learn, and people we can't live without, but have to let go.

– Anonymous



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Understanding the body's nutritional needs at end of life

As a person's body begins to slow down during the last stages of their life, nutritional needs change. Some people may become less and less interested in eating or drinking; others may not be able to eat and drink as much as they could before their illness. This is the natural way that the body protects itself from food that it can no longer digest or absorb.

What things will happen as eating and drinking slows down?

The body has a natural way of responding when eating and drinking slows down. The person may:

- » Feel natural pain relief from the body's production of chemicals (called endorphins).
- » Experience decreases in secretions (such as saliva). This can reduce coughing and congestion, and make it easier to breathe
- » Experience decrease in body fluids (such as urine and stool). This can help prevent the skin from breaking down.

All of these reactions are a natural part of the body's dying process. They do not generally cause discomfort. If you have questions about these or other changes, be sure to talk with the care team.

What happens if a person continues to eat and drink more than their body needs?

Sometimes when people eat or drink more than their body needs or can absorb, uncomfortable side effects can occur. Some of these side effects are:

- » Increased pain
- » Nausea and vomiting
- » Bloating and swelling
- » Diarrhea
- » Choking resulting from trouble swallowing

When making decisions about eating and drinking, it is important to consider these side effects. Be aware that the person's body is slowing down because of the disease process and not because the person is eating and drinking less.

What about Medically Assisted Nutrition and Hydration (MANH)?

"Medically Assisted Nutrition and Hydration", or "MANH", is a type of treatment given to a person who may not be able to eat or drink naturally by mouth. This is often called "tube feeding" because the source of MANH can be through a tube in the arm (called an IV) or through a tube in the stomach (called a Percutaneous Endoscopic Gastrostomy or "PEG" tube).

While it may be helpful for someone to receive food and fluids this way in certain situations (such as when they are recovering from surgery or when they are unable to swallow but can still digest their food), MANH may not be the best option for a person whose body is slowing down.

POSSIBLE BENEFITS OF MANH MAY INCLUDE:

- » Better nutritional intake for those who can still digest food but have trouble swallowing.
- » Less sense of hunger or thirst, for those feeling hungry or thirsty.

POSSIBLE RISKS OF MANH MAY INCLUDE:

- » Bloating of the stomach.
- » Swelling, lung congestion and shortness of breath from a build-up in fluids.
- » Stomach cramps and diarrhea because the body cannot digest food as well.

The decision about whether or not to give MANH should be made after weighing the benefits and risks as they relate to the goals of care and the person's current medical condition.

WHAT IF MANH IS ALREADY BEING GIVEN?

As a person's illness or disease progresses, the body's needs and goals of care change. In general, if MANH is already being provided it can be continued as long as the benefits outweigh the risks. If the risks or side effects of MANH begin to outweigh the benefits, it may be time to stop MANH. The person's doctor and care team can talk to you about this.

ARE THERE RELIGIOUS OR CULTURAL BELIEFS TO CONSIDER WHEN MAKING DECISIONS ABOUT MANH?

Some people have questions about religious or cultural beliefs related to decisions about nutrition and hydration. If you have questions such as these, you may wish to talk to someone from the person's faith community, or someone with a similar cultural background as the person, for guidance. An CHI Health Chaplain can help you find resources to answer these questions.

How are a person's wishes, values and beliefs about nutrition and hydration at the end of life honored when they cannot make his or her own decisions?

When people are able, it is important that they be involved in making decisions about their healthcare. This includes decisions about nutrition and hydration at the end of life. Sometimes a person may be too sick or no longer be able to make his or her own healthcare decisions. When this happens, a designated family member or friend (known as a "surrogate") can make decisions on behalf of the person.

It is important for a surrogate to make decisions in a way that reflects what the person would decide. This is how we honor the person's wishes, values and beliefs related to healthcare decisions.

Some people make their wishes known through Advance Directives documents such as Living

Wills and Durable Powers of Attorney for Healthcare. Reviewing these documents may be helpful when making decisions on behalf of the person about MANH. If there are no Advance Directives documents, considering past conversations and the person's wishes, values and beliefs will be helpful.

Are there things I can do to help meet nutritional needs at the end of life?

Though nutritional needs lessen as the body slows down, eating and drinking may still be a source of pleasure and comfort. The suggestions below may be helpful ways to provide this type of support:

- » If the person still would like to eat or drink, offer small bites or sips of favorite foods or drinks.
- » Offer small pieces of canned peaches or pears to chew.
- » Provide opportunities to savor a taste of a favorite food or drink.
- » Offer popsicles or suckers.
- » Offer ice chips, slushes or sips of cool drinks.
- » Swab the person's mouth with favorite liquids and drinks.
- » Moisten the person's lips with Vaseline or lip balm.

Please talk with the care team to see if there are any safety concerns about these options.

