

Artificial Hydration and Nutrition at the End of Life

When a loved one cannot drink or eat, many families worry about his or her comfort and quality of life. Here are some common questions that people have.

What is artificial hydration and nutrition?

This is a medical treatment for people who cannot drink or eat on their own. Hydration (water) and nutrition (food) are put into the body through a tube. The tube goes into the stomach (a feeding tube) or a vein (an IV tube).

- **Into the stomach.** A feeding tube puts water and food into the stomach. The tube goes either through the nose and down the throat, or directly into the stomach through an incision (cut) in the belly. Because the food does not go through the mouth, the patient cannot taste it.
- **Into the vein.** Patients often have an IV tube when they are too sick to drink or eat. For example, IVs may be used after surgery to give the stomach time to heal, or when we expect patients to be able to drink and eat on their own again. At the end of life, though, the goals of care are very different.

What happens as a person dies?

People become less thirsty and hungry at the end of life. Their bodies are slowing down, and they are not able to use water and food in the same way. This is a normal part of the dying process.

You may wonder if you are “starving” your loved one, but dying people rarely feel hungry. If they do, small amounts of food and drink will satisfy this need.

What are the effects of artificial hydration and nutrition at the end of life?

Any time we put an IV or feeding tube into a person’s body, there is a risk of infection, pain, swelling and other problems. For example:

- Fluids can build up in the body, which can cause swelling. This makes it hard to breathe and may make pain worse.
- Loose stools (diarrhea) are common with tube feedings and may cause the skin to break down.
- Nausea (feeling sick to the stomach) is also common.

All of this can cause more suffering, without any gain in quality of life. In fact, dying patients often feel better when the feeding tube is taken out.

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Will a feeding tube or IV prevent aspiration pneumonia?

No. Stomach contents and oral fluids can still get into the lungs. This can lead to fever, coughing, breathing problems and pneumonia. In fact, feeding tubes can increase the risk.

If your loved one gets pneumonia, he or she may need antibiotics (germ-killing medicine) or other treatments. It may be better to feed your loved one solid food by hand, even when there is a risk of food going down the windpipe (aspiration).

Will my loved one feel thirsty?

An IV or feeding tube will not make a dry mouth or dry lips feel any better. Give your loved one ice chips to suck on, or put lip balm on his or her lips.

What about patients with advanced dementia?

People who have dementia (loss of mind and body function) often have problems eating or swallowing. This is a normal part of the disease process. They will not live longer with a feeding tube. If they have a tube, they may need restraints to keep them from pulling the tube out.

When should artificial hydration and nutrition be used?

An IV or feeding tube makes sense when there is a chance that the patient will get better. An IV may help patients who cannot drink water but whose bodies can process water well. A feeding tube may also help patients with AIDS (Acquired Immune Deficiency Syndrome).

Are there any legal or ethical issues?

Artificial nutrition and hydration is a medical treatment. It may be stopped or refused like any other treatment. There is no ethical or legal difference between stopping treatment and not starting it in the first place.

When choosing any treatment, you should balance what may help the patient against what may hurt the patient. Almost all religions and faith communities say it is okay to stop, or not start, this treatment if it will not help the patient.

At the end of life, the body and the physical world become less important to the dying person. He or she focuses more energy on spiritual questions and preparing for death.

Decisions about this treatment may be hard for a patient and family. It helps to know the possible good and harm this treatment may cause. If your loved one has filled out a health care directive or asked someone else to speak for him or her, you may have a good idea of what your loved one's wishes are. Talk to your medical team, faith leader, family and friends as you decide what to do.

Helpful resources

Questions and Answers about Artificial Nutrition and Hydration and End-of-Life Decision Making. To order this booklet, go to <http://www.partnership-forcaring.org> or call 800-989-9455.

Hard Choices for Loving People: CPR, Artificial Feeding, Comfort Care, and the Patient with a Life-Threatening Illness. Fourth edition. Also available in Spanish. To order, go to <http://www.hardchoices.com> or call 703-707-0169.

For more information, ask to speak to a member of the TLC Consult Team at Fairview-University Medical Center, Fairview Southdale Hospital or Fairview Ridges Hospital.