Handout 2: Notes to accompany Nutrition and Hydration Power Point presentation

Decline in Nutrition and Hydration (Slide 1 - 3)

Learning Outcomes

By the end of this unit you will be able to:

- Understand the potential changes in nutrition and hydration when a person is nearing the end of their life
- Describe practical approaches to support people with changes in nutrition and hydration at the end of their life
- Appreciate some of the legal and ethical questions that might arise when providing nutrition and hydration support at the end of life.

It is also essential that you follow the Health Protection Scotland Guidance on COVID -19 relevant to your area of practice [https://www.hps.scot.nhs.uk/](https://www.hps.scot.nhs.uk/)

People who are at the end of their life who have a terminal condition, who are old and have complex health care needs, frailty and/or dementia, often experience changes to the way they eat and drink, including:

- A reduced appetite or altered taste
- Not needing to eat at the same times every day
- Apraxia - problems chewing
- Changes in oral health - a sore or dry mouth
- Difficulty with swallowing
- Unable to eat or drink at the end of their life

What can we do? (Slide 4)

Wanting to eat or drink less is natural, as the body uses less energy. Older people in particular are prone to not feeling thirsty, even as they become dehydrated.

It is important to have a person-centred approach to supporting the person and to provide food and fluids for as long as someone wants them and can safely take them. Some of the following may help:

- Family and friends may support the person to eat and drink.
- Smaller portions may help - offer small meals or snacks throughout the day as these can be easier to manage than big meals.
- If the person uses dentures, make sure that they are being used and they fit comfortably.
- Make sure the person is comfortable – help them to sit as upright as possible in bed or in a chair.
- Assist them with going to the toilet if required as going to the toilet can help someone feel more comfortable before they eat.
- If the person feels thirsty and has problems swallowing, taking small sips, trying different cups, sucking on ice chips or swabbing their mouth might help.
- The person may prefer to eat soft, high-calorie foods such as ice cream and yoghurt.

Last few days of life (Slide 5 and 6)

- Be aware of any swallowing difficulties and refer to a speech and language therapist for assessment if you are concerned. If someone has difficulty swallowing, there is a risk that when they swallow, food and drink does not go into their stomach but ends up in their lungs. This is called aspiration. It can cause choking and if food gets into the lungs it can...
cause pneumonia. This is called aspiration pneumonia and can make people very unwell, and sometimes lead to death.

To identify if someone has swallowing difficulties you need to look for:

- Repeated coughing and/or throat clearing after swallowing food or drink.
- Choking when eating and drinking.
- A wet sounding voice after swallowing.
- A reluctance to eat and drink or not swallowing food and drink.

It is common for people to stop eating and drinking in their last few days of life and it is at this point that the complexities of ethical decision making arise. The decision to use artificial nutrition and hydration needs to be assessed based on;

- the clinical benefit to the person
- consideration of their needs and circumstances
- recognition that they are dying.

Initiating artificial nutrition and hydration will require the person to be admitted to hospital.

**Artificial nutrition and hydration (Slide 7)**

There is a lack of any strong evidence for the benefits of artificial nutrition and hydration in people with terminal illnesses and people with advanced dementia who are nearing the end of their life. The decisions to initiate hydration rests with the multidisciplinary team in discussion with the person and their family and will vary from person to person depending on the estimated risk to benefit balance.

**Impact of artificial nutrition and hydration**

The use of artificial nutrition and hydration is an intervention aimed at reversing a deterioration in a person's condition but can have the opposite effect. It can;

- increase nausea, vomiting
- Increase the risk of oedema (a build-up of fluids) from fluid overload rather than decreasing aspiration pneumonia
- Increase risk of infection, pain, discomfort and distress
- not improve pressure ulcer and wound healing
- not improve likelihood of survival
- not improve nutritional status and weight gain.

Artificial nutrition and hydration are seen by some as interventions in what should be a natural process. They may be easy to initiate but there can be difficulties when the time comes to consider their withdrawal. **All discussions should take place early with families, ensuring they are aware of the risks and benefits of continuing this therapy.**

**Legal and ethical considerations (Slide 8 and 9)**

- This can be an emotive issue for staff as well as for families. Providing food and fluids has great meaning to many people as they often relate this to comfort and nourishment, and to the giving and preserving of life. A person's cultural background can also have a great impact on their values and beliefs regarding food and nutrition and should never be underestimated.
- As a result, some family members may insist on trying to continue to feed the person who is dying, even when it is no longer safe to do so, in the belief that the person is starving to death. They may also insist on artificial nutritional and hydration. In these circumstances it
is important to talk to them about the advantages and disadvantages of giving these. Provide information about how they can help the person through alternative comfort measures, such as regular mouth care, wetting the patient’s lips and using lip balms.

- The person him or herself may choose to specifically request not to receive artificial nutrition or hydration at the end of their life, such as in an advance directive. Some may make this choice at the time, with or without the agreement of their relatives.

- The person’s capacity to give consent to artificial nutrition and hydration should be assessed in line with the Adults with Incapacity (Scotland) Act 2000 and a section 47 completed authorising treatment. If the person has a Welfare Power of Attorney, they can consent on behalf of the person if the powers granted contain the relevant specific authority to make this decision and they provide a copy of the Certificate of Registration issued by the Public Guardian. The Power of Attorney cannot insist on treatment being initiated if it is not believed to be clinically beneficial to the person. If an agreement cannot be reached a second opinion should be sought from the Mental Welfare Commission.

The first course of action would always be to discuss the treatment with the family to support them in understanding the implications and to resolve any disputes.