

“
Allow your loved
one the right to
make choices about
food and liquids.
”



Kansas City Hospice

PEOPLE YOU KNOW. CARE YOU TRUST.

816.363.2600

KCHospice.org

We do not discriminate on the basis of age, race, color, national origin, gender, sexual orientation, disability or religious beliefs.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 816.363.2600.

注意：如果 使用繁體中文， 可以免費獲得語言援助服務。請致電 816.363.2600。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 816.363.2600.

© 2019 Kansas City Hospice & Palliative Care

2110

FAQs

Does dehydration cause suffering?

At the end of life the body can't easily process fluids and in fact excess fluid can cause discomfort.

Does IV fluid prevent "dry mouth?"

Using IV fluids does not prevent dry mouth and may cause fluid overload. Ice chips and drops of water can help. Mouth swabs can help clean and moisten the mouth.

If people don't eat, will they die of starvation?

No. People who stop eating with end-stage disease die of their illness, not a lack of food. They can live months on a few bites of food and sips of fluid a day.

Without food, will they suffer more?

No. When the body no longer needs nutrition, there seems to be a mechanism that turns off the appetite. Hunger and thirst actually decrease.

Does artificial feeding prolong life?

Not necessarily. Artificial feeding may bring complications. You should discuss pros and cons with your physician and hospice team.

Is artificial feeding just like eating?

No. A feeding tube does not provide the pleasures of eating.

Will tube feeding prevent pneumonia for people with trouble swallowing?

No. Sometimes solution travels back up the esophagus and goes into the lungs. This is called aspiration and may cause pneumonia. Also, people can choke on their own secretions.

Can someone who has difficulty swallowing eat safely by mouth?

Yes. Many people who have some difficulty swallowing can handle small amounts, but may be limited to soft or pureed foods and thickened liquids.

Will tube feeding prevent bedsores and other problems of malnutrition?

No. There is no evidence to support this.

Is it legal to let people refuse a feeding tube or IV if they can't eat?

Any person, or their Durable Power of Attorney for Health Care (DPOA), has the ethical and legal right to refuse any treatment. Artificial feeding and intravenous hydration are medical interventions that people may not want and are not required to receive. It's very important to discuss options early in the disease process, well before these decisions might become necessary.

KANSAS CITY HOSPICE®
SAFE PASSAGE SERIES

**Food and
Fluids**
at End of Life



Kansas City Hospice
& PALLIATIVE CARE

“
When the body no longer needs nutrition, there seems to be a mechanism that turns off the appetite. Hunger and thirst actually decrease.
”

NURTURE & NOURISHMENT

Providing food and drink is one way we nurture those we love. But when the body is shutting down, the usual amount of food and fluid is not needed or helpful.

This is a natural process – the body’s way of making sure it takes in only as much as it can handle though it can be distressing to caregivers.

If you offer food and liquids and it’s clear your loved one doesn’t want them, there’s nothing for you to feel bad about. The body will take in a

proper amount of food and fluids for changing needs.

Allow your loved one the right to make choices about food and liquids. Honor their wishes and let them lead the way.

It might be helpful to consider spending time on other rewarding pursuits, such as reading, giving a massage, talking, sharing memories, or simply being a calm and peaceful presence.

ARTIFICIAL NUTRITION

Artificial hydration and nutrition may be beneficial and may include:

IV fluids

TPN (Total Parenteral Nutrition) in a PICC line

Feeding through a stomach tube

In consultation with your physician and hospice team, get a clear understanding of goals and likely outcomes before considering options. Risks and potential side effects should be weighed against expected benefits.

Each person’s wishes should be honored. If your loved one is unable to speak, their wishes may have been documented in an advance directive.

WHY DOES THIS HAPPEN?

People may lose appetite or ability to eat and drink for a number of reasons:

Eating, chewing and digesting food may take too much energy.

As systems slow down, the body is less able to process food and fluids. Eating or drinking may even cause discomfort, swelling, congestion, nausea, diarrhea or infections.

Activity levels slow and some people are asleep more than awake so the body doesn’t require the same nutrition.

There may be difficulty swallowing or a blockage to the stomach.

Some treatments affect appetite and the taste of food.

Mouth sores or poorly fitted dentures can make eating difficult.

TO ENCOURAGE INTAKE

Offer small portions of food throughout the day.

Be positive and accept whatever amount of food eaten. Don’t try to bargain for one more bite. The body knows its limit. Eating just to please you may cause discomfort.

Find out what sounds good and keep a variety of snacks on hand.

Liquid nutritional supplements are an option.

Keep lips and mouth clean and moist between meals.

Provide an appealing setting for meals, away from the “sick room” if possible. Avoid unpleasant smells.

Make every bite count with high-calorie snacks such as ice cream, pudding and milk shakes.

Thick liquids, such as pudding, cottage cheese and creamy soup can be easier to swallow than water or juice. There are thickening powders to make swallowing easier.

Avoid power struggles about food.