



## Food and Nutrition

It is common for people with life-limiting conditions to lose their appetite or desire to drink. Some people experience taste changes; favorite foods no longer taste good. Occasionally, people report that foods have an “off flavor” or “metallic” taste.

### **You may feel full or have no taste for food for many reasons:**

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- As body functions slow down, it signals the brain that food and fluids are no longer needed.
- You may feel nauseated by movement, medications or blockages due to tumors.
- Cancer cells can release chemicals that affect the appetite center of the brain.

As your condition declines, you may take only sips of liquids or small bites of foods that are swallowed easily. At some point, you may not take in anything at all.

### **At this point, your caregivers may feel helpless, upset or worried. Below is advice that can help them understand what’s happening and support you:**

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- Remember that comfort and loving care are the most important things you can offer.
- Let the patient decide when he or she wants to eat and drink, and how often. Let the patient know it is OK to say “no” to food and fluids.
- Don’t pressure the patient to eat. Eating when not hungry may result in vomiting, nausea, choking or increased swelling of the hands or feet.
- Discover other ways to show love, compassion and concern, such as giving a massage, playing cards or reading aloud.
- Understand that delivering nutrition through IV fluids or feeding tubes is not effective for people with advanced disease. These measures may make the patient more uncomfortable. Contrary to popular thinking, dehydration at the end of life is not painful; it is the body’s natural response to the dying process. The patient is less aware of pain or discomfort when this happens.
- Offer drinks or sips often.
- Provide comfort by keeping the patient’s lips and mouth moist.
- Ask the patient what tastes best and respect his or her wishes. To avoid choking, offer food and beverages only when the patient is awake and alert enough to eat and swallow.
- Clean the mouth often—a pleasant-tasting mouth may make food taste better.
- Help other family members and friends understand why eating and drinking may cause the patient to be uncomfortable.
- Encourage the patient to rest before and after a meal.
- Make mealtime a quiet and pleasant time—candles, flowers, soft music and good conversation all help.
- Offer small meals and use smaller dishes.
- If nausea is a problem, serve small portions of salty (not sweet), dry foods and clear liquids.
- A sipper cup may help prevent spills if weakness makes it difficult to hold a cup steady. A drinking straw may also be offered.

## **Intravenous artificial nutrition and fluids:**

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When a person is nearing the end of life, adding artificial food and fluids intravenously is not likely to make the person stronger or prolong their life and may cause uncomfortable symptoms.

- Artificial food and fluids given intravenously may make some symptoms worse because the body systems are slowing and the body cannot process the food and fluids it does not need.
- Feeding tubes may put a person at increased risk for pneumonia and may also cause pain, nausea and vomiting.
- Tubes for food and fluids are potential sites for infection.
- In a person who is dying, artificial food and fluids may increase fluid in the lungs, create difficulty in breathing and cause nausea, vomiting and urinary incontinence.

## **What happens if intravenous artificial food and fluids aren't given near end of life?**

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- Dehydration from being unable to take in food or fluids does not affect the dying patient in the same way as a healthy person who feels thirsty on a hot day. (*EPEC Project, 1999<sup>1</sup>*)
- The lack of fluids seems to produce a natural anesthetic effect, often allowing for a reduction of pain medication. (*Printz, 1988<sup>2</sup>*)
- Dehydration will reduce urine output and often provides a decrease in awareness of pain and other uncomfortable symptoms. It may help contribute to a peaceful, comfortable death for many persons. (*Printz, 1988<sup>2</sup>*)
- Near the end of life, if the person is unable to take any food or fluids, they will gradually become weaker and sleep more.

## **Will the person nearing death who does not receive artificial food and fluids be thirsty?**

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- Usually, the person does not experience thirst or hunger.
- If a person has thirst, it will only last a day or so, and ice chips or small sips of fluid with good oral care should relieve this symptom.

## **What can be done to provide comfort?**

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- If the person is awake, it may be comforting to offer ice chips if they can be tolerated.
- The person will also benefit from frequent oral care with a mouth swab or sponge to relieve any dryness in the mouth.
- Moisten the person's eyes or use a warm, damp cloth over them a few times each day.
- Moisten the person's lips and apply lip balm to prevent dryness.
- Use lotion without alcohol to maintain skin comfort.

<sup>1</sup> EPEC Project, Module 11, 1999: "Withholding, Withdrawing Therapy."

<sup>2</sup> Printz, L.A. (1988). "Is Withholding Hydration a Valid Comfort Measure in the Terminally Ill?" *Geriatrics Advisor*, 43(11): 84-88.

