

FamilyMATTERS

A Resource for Patients, Families and Caregivers from AseraCare Hospice

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Our promise to our community is simple—to provide the best care possible—24 hours a day, seven days a week—for all whose lives are affected by an illness that is expected to lead to death. Comfort and compassion are our guiding principles. Please call your local AseraCare Hospice anytime we can be of assistance to you or your loved one.

“Just One More Bite, Dad”: Nutrition and Hydration Care at the End of Life

by James A. Avery, MD, FACP

When I was in junior high school, my grandfather was dying in his small apartment. I would sit in the next room watching television and listening. “Just one more bite, Dad,” I heard my mom plead over and over. “Please, Dad, just one more little bite.” It is now 35 years later and I am a hospice physician. I can still recall the distress in my mom’s and my grandma’s voices as they desperately tried to coax Grandpa to eat.

Eating is a natural part of life. Food plays a role in giving us energy and keeping us healthy. However, when a body is preparing to die, it is natural that eating should stop. This situation is a difficult concept for many caregivers and loved ones to accept. Therefore, AseraCare Hospice has prepared this handout to answer the many questions you may have during this time. But remember, this is just a starting point: Please ask your AseraCare Hospice professional if you have further questions.

Is my loved one starving to death?

No. Starvation is what happens when a healthy person does not get enough food. When a person who is seriously ill or dying does not eat, this is not starvation—it is usually a marker or sign that your loved one has entered the dying process. When someone is very ill, the body slows down and there is a gradual decrease in eating habits. Feelings of thirst and hunger gradually shut down. In many people, the stomach and intestines may not even be able to use the nutrition.

I remember how my grandfather first stopped eating meats and began, for the first time in his life, to prefer fruits and vegetables. Then he began to ask for only soft foods. Finally, only liquids and ice cream were preferred. And then he simply said, “I just don’t feel like eating.” This is a common progression in many patients.

When my loved one’s appetite slows down, what can I do to increase intake?

Here are some suggestions:

- Do not force your loved one to eat or constantly remind them of their decreased appetite. A soft, gentle approach may help the most, but remember, it is their choice.
- Time meals with pain medications so comfort level is maximized.
- Make mealtime a pleasant time—candles, flowers and soft music or TV may help.

- Make the most of breakfast; the appetite tends to decrease as the day goes on so.
- Offer their favorite foods in small amounts.
- Try offering small amounts of nutritional supplements such as Ensure® or Boost®.
- Have drinks available, and consider giving liquids in other forms such as gelatins, puddings, Italian ices and ice cream.
- Allow your loved one to rest after meals.

Remember that feeding your loved one may cause them discomfort or increased anxiety. There comes a time when it is OK not to eat or drink—support your loved one’s decision.

Is not eating and drinking painful?

Healthy people feel hunger pangs and thirst when they do not eat and drink, but people who are very sick do not feel these sensations. Dehydration may actually bring relief from some problems. For example, vomiting may stop and pain from tumors may lessen. Coughing, congestion and mucus in the lungs may also decrease. The medical evidence is quite clear that dehydration in the last phase of a terminal illness is a very natural and compassionate way to die. The only uncomfortable symptom of dehydration is a dry mouth, which can be alleviated with good mouth care, ice chips and sips of water.

What if my loved one wants to eat or drink? What should I do?

Some people are not able to swallow correctly due to illness. In this situation it is possible that eating or drinking could cause food or fluid to fall into the lungs, which can cause pneumonia or breathing problems. However, if your loved one is alert and wants to eat or drink, the pleasure of eating and drinking may override other concerns. Tiny amounts of ice cream, ice chips, yogurt, Italian ices and applesauce can usually be given safely—even to the sickest patient. You should discuss this with your physician.

I remember a patient I had who loved the taste of beer but was unable to swallow liquids anymore. The hospice team helped his wife to make slushy ices from frozen beer!

Should artificial nutrition or hydration be started?

Each person’s situation is unique. If a person isn’t able to swallow because of a temporary medical problem,

artificial nutrition (feeding tubes or intravenous nutrition) can be given until they recover. However, as the body weakens or their disease gets worse, tube feedings and IVs can be a burden and increase the risk for infection and pain—in other words, they may do more harm than good. Feeding tubes may feel uncomfortable, and they can become plugged up, causing pain and nausea. Fluids can cause bloating, diarrhea and aspiration. Sometimes patients may need to be physically restrained or sedated to keep them from pulling out the tube or intravenous line. For each person, the benefits of artificial hydration and nutrition need to be weighed against the risks. Your doctor and AseraCare Hospice professionals, including our Registered Dietician, can help you with this decision.

What happens when a dying person does not eat or drink?

People who don’t receive food or fluids because of illness will eventually fall into a deep sleep and usually die in one to three weeks. This is the common last phase for most dying people—whether the fatal disease is cancer or some other disease. The medical evidence is quite clear that this is a very natural and compassionate way to die.

Back to my grandfather: As you now understand, the problem was not that my grandfather was not eating or drinking. His not eating and drinking was simply a signpost that he was in the last phase—the dying phase—of his life. As this became clear to my mother and grandmother, they thankfully stopped coaxing him to eat or drink and instead began preparing emotionally and spiritually for his death. Ice chips, lemon Italian ices and vanilla ice cream were his total intake for the last three weeks of his life. Visits from friends and family, bedside prayers for peace and comfort, and reflections about his life became commonplace occurrences in that little apartment.

James A. Avery, MD
Chief Medical Officer
Golden Living