NUTRITION SUPPORT IN PALLIATIVE CARE

Elle Skinner,
Graduate Student, Dietetic Intern. University of New Mexico

Learning Objectives

- Participants will explore current scientific literature for nutrition support in palliative care.
- Participants will explore the concept of nutrition advocacy in the palliative care setting
- Participants will explore the role of the RD on the palliative care multidisciplinary team
- Participants will discuss current practice of NM RD's in the palliative care setting.

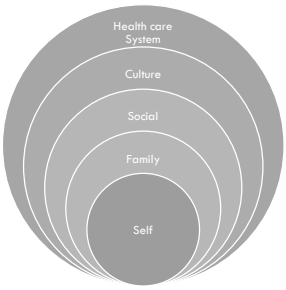
Definition

- "Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."
  - WHO

WHO: Palliative Care

- Relief from pain and other distressing symptoms
- Regards dying as a normal process
- Neither to hasten or postpone death
- Psychological and Spiritual
- Offers a support system
- Team approach
- Enhance quality of life
- Applicable early in the course of illness

Looking at the concept of care

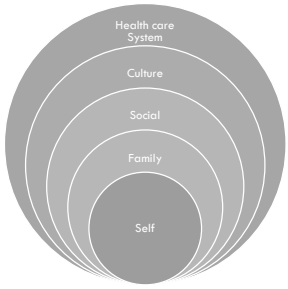



The Telegraph

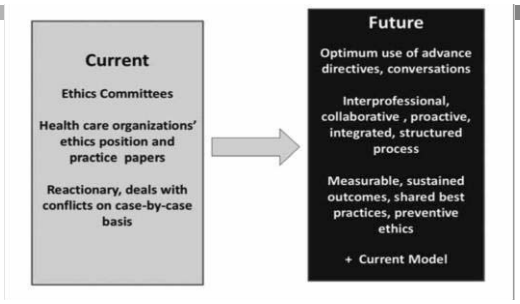
Whole Pantry's Belle Gibson has book withdrawn

Penguin says it will not publish book by author who claimed to have beaten 'terminal brain cancer' through good nutrition

Looking at the concept of care



Changing the clinical ethics health care model: Preventative Ethics



Schwartz DB. Ethical considerations in the critically ill patient. In: Cresci G ed. Nutrition Support for the Critically Ill Patient: A Guide to Practice. 2nd ed. Boca Raton, FL: Taylor and Francis; 2014. (1)

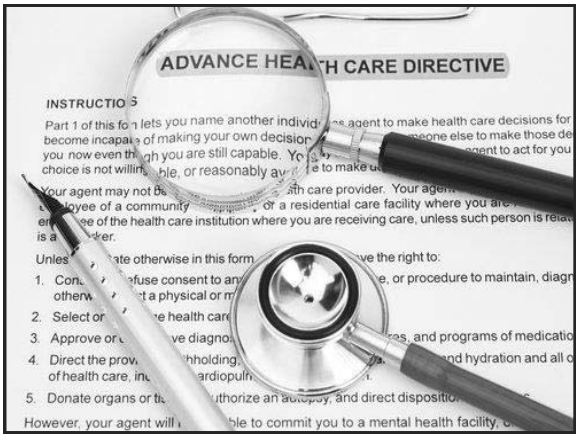
Palliative Vs. Hospice

Palliative:

Physical symptom management, emotional support, and spiritual comfort when no curative therapy is available.

Hospice:

Focus on relieving the substantial symptom burden patients face at the end of life, as well as advanced care planning needs, existential concerns and family/social stressors



Nutrition Support

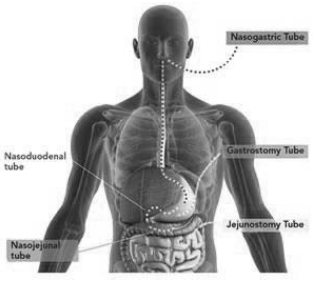
"when in doubt, feed"

Start immediately (medically stable)

Provide adequate nutrients

Achieve reasonable weight and muscle mass

Achieve hydration



2013 AND position paper on Ethical and Legal Issues in Feeding and Hydration (2)

What if there isn't an advance care plan?

- Family meetings
- Explain goals clearly
- Goals of nutrition support communicated early
- Use Social Workers to start a dialogue

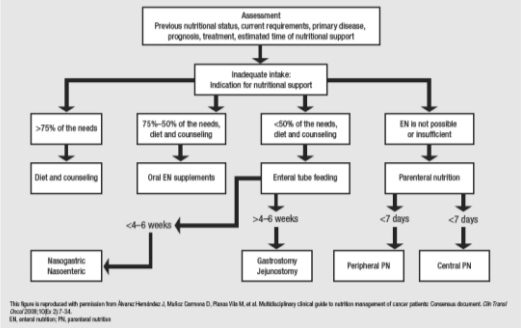
Withdrawing care

- Discontinued if authorized by the individual or surrogate
- Clinically contraindicated
- Permanent vegetative state (irreversible)
- Advanced Dementia
- Terminal illness (death < 6months)

Debate over Hydration

- Fluids play a minimal role in patient comfort as long as meticulous mouth care is provided.(3,4)
- The oral intake of fluids decreases during the dying phase. (4)
- Water deprivation increases the body's production of endogenous opiates. (5)
- IV hydration increases pulmonary secretions, urinary output, nausea, vomiting, and edema. (4)
- Ice chips, lip balm, and moistened swabs. (4)

Cancer Care Setting



This figure is reproduced with permission from Álvarez Hernández J, Muñoz Camargo D, Planas Vila M, et al. Multidisciplinary clinical guide to nutrition management of cancer patients: Consensus document. Clin Transl Oncol 2008;10(8):2[7-34.
EN, enteral nutrition; PN, parenteral nutrition

Cancer Care Setting

- Conserve or restore best possible quality of life, control nutrition related symptoms causing discomfort or stress. (6,7)
- EN and PN controversial/ethical issues with advanced incurable cancer. (8)
- EN for patients with anticipated inadequate oral intake (<60% estimated needs) for 10 days or NPO >7days. (7)

Cancer Care Setting

- Adverse effects of nutrition support may worsen patients quality of life and overall palliative care. (7)
- Inoperable malignant bowel obstruction, minimal symptoms from the disease involving major organs brain, liver or lungs shown favorable response. (8)

Dementia

- Nutrition support not recommended for older adults with advanced dementia.
- Careful hand feeding
- Comparable outcomes of death, aspiration pneumonia, functional status, and comfort.
- Agitation, greater use of physical and chemical restraints, tube-related complications, new pressure ulcers.

ICU setting

- 92% of adults have heard of living wills.
- But only 36% have completed one
- 1 in 5 Americans die in the ICU (10)

Religious/Cultural

Buddhism	No mandatory or moral obligation to preserve life at all costs.
Catholicism	Person has a moral obligation to use ordinary or proportionate means to preserve life
Hinduism and Sikh	Death is viewed as a passage way to a new life; the way a person dies is important
Judaism	Food and fluid are regarded as basic needs and not treatment.
Protestantism	Most will, if there is little hope of recovery, accept and understand the withholding or withdrawal of therapy
Native American	Discussing death and end of life care can be an uncomfortable conversation. Use of traditional healers, spiritual leaders, recognized tribal leaders to help with co-ordination of end of life care.

Summary

- Nutrition support does have a place in the palliative care setting
- It's the RD's role to know the evidence and create a dialogue with the patient and family
- Set goals for purpose of treatment
- Preventative Ethics

References

1. Schwartz DB. Ethical considerations in the critically ill patient. In: Cresci G ed. Nutrition Support for the Critically Ill Patient: A Guide to Practice. 2nd ed. Boca Raton, FL: Taylor and Francis; 2014.
2. Schwartz DB, Posthauer ME and O'Sullivan Maillet J. Practice paper of the Academy of Nutrition and Dietetics and legal issues of feeding and hydration. J Acad Nutr Diet. 2013. 113(7):981
3. Fine RL. Ethical issues in artificial nutrition and hydration. *Nutr Clin Pract.* 2006;21(2):118-125
4. Fuhrman MP, Herrmann VM. Bridging the continuum: Nutrition support in palliative and hospice care. *Nutr Clin Pract.* 2006;21(2):134-141.
5. Gavrin JR. Ethical considerations at the end of life in the intensive care unit. *Crit Care Med.* 2007;35(2 Suppl):S85-S94
6. Huhmann M, August D. Review of American Society for Parenteral and Enteral Nutrition (A.S.P.E.N) Clinical Guidelines for Nutrition Support in Cancer Patients: Nutrition Screening and Assessment. *Nutrition in Clinical Practice* 2008, 23(2): 182-188.
7. Mendelsohn R, Schattner M. Chapter 33: Cancer. *The A.S.P.E.N Adult Nutrition Support Core Curriculum.* 2nd Edition. Silver Spring, MD: American Society for Parenteral and Enteral Nutrition; 2012: 576-577.
8. Arends J, Bodoky G, Bozzetti F et al. ESPEN Guidelines on Enteral Nutrition: Non-surgical oncology. *Clinical Nutrition* 2006, 25 (2):245-259.
9. Clinical, P., & Models of Care Committee. American geriatrics society feeding tubes in advanced dementia position statement. *Journal of the American Geriatrics Society.* 2014 62(8): 1590-93.
10. Angus DC, Barnato AE, Linde-Zwirble WT, Weissfeld LA, Watson RS, Rickert T et al. Use of intensive care at the end of life in the United States: an epidemiologic study. Crit Care Med. 2004 32(3):638-43