NUTRITION SUPPORT IN PALLIATIVE CARE

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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

[Diagram showing Health care, Culture, Social, Family, Self]
Looking at the concept of care

Changing the clinical ethics health care model: Preventative Ethics

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 < 6 months)

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

- 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 >7 days. (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

<table>
<thead>
<tr>
<th>Religion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhism</td>
<td>No mandatory or moral obligation to preserve life at all costs.</td>
</tr>
<tr>
<td>Catholicism</td>
<td>Person has a moral obligation to use ordinary or proportionate means to preserve life.</td>
</tr>
<tr>
<td>Hinduism and Sikh</td>
<td>Death is viewed as a passage way to a new life; the way a person dies is important.</td>
</tr>
<tr>
<td>Judaism</td>
<td>Food and fluid are regarded as basic needs and not treatment.</td>
</tr>
<tr>
<td>Protestantism</td>
<td>Most will, if there is little hope of recovery, accept and understand the withholding or withdrawal of therapy.</td>
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<tr>
<td>Native American</td>
<td>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.</td>
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</tbody>
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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