Artificial Nutrition and Hydration at End of Life (EOL)

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Objectives

• Define Artificial Nutrition and Artificial Hydration
• List the different modalities of each
• Examine its impact at EOL
• Examine the ethical and cultural impact of nutritional compromise and how hospice can help
• Understand the AGS position on PEG tubes in patients with advanced Dementia
What is Artificial Nutrition and Hydration (ANH)?

*Artificial Nutrition and Hydration* is a medical treatment that allows a person to receive nutrition and hydration when they are no longer able to take them by mouth.
Artificial Nutrition (AN)
Artificial Nutrition

- Oral nutritional supplements (ONS)
- Enteral Nutrition (EN) includes nasogagtric tubes (NG) or Percutaenous Endoscopic Gastrostomy (PEG) or Jejunostomy (PEG – J)
- Parenteral Nutrition (PN)
Artificial Hydration

Provision of water and electrolytes by any other route than the mouth, this is can be achieved by tubes, intravenous and subcutaenous administration.
A Difficult Discussion…Why?

- Social norms
- Emotional aspects
- Cultural implications
- Religious beliefs
- Ethical consideration
Lets meet Mr Rogers

82 yr old caucasian male, who is a pastor at a local church; he has a h/o Type 2 Diabetes, CAD, dyslipidemia. He presents to the hospital with sudden onset of R sided weakness, dysphasia that progressed to aphasia and severe dysphagia. He was diagnosed with a very large L MCA territory stroke. Pts daughter stated her dad would hate to live like this and he did not want aggressive measures, he was made a DNR
Decision about Nutrition

Palliative Care is consulted
The patient fails a swallow evaluation, hospice is discussed.
Mr Rogers is fully ADL dependent, his performance status has declined from a PPS of 80% before the stroke to a PPS of 30% now. He needs 24 hr care.
Where do we go from here?
Ethical Precepts

- Autonomy
- Beneficience
- Non-maleficence
- Justice
Autonomy and ANH

“Autonomy does not mean that a patient has the right to obtain every treatment him or her wishes, if the treatment would not be medically indicated”

“A competent person has the right to refuse a treatment after adequate information even when this refusal could lead to his or her death”

ESPEN guideline on ethical aspects of artificial nutrition and hydration – Christiane Druml et al – Clinical Nutrition
Beneficence and Non-maleficence and ANH

“If the risks and burdens of a given therapy for a specific patient outweigh the potential benefits, then the physician has an obligation of not providing (withholding) the treatment”

“Even when artificial nutrition and hydration will be stopped, standard care to maintain a best possible quality of life to the patient has to be maintained”
Justice and ANH

“Every individual is entitled to obtain the best care available. Resources have to be distributed fairly without discrimination. On the other hand, treatments that are futile and do only prolong the suffering, or the dying phase, have to be avoided…..”

ESPEN guideline on ethical aspects of artificial nutrition and hydration – Christiane Druml et al – Clinical Nutrition
Perception

- My loved one is starving
- Without the tube feeds and the PEG tube, her wound will not heal
- If we don’t put in a PEG tube, he will aspirate.
- Without feeding my grandmother cannot get stronger
- We must start IV fluids, my mother is thirsty!
Reality – In Advanced Disease

- Advanced disease negatively impacts appetite with increased anorexia and cachexia
- Complications of tube feeds
- Tube feeds and aspiration
- Increased morbidity in institutionalized patients
- No improvement in quality or quantity of life
- Volume overload, respiratory distress, anasarca
Artificial Nutrition and Advanced Dementia

Does not

• Reduce the risk of pressure sores
• Prevent aspiration
• Prolong survival

Nor improve

• Function
• Palliation

Are we missing the key verbiage?

“……medical treatment…..”

1. An indication for the medical treatment
2. Definition of intended therapeutic goal
3. The will of the patient; his or her informed consent
AGS Position of PEG tubes in Advanced dementia Patients

• Feeding tubes are not recommended for older adults with advanced dementia
• Efforts to enhance oral feedings should be part of usual care
• Tube feedings are a medical treatment that the surrogate can decline or accept in accordance with their Advance Directives
• Understand and honor patient’s wishes
Hospice and ANH

• Support to families
• Focus on Quality of Life
• Comfortable with having the discussions with families
• Alternate feeding options
• Understand and explain the impact of ANH in patients with terminal illnesses
Mr Rogers

- PEG tube
- Nursing Home admission
- 5 hospitalizations in 8 months
- Multiple complications including aspiration pneumonia, recurrent UTIs, diarrhoea, non healing sacral decubitus ulcer
Conclusion

- ANH is a medical treatment
- Anorexia and cachexia are a natural part of the dying process
- Consider the principles of medical ethics, specifically Autonomy and non-maleficence
- Burdens outweigh the benefits
- Palliative Care and Hospice assistance with conversations around ANH
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