



Hospice of the Twin Cities

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“Kindness is a language that the deaf can hear and the blind can see.”
Mark Twain

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Artificial Nutrition and Artificial Hydration at the End-of-Life

It is very common for doctors to provide fluids and food to people who are very sick or recovering from surgery. This is called “artificial nutrition and hydration” and like all medical treatments, it can be helpful or harmful depending on the situation.

When there is no hope of recovery from an illness or an injury, decisions about artificial nutrition and hydration at the end of life can be very difficult, especially for loved ones. If the person who is ill or injured can not communicate, families can have different opinions and be torn apart.

In order to make an informed decision about artificial nutrition and hydration at the end of life, it is essential to understand how the body processes food and fluids. The information below explains the medical facts about artificial nutrition and hydration at the end of life so that you can make informed decisions for yourself or a loved one.

What is artificial nutrition and hydration?

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

Why is it used? How is it given?

Artificial nutrition and hydration is given to a person who for some reason cannot eat or drink enough to sustain life or health. Doctors can provide nutrition and hydration through

intravenous (IV) administration or by putting a tube in the stomach.

Is artificial nutrition and hydration different from ordinary eating and drinking?

Yes, providing artificial nutrition and hydration requires technical skill and has many serious risks. Professional skill and training are necessary to insert the tube, to make decisions about how much and what type of nutrition to give, and to monitor for side effects.

Artificial nutrition and hydration do not offer the comforts that come from the taste and texture of food and liquids. Doctors and nurses control when and how much will be given rather than the person.

What happens when artificial nutrition and hydration is given to patients who are at the end-of-life?

When someone with a serious, life-limiting illness is no longer able to eat or drink it usually means the body is beginning to stop functioning. Artificial nutrition and hydration will not bring the person back to a healthy state.

Most doctors agree that artificial nutrition and hydration can increase suffering in patients who are dying and no longer have the ability or interest to eat food and drink liquids themselves. Artificial nutrition and hydration can add more discomfort to a dying person’s physical symptoms such as: bloating, swelling, cramps, diarrhea,

Basic End-Stage Indicators:

1. Overall physical decline;
2. Life-limiting condition;
3. Clinical progression of the disease as evidenced by
 - A. Multiple ER visits;
 - B. Inpatient hospitalizations;
 - C. Serial physician assessment;
 - D. Laboratory studies;
 - E. Radiologic or other studies.
4. Impaired nutritional status
 - A. Decrease in appetite; increase in weight loss;
 - B. Serum albumin $<2.5\text{mg/dl}$ (not to be used in isolation)
5. Multiple co-morbidities;
6. Decline in functional status (ADLs)

Specific Guidelines for Determining Prognosis: Stroke and Coma

- **Acute phase of hemorrhagic or ischemic stroke: Factors 1,2, or 3 must be present.**
 1. Coma or persistent vegetative state secondary to stroke, beyond three days duration.
 2. In post anoxic stroke, coma or severe obtundation, accompanied by severe myoclonus, persisting beyond three days past the anoxic event.
 3. Dysphagia which prevents sufficient intake of food and fluids to sustain life in a patient who does not receive artificial nutrition and hydration.
- **Chronic phase of hemorrhagic or ischemic stroke: Factors 1,2, or 3 must be present.**
 1. Post stroke dementia (all of the following):
 - a. Stage seven or beyond according to the Functional Assessment Staging Scale (FAST) (Appendix C);
 - b. Unable to ambulate without assistance;
 - c. Unable to dress without assistance;
 - d. Unable to bathe without assistance;
 - e. Urinary and fecal incontinence, intermittent or constant;
 - f. Ability to speak is limited to six or fewer intelligible words.
 2. Poor functional status with Karnofsky score of 40% or less (see Appendix A).
 3. Poor nutritional status whether on artificial nutrition or not, with the inability to maintain sufficient fluid and calorie intake with $\geq 10\%$ weight loss during the previous six months or serum albumin $<2.5\text{gm/dl}$.
- **Coma (any etiology): Any of the following are present on day three of coma.**
 1. Abnormal brain stem response.
 2. Absent verbal response.
 3. Absent withdrawal response to pain.
 4. Serum creatinine $>1.5\text{mg/dl}$.

Artificial Hydration and Artificial Nutrition cont.

and shortness of breath.

It is important to remember that the person's body is beginning to shut down because of the disease and dying process, not because of the absence of food and liquid. There are ways to ensure a person's comfort at the end of life by treating dry lips and mouth. Hospice and palliative care professionals are experts in providing comfort treatments.

Is it considered suicide to refuse artificial nutrition and hydration?

No, everyone has the right to refuse or discontinue a medical treatment. A person at the end of life is dying, not by choice, but because of a particular disease. It is not considered suicide to refuse or stop a medical treatment that cannot bring back health.

What does the law say about artificial nutrition and hydration?

Legally, artificial nutrition and hydration is considered a medical treatment that may be refused at the end of life. If the patient is able to make decisions, the patient can tell his/her physician what he or she wants. For patients who can no longer talk about their wishes, some states demand strong evidence to show what the patient's wishes are. When there is uncertainty or conflict about whether or not a person would want the medical treatment, treatment will usually be continued.

This is why completing and talking about your advance directive is important — so there will be no doubt about what kind of medical treatments you would want or not want at the end of life.

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We're on the Web!
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Mission Statement

Hospice of the Twin Cities' mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.