



Withholding Nutrition and Hydration
(First of a series of special articles)

You may well be reluctant to instruct a physician to withhold or withdraw nutrition and/or hydration via tube feedings or IVs from a dying loved one or person in a persistent vegetative state. You may be even more reluctant to instruct your proxy/surrogate/durable power of attorney for health care decisions to do the same for you in a similar situation, and to check off the box on your own living will signifying that you "do or do not desire that nutrition and hydration (food and water) be provided by gastric tube or intravenously."

You need accurate, unemotional information, and then you need to discuss your wishes with your appointed surrogate, and if possible, you must discuss the wishes of the patient you will be making decisions for with that patient. This article will help.

Tube feedings and IVs can be lifesaving for patients who have reversible conditions. But for patients who are dying of irreversible conditions, withdrawal of nutrition and hydration, and provision of comfort measures and emotional and spiritual support are the humane choices.

The truth about tube feedings and IVs is now being disclosed. Hospice staffs have years of experience with dying patients. Now, respected professional journals are publishing that information.

Families often ask the doctor: "Isn't it time for IV's?" The public, and many physicians, still think that artificial hydration (administration of fluid) eases the discomfort of terminal illness. Current wisdom is that dehydration is not only not painful: it is beneficial. The natural dehydration of terminal illness is different from the thirst that develops in normal persons after exertion. And artificially administered fluids are far different from the fluids taken by mouth by healthy persons.

IVs are often ill-advised because:

- 1) frequent needle insertions are painful;
- 2) the fluid causes secretions in the breathing system. The patient may be too weak to cough them up and needs to be suctioned, an unpleasant and traumatic procedure. The fluid may increase congestion in the lungs, worsen pneumonia, and make breathing difficult. A weakened heart has difficulty pumping any extra fluid out of the lungs;

- 3) if the patient has cancer, the fluid will engorge the cancer and increase its symptoms of pain, pressure, stretch and obstruction;
- 4) the fluids may cause the patient to be incontinent of urine so that he may need to be put on an uncomfortable bedpan often, or need a catheter. Skin of debilitated patients may break down when exposed to urine;
- 5) the fluids, when in the intestinal tract, often cause nausea and vomiting, especially in patients with cancer of the intestinal tract. A suction tube is often necessary when fluids are given, and can be withdrawn after the administration of fluids is stopped;
- 6) ascites, the distressing swollen belly, full of fluid, is increased by the administration of fluids;
- 7) IV fluids are usually merely sugar, salt, and water, sometimes with potassium added. They may or may not prolong life for a short time, but do not enhance it. They may also shorten life because of the effects listed above. They are not nutritious;
- 8) many patients are given more fluid than they can handle. Health care providers often fail to limit the amount they give to the amount the patient can use and excrete.

The chief discomfort of dehydration in the dying patient is dry mouth. Nursing techniques--use of saliva substitutes to moisturize, giving ice chips, applying lip balm--can alleviate (palliate) this.

On the positive side, the dehydration causes chemical changes that dull consciousness and make dying easier. A patient usually dies within 4 to 10 days when fluids are withheld, and may live for over a month on IVs alone. On tube feedings a patient will live until disease or organ failure causes death.

Tube feedings may cause all the unpleasant or painful feelings listed above. In addition, nausea, vomiting and diarrhea are common. Pneumonia can occur when tube feeding is vomited and then inhaled into the lungs. Pneumonia also is caused by bacteria migrating from the gastrointestinal tract into the lungs. The site where the tube is inserted thru the abdominal wall may become infected or eroded by leaking digestive juice. If the patient is fed by a tube inserted through the nose, down the throat, and into the stomach, the irritation is constant and swallowing with the tube in place is a miserable ordeal. The patient's hands may need to be tied to prevent his pulling out the tube. And for a cancer patient, tube feeding is feeding the most rapidly growing cells in the body, the cancer cells themselves.

Judge for yourself whether this is humane treatment, and whether you wish it for yourself and your loved ones.

References in the professional literature will be provided on request.--MBH