



Northern Health Palliative Care

Nutrition through Advanced Illness

Early Stages:

- Providing food and fluid has great meaning to many people as they often relate the provision of food and fluids to comfort and nourishment, and to the giving and preserving of life.
- As health care providers we are often asked “Is she starving?” or “Doesn’t he need to eat to get stronger?”
- It is important to have discussions early in the disease trajectory regarding nutrition and the natural changes that may occur as diseases progress.
- Provide information to families regarding the normal expected changes at end of life to allow for informed decisions to be made.

Late Stages:

- When end of life nears, people often are unable to digest food and may be unable to swallow
- A dying person does not experience hunger in the same way a healthy person does. Therefore, a decreased intake does not give rise to the same feelings of hunger.
- In patients at the end of life, food can cause more discomfort than pleasure/benefit.
- Artificial fluids and nutrition may increase distressing symptoms such as shortness of breath, respiratory congestion, restlessness, nausea and vomiting.
- Providing the pamphlet “[Food and Fluids at the End of Life](#)” can be helpful.

Interventions for Staff and Families*:

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| • “Being with” the person | • Skin Care |
| • Music and/or conversation | • Gentle massage |
| • Reading a favourite book to the dying person | • Reassuring families that people approaching death do not usually feel thirst or hunger |
| • Frequent mouth care to relieve a dry mouth | |

* provides families the opportunity to care for their loved one without focusing on nutrition.

References:

Downing, G. M., & Wainwright, W. (Eds.). (2006). *Medical Care of the Dying* (4th ed., pp. 307-310). Victoria, Canada: Victoria Hospice Society.

Murray, K. (2017). *Essentials in Hospice and Palliative Care: A Practical Resource for Every Nurse* (Revised ed., pp. 121-126). Victoria, Canada: Life and Death Matters.