When someone you love stops eating and drinking

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Sometimes toward the end of a very serious illness, or when a person has become very old and frail, that person's decline in health may include the inability or the unwillingness to eat food or drink fluids. This lack of desire to eat (or the inability to keep food down) can be a natural consequence of the body beginning to shut down its systems to prepare for death. At the same time, medical science has devised ways to get around the "problem" by using fiber optic tubing for the easy delivery of artificial food and fluids. This situation is a classic one in medical ethics: just because a treatment is possible, is it a good thing to do? This **Ethics in Medicine** will respond to some commonly asked questions about artificial nutrition and hydration. Before one can make an ethical decision about such a subject, one needs a clear understanding of the facts.

Question: What is artificial nutrition and hydration?
Answer:
Normally, we all take in food and fluids through our mouths, chewing the food and then swallowing it down into the stomach. Artificial nutrition and hydration are medical interventions to provide nutrients and water to a person who is unable to take in food through the mouth, or is unable to swallow. The main purpose of this treatment is to be a *temporary* means of providing nutrition and hydration following surgery when the person is unable to take food in the normal way, or to bypass a non-functioning part of the digestive system in an otherwise relatively healthy person.

One way of providing nutrition and hydration is through a nasogastric (NG) tube. This is a small flexible tube that is inserted through the nose, down the throat to the stomach. It's intended for only short periods of time and besides providing nourishment, it can also be used to provide medication. NG tubes can be very uncomfortable both physically and emotionally, and often cause fluid overload, aspiration, ulcers, sore throat or vomiting when employed for longer periods.

A second way of providing nutrition and hydration is through a peg tube. Intended for long term use, a small tube is inserted through an incision in the abdomen so that nutrition can be provided directly to the stomach. A peg tube requires surgery to insert and can cause some ulceration of the stomach. It can be a site for infections and may not always work properly. A person with a peg tube can also develop an overload of fluids in the system and may experience constant diarrhea.

Question: Isn't providing food and fluids considered the basis of good care? If someone refuses to eat or can no longer eat because of illness, shouldn't a feeding tube be started?
Answer:
One of the most basic instincts we have as human beings is to provide nourishment for ourselves and for others. We are able to build up strength and sustain life either by orally feeding and drinking, or, when appropriate, through NG or peg tubes. When someone can no longer take in food through the mouth (e.g., a person with advanced Alzheimer's disease, a serious stroke, advanced cancer, etc.), we need to carefully weigh the burdens and benefits of having a feeding tube inserted. Sometimes the burden (of discomfort, of surgery to insert the feeding tube, of possible infection, etc.) outweighs any benefit the person might derive from it,

particularly when the person's ability to experience any benefit is shrinking. When a person has a deteriorating condition and a feeding tube is inserted, it is important to reevaluate the burdens and benefits periodically.

If someone refuses to eat, we need to find out why. It could be something as simple as not liking the food that is being served, or needing help in eating. It is also possible that the person could be in the early stages of the dying process, where the desire for food and water begins to decrease because the body is beginning to shut down.

Question: I have heard that once a feeding tube has been started, it can't be stopped. Is that true?
Answer:
No. Feeding tubes are like any other medical intervention and can be stopped if they are not benefiting the person. What is important is that we do what the person finds beneficial. Ordinarily, we would know that best by asking the person. Sometimes, if a person is no longer able to communicate, we have to go on what he or she made has clear to us in the past. Stopping the use of a feeding tube is just as acceptable as not starting one in the first place.

Question: But isn't that starving a person?
Answer:
No. Remember, the person is not dying because she is not eating. She has stopped eating because she is dying. Starving is an emotionally loaded word that usually refers to someone who wants food and would eat it if he had some. But a person who has stopped eating and drinking has actually simply begun the natural process of dying. These persons rarely feel hungry and sometimes even the smell or thought of food is nauseating.

Question: What sort of care is provided to someone who has stopped eating and drinking?
Answer:
Someone who refuses to eat or can no longer eat and has decided not to have a feeding tube inserted might well be referred to a hospice program. Hospice cares for people who have a limited life expectancy, and who want to live as fully as they can until the end of their life. Hospice nurses are experts at pain management and symptom control. The hospice team of social workers, chaplains, home health aides and volunteers provides physical, emotional and spiritual support not only to the person being cared for, but also to family members. Social workers and discharge planners who work in nursing homes, home care agencies and hospitals can ordinarily help a patient or a family make contact with a hospice.

Question: How long does it take a person to die once he or she has stopped eating?
Answer:
The answer to this question depends on the person's condition. An old, frail or ill person who stops taking in calories and fluids may only linger for a few days, gradually falling deeper and deeper into sleep. A person whose body is stronger may take two or even three weeks to deteriorate to the point of coma. But these two or three weeks may be much more comfortable for the person, if labored breathing, diarrhea or nausea have been the side effects of eating and drinking.

We noted above that the question of artificial nutrition and hydration illustrates a classic situation in medical ethics. Just because a treatment is available, is it a good thing to do? The short answer is no. The mere existence of a medical intervention, such as artificial nutrition and hydration, for a particular condition is never reason enough to undertake it. Every treatment, this one included, has benefits and burdens to a patient, and every intervention must be weighed with those benefits and burdens in mind.