

## Patient nutrition and hydration at the end of life

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The provision of medically administered nutrition and hydration (MNH) for the terminally ill patient is a controversial issue. A recent qualitative study in New South Wales explored palliative care nurses' and doctors' perceptions and attitudes to patient nutrition and hydration at the end of life. Participants were from an urban and rural palliative care service. Three main discourses were identified:

- carer's distress at the non-provision of MNH;
- palliative care doctors' and nurses' position that terminal dehydration lessened the burden of suffering for dying patients; and
- polarisation, with differences between the acute care setting and the palliative care setting.


Overlaying these three main issues are contesting discourses involving cure versus comfort and acute care versus palliative care. Importantly, the study findings reveal that palliative doctors and nurses consider that medically assisted nutrition and hydration at end stage of

life rarely benefit patients and as long as adequate mouth care is given patients do not suffer.

However family members do experience emotional distress in dealing with this situation. Nurses and doctors play an important role in education and communication on these issues with patients and their families.

Further research on patient nutrition and hydration at the end of life is also required in acute care, including paediatrics, and in aged care according to the study researchers. Staff across all health care settings need more information and knowledge about the difference between the pathophysiology of dying (dehydration, malnutrition) and the symptoms people are worried about (hunger, thirst) as these are usually unrelated, but often perceived to be the same thing. The researchers recommend developing clinical guidelines to ensure consistency in how issues of terminal dehydration for dying patients are managed.

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