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Eating and Drinking

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Eating is a natural part of life. Food plays a role in giving us energy and keeping us healthy. However, when a body is preparing to die, it is natural that eating should stop. This situation is a difficult concept for many caregivers and loved ones to accept. The material here hopefully will answer many of the questions you may have. But remember this is just a starting point; please ask your doctor if you have further questions.

When I was in junior high school, my grandfather was dying in his small apartment. I would sit in the next room watching television and listening. "Just one more bite, Dad," I heard my mom plead over and over. "Please Dad, just one more little bite." It is now thirty-five years later and I am a hospice physician. I can still recall the distress in my mom and my grandma's voice as they desperately tried to coax grandpa to eat.

Is my loved one starving to death?

When a person who is seriously ill or dying does not eat, this is not starvation – it is usually a marker or sign that your loved one has entered the dying process. Starvation is typically what happens when a healthy person does not get enough food. When someone is very ill, the body slows down and there is a gradual decrease in eating habits. Feelings of thirst and hunger gradually diminish. In many people, the stomach and intestines may not even be able to use the nutrition.

I remember how my grandfather first stopped eating meats and began, for the first time in his life, to prefer fruits and vegetables. Then he began to ask for only soft foods. Finally, only liquids and ice cream were preferred. And then he simply said, "I just don't feel like eating." This is a common progression in many patients.

When the appetite slows down what can I do to increase intake?

Here are some suggestions:

- Do not force your loved one to eat or constantly remind them of their decreased appetite. A soft gentle approach may help the most, and, remember, it is their choice.
- Make mealtime a quiet and pleasant time – candles, flowers, and soft music may help.
- Appetite tends to decrease as the day goes on; make the most of breakfast.
- Offer favorite foods in small amounts.

- Try offering small amounts of nutritional supplements such as Ensure or Boost.
- Consider giving liquids in other forms such as jello, puddings and ice cream.
- Allow your loved one to rest after meals.

Remember: feeding your loved one may cause discomfort or increased anxiety. There comes a time when it is okay not to eat or drink. Support your love one's decision, as my mother and grandmother did learn to do.

Isn't it painful to not eat and drink?

Healthy people feel hunger pains and thirst when they do not eat and drink, but people who are very sick do not feel these sensations. Dehydration may actually bring relief from some problems. For example, vomiting may stop and pain from tumors may lessen. Coughing, congestion, and mucus in the lungs may also decrease. The medical evidence is quite clear that dehydration in the last phase of a terminal illness is a very natural and compassionate way to die. The only uncomfortable symptoms of dehydration are a dry mouth, which can be alleviated with good mouth care, ice chips, and sips of water.

What if my loved one wants to eat or drink? What should I do?

Some people are not able to swallow correctly due to illness. In this situation it is possible that eating or drinking could cause food or fluid to fall into the lungs and this can cause pneumonia or problems breathing. However, if your loved one is alert and wants to eat or drink, the pleasure of eating and drinking may override other concerns. Tiny amounts of ice cream, ice chips, yogurt, Italian ices, and applesauce can usually be safely given - even to the sickest patient. In fact, many drinks can be frozen and made into slushy ices.

Should artificial nutrition or hydration be started?

Each person's situation is unique. If a person isn't able to swallow because of a temporary medical problem, artificial nutrition (feeding tubes or intravenous nutrition) can be given until they recover. However, as the body weakens or their disease gets worse, tube feedings and IVs can be a burden and increase the risk for infection and pain – in other words they may do more harm than good. Feeding tubes may feel uncomfortable and they can become plugged up causing pain and nausea. Fluids can cause bloating, diarrhea, and aspiration. Sometimes, patients may need to be physically restrained or sedated to keep them from pulling out the tube or intravenous line. For each person, the benefits of artificial hydration and nutrition need to be compared to the risks. Your doctor can help you with this decision.

What happens when a dying person cannot eat or drink?

People who don't receive food or fluids because of illness will eventually fall into a deep sleep and usually die in one to three weeks. This is the common last phase path for most dying people – whether the fatal disease is cancer or some other disease. The medical evidence is quite clear that this is a very natural and compassionate way to die.