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 New Zealand

## Myths

**Myths regarding fluids in the final days:**

- Myth: Not drinking enough fluids causes thirst and discomfort.
- Myth: Not giving fluids is not giving care.
- Myth: Artificial hydration will prolong life.

**MYTHS MYTHS MYTHS FACTS**

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## Myth Busters

- Main argument is that it is unethical to let a person starve or thirst to death

**Reality - the person is dying from a chronic incurable illness not dehydration**

- The person will suffer intolerable dry mouth and thirst

**Reality - all dying people have a dry mouth**

- There is no correlation between the complaint of dry mouth and the biochemical changes caused by dehydration
- A dry mouth is **not** relieved by parenteral fluids but is by good and frequent mouth care

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## Further myth Busters

- Fluids will not cause harm
- **Reality - in the course of the dying process the persons organs slow and stop working therefore fluids accumulate . Can lead to or worsen pulmonary oedema, lung secretions, ascites, lymphodema**
- Fluids will not bother the person
- **Reality - having needles sited is painful**
- **They may be incontinent or require catheterisation**
- The relatives expect it
- **Reality - they need education to understand, they want compromise, they need to know other ways to care**

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## To feed or not to feed?

- There is no evidence that artificial nutrition prolongs survival in advanced disease
- Studies showed that people in hospice care who refuse food and fluids usually die a 'good death' within two weeks Ganzani et al 2003
- Further studies have shown that starvation and dehydration might also have analgesic benefits produced by the generation of endorphins and the action of ketones
- **There is no right or wrong answer**
- Each person and their significant others are unique and need education and understanding. **Compromise** is important.

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## Before offering fluids, it is important to consider:

- What are the goals in giving fluids?
- Are they consistent with the patient /family/whānau goals?
- Will giving fluids cause harm or discomfort?
- Will it improve quality of life?

*Hospice and Palliative Care Nurses Association 2013*

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## The reality

It is not the withholding of nutrition and hydration, but the disease that is causing the impending death. The healthcare team must be available to deal with family questions and concerns throughout this difficult time.



Mary Ann F. Schultz. Helping Patients and Families Make Choices About Nutrition and Hydration at the End-of-Life. *Medscape*. Jun 01, 2009.

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## Conclusion

“There are insufficient good-quality studies to make any recommendations for practice with regards to the use of medically assisted nutrition in palliative care patients. Clinicians will need to make a decision based on the perceived benefits and harms of medically assisted nutrition in individual patient circumstances, without the benefit of high-quality evidence to guide them.”

Good P, Richard R, Syrris W, Jenkins-Marsh S, Stephens J. Medically assisted nutrition for adult palliative care patients. *Cochrane Database of Systematic Reviews* 2014, Issue 4.

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