

Providing Care & Comfort

Mouth care

- Keeping lips moist (with lip balm, artificial saliva, moisturizer) can relieve dry mouth and thirst
- Use a mouth swab, moist cloth or very soft toothbrush to clean the mouth; avoid glycerin swabs which can dry the mouth
- Mist the mouth (with small amounts of liquid to prevent accidental choking)

If the person can still swallow safely

- Give mouth care as above
- Let the person decide how much food or fluids they want; offer small portions without insisting
- Offer ice chips or popsicles

When the person can no longer swallow

- Continue mouth care as above
- Offer other kinds of support and nourishment: gentle touch, lotion or massage; reading, music or prayer; sharing stories, photos or memories

For more information

Victoria Hospice supports people through the often overwhelming emotions and realities of coping with life-limiting illness, death, and the grief journey.

We're here to help you navigate the end-of-life journey with compassionate care, practical support and helpful resources.

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Changing Ability to Eat and Drink

Understanding and responding:
a palliative approach

Information for patients
and families

Changing needs in advanced illness

As our body changes in advanced illness, our ability to digest or use nutrients from food decreases.

When food and fluids no longer provide the same benefit as they used to, the body protects itself by lowering feelings of hunger and thirst. Continuing to give food or drinks at this time can cause bloating, nausea, vomiting, breathing difficulties or other problems.

The change in intake is often not troubling for the person who is ill, but because sharing food and drink are so connected to 'life', 'love', 'caring', and a shared sense of meaning and culture, it can be a very difficult change for those caring for them.

As carers, it can help to ask "what is most beneficial for this person at this time?" and "how can I care for them right now other than by offering food or fluids?"

There will be no single 'right answer' as it always depends on the unique circumstances of each patient. Ask your healthcare team for information and advice about what is best in your situation.

- Decreasing intake is a usual, expected part of advanced illness, and of the process of a person coming towards a natural end of life
- As their body weakens, people who are ill often lose their ability to swallow safely; once that happens, eating or drinking may put them at risk of choking or taking food or fluids into their airway (*aspiration*)
- Giving nutrition or fluids by artificial means (such as by IV or under the skin) does not usually relieve any remaining feelings of thirst, improve comfort or quality of life, or prolong people's lives once illness is advanced
- If swallowing is safe, offer small amounts of food or drink through the day with a focus on pleasure, enjoyment and social connection

Loving support and presence can be important nourishment

Some medical terms

As illness advances, the person who is ill often develops a *complete* lack of appetite and interest in food which lasts over time and does not improve. This is known as *anorexia* (not the same as the eating disorder known as *anorexia nervosa*). People with anorexia do not feel hungry even if they have not eaten for hours or days.

As well as loss of appetite, people with advanced illness often begin to lose weight as their body loses its ability to obtain nutrients and energy from food, even when they are still eating. Illness-related changes in body chemistry and immune system functioning contribute to this process of ongoing weight and muscle loss, known as *cachexia*.

Cachexia-anorexia is a common occurrence in advanced illness, and cannot usually be reversed. While most people nearing end of life do not experience hunger or thirst, changes in their appetite, taste, or intake can be distressing for family members and caregivers, who may have mixed feelings, or have questions about "reduced calories" or "dehydration".