Alberta Hospice Palliative Care Community of Practice

Eating at End-of-Life

Presenters:

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Host and Moderator:

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Date:

January 30th, 2025

Project ECHO® Palliative Care - Canada BY Pallium Canada

Covenant Health Palliative Institute

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness. The views expressed herein do not necessarily represent the views of Health Canada.

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Disclosures

The Palliative Care Public Awareness project is funded by the Government of Alberta. The views expressed herein do not necessarily represent the views of the Government of Alberta.

Reminders

- This session is being recorded. Your microphones are muted.
- Please do not disclose any personal health information during the session
- Using the chat function:

  Please introduce yourself and include where you are joining us from

  If you have any comments or are experiencing technical difficulties

  Please post your questions in the chat

Learning Objectives

By the end of the session, participants will be able to:

Describe some of the reasons eating at end of life is important to patients, family and staff

Recognize the various factors that influence someone's abilities to safely eat at end of life

Learn interventions available for bedside clinicians to decrease risk, increase comfort, and enhance care around eating at end of life for patients and families

Covenant Health
Palliative Institute

Eating at End-of-Life

Hospice Palliative Care Community of Practice

January 20th 2pm-3pm MST

Land Acknowledgement

Truth and Reconciliation Commission's Calls to Action

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

Let's Reflect

Traditional Food is Medicine from the First Nations perspective: Living My Culture

Member Introductions

Tell us a little about you:

-Your role and location of work

-Your favorite vacation spot

- Why this topic is important to you

Eating at End of Life

For the Patient

Medical and EOL Symptoms

Physical

Social

Spiritual

Cultural

Psychological

For the Family/Friends

Care

Love

Routine

Symbol of health and healing

For The Staff

First to see what is happening at bedside

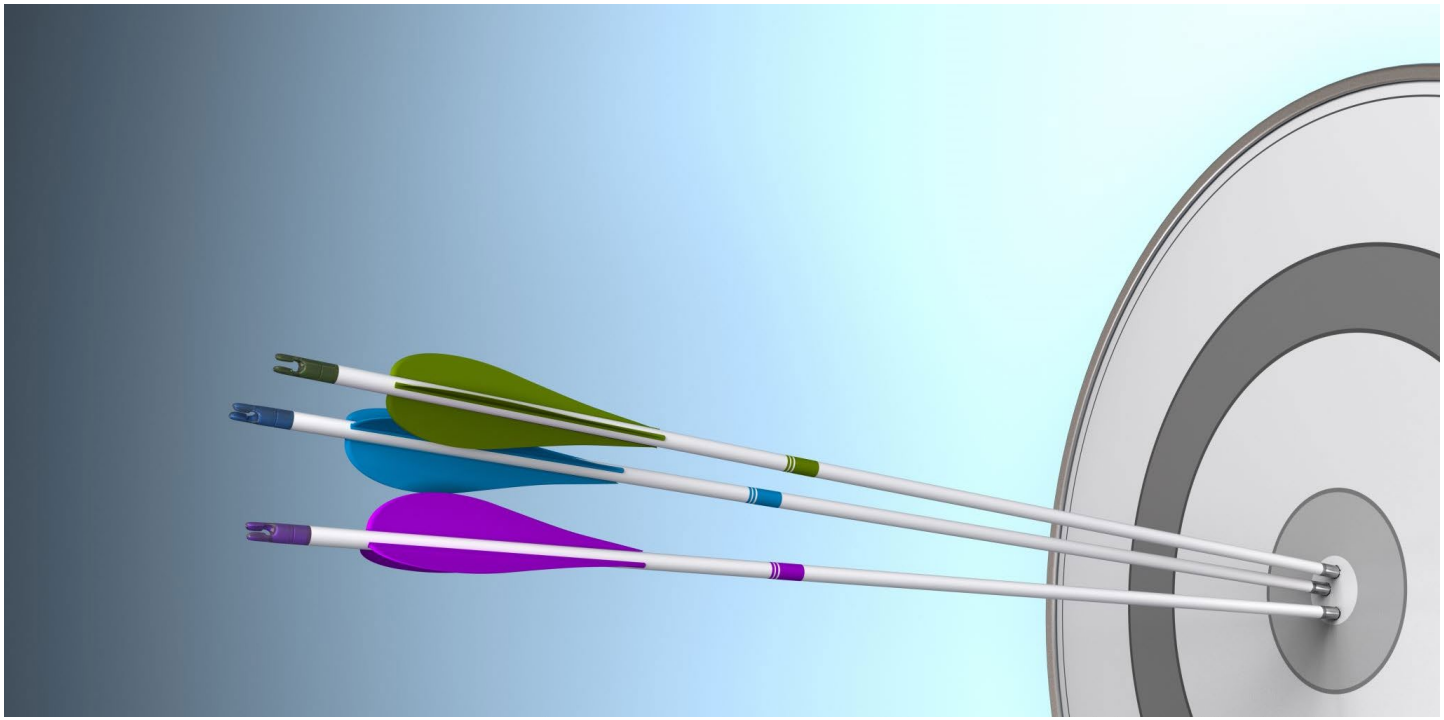
Symptoms (SOB, nausea, dysphagia, dry mouth etc)

Safety versus Risk

Hydration

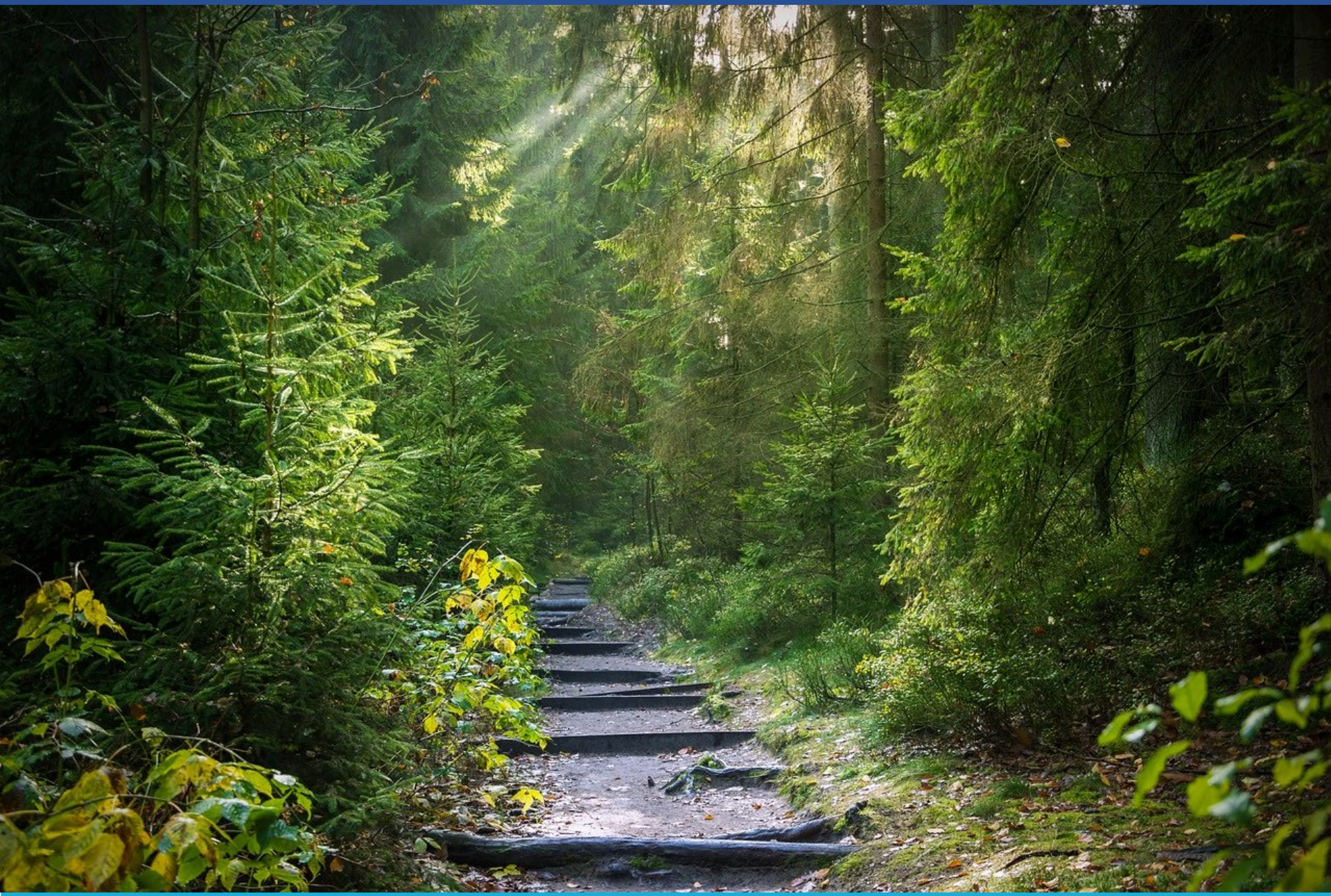
Medication administration

What's our goal?



Preventing negative outcomes;

Physical and psychosocial



Dysphagia

Dysphagia: A disorder of swallowing- transfer of food from the mouth to the stomach

Dysphagia: Risk Factors

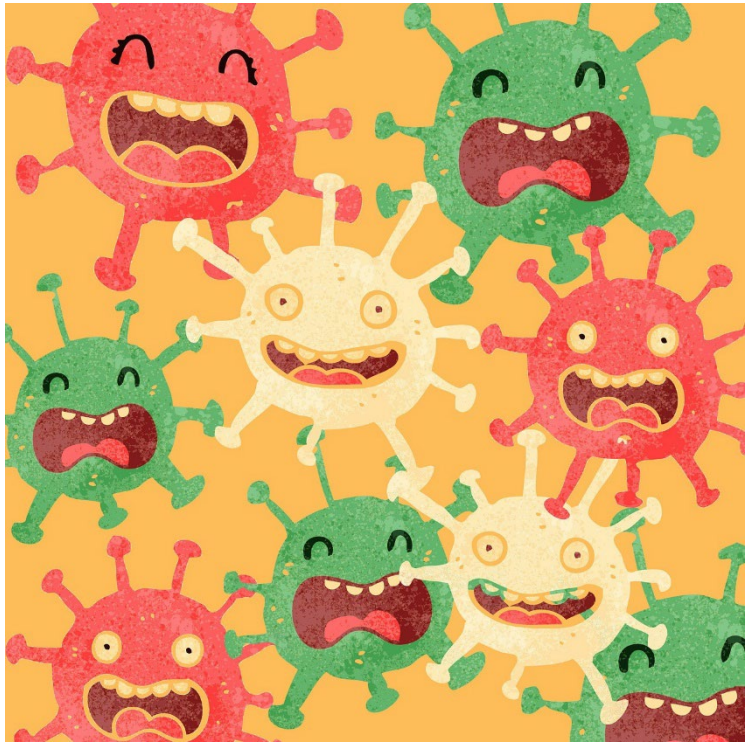
Weakness;
Anorexia/cachexia;
Loss of appetite;
Dehydration;
Dysarthria, Dysphonia;
Pain / discomfort;
Dependency for feeding;
Cranial nerve function;
Confusion and/or delirium;
Shortness of breath/coughing;
Drooling/ secretion management

Dysphagia: Signs and Symptoms

Sensation of food or drink being stuck in throat;
Food or drink leaking out of mouth;
Difficulty managing secretions;
Pain with swallowing;
Coughing or gagging;
Shortness of breath;
Difficulty chewing;
Change in voice;
Regurgitation;
Dehydration;
Malnutrition;
Weakness

Aspiration

Aspiration: entry of material into the trachea, below the level of the vocal cords



Aspiration Pneumonia: 3 part process

Risk Factors for Aspiration Pneumonia

- Age
- Inpatients/ institutional setting
- Multiple medical conditions
- Reduced mental status
- Reduced functional status
- Tube feeding
- GERD
- Poor nutritional status
- Oropharyngeal colonization of pathogenic bacteria
- Decayed teeth
- Reduced pulmonary clearance
- Immunocompromise
- Higher number of medications
- Dependent for feeding and oral care
- Excess secretions

To Thicken or Not To Thicken

Solids vs liquids vs thin vs thick vs water vs juice vs NPO

Ethical Considerations at End Of Life

All patients are **at risk**
No swallow is “normal”; only **functional** or not
Everyone’s relationship with food and end-of-life needs **are different**

What are we trying to achieve?
What are the **harms**? For whom? What is the greatest harm?
How do we balance patient **autonomy** with safety?
Are we doing our best to **communicate** what is happening?

Family Perspective

Eating is social;

Bringing food is a way of caring;

Many cultures have meaning around food and eating;

Dependency for feeding can be a family task;

When a person is eating or drinking less, they may be closer to dying- this is hard to accept.

A Team Approach

Patient/ family perspective (including culture, wishes, values and understanding of their medical condition);

Information about the dying process;

Diet and intake;

Cognitive status;

Behaviors;

Fatigue;

ESAS and PPS;

Oral care/ thrush;

Medications – best route;

Strategies

Being awake and alert;

Being upright (positioning);

Small snacks;

Foods they enjoy;

Finger foods;

Easy to chew;

Water and ice chips;

Use a spoon, no straw (rate and volume)

Switching to subcutaneous meds;

Dry mouth interventions;

Understand physical and verbal cues, educate family;

Ensure people who are feeding others are trained

4-Domain Care Strategy

In 2010, Yamagishi et al. proposed a care strategy for families of terminal patients :

1) relieving the family members' sense of helplessness and guilt,	**2) providing up-to-date information about hydration and nutrition at the end of life,**
3) understanding family members' concerns and providing emotional support, and	**4) relieving the patient's symptoms**

Eating for Comfort

Taking attention away from food and drink;

Being flexible;

Encourage other ways to show you care

Understanding eating for comfort at the end of life

How to start the conversation between you and your healthcare team about eating and drinking

The changes people go through as their health declines can be hard to talk about. This information can help guide important conversations between families and the healthcare team about eating & drinking.

Why is this hard to talk about?

Eating is a social activity. It can bring up pleasant or unpleasant emotions.

Giving food and drink is a way of showing you care. When your family member or friend is eating and drinking less or can't eat or drink, it can be very hard to accept. When a person is no longer able to eat or drink, they may be closer to dying.

Why aren't they eating?

There are many reasons why your family member or friend may change their eating habits at the end of life.

- As health changes and the end of life nears, it's normal to eat and drink less. Eating can become hard work.
- The pressure to eat may cause emotional stress, however, eating more can cause physical discomfort such as nausea or bloating.
- As the end of life gets closer, people usually feel less thirsty and hungry. They may begin to lose weight and strength no matter how much they eat. The body becomes less able to use the energy and nutrients in food and drinks.
- Eating less food and drinking less fluid is because of the illness and not because they are giving up.

What Can We Do To Enhance Comfort?

Oral symptoms are common at end-of-life.	Nurses may be the first to notice.	Decreased appetite is a natural sign of advance disease.
Oral symptoms can affect nutrition/hydration, QOL, social interactions etc.	Focus on comfort and QOL, understand and support the patient's wishes.	Provide information on benefits and burdens to patient and family.
Assess the whole person and evaluate/ treat reversible issues	Pain and symptom management- pharmacological and non-pharmacological interventions.	Oral care: brush teeth, moisturize lips and oral mucosa.

Xerostomia (Dry mouth)

The usual cause is medication.

Correlated to:

Discomfort and pain;

Difficulty chewing;

Anorexia;

Difficulty speaking;

Dysphagia;

Dysphonia

Oral Care

Oral care should be daily (minimum);

Can alleviate oral discomfort, increase food intake, and increase the chances of communication;

Vital in maintaining dignity

Canadian Virtual Hospice :: Home :: Support :: The Video Gallery :: Personal hygiene - Helping with mouth care

Topics – Care of the Mouth – Canadian Virtual Hospice

Standards

Alberta Health Continuing Care Health Service Standards (2024)	Accreditation Canada Palliative Care Service Standards (2024)	Registered Nurses Association of Ontario (2020) Oral Health: Supporting Adults who require assistance- 2nd edition
15.2 The policies and procedures in 15.1(a) must provide the Client with the opportunity for **assistance with oral care twice a day and more** frequently when required, as documented in the Client's Care Plan.	4.1.17 The team **regularly re-assesses clients' health status** and documents the results, and all services provided, in the client record in a timely manner, and particularly when the health status changes. (**Oral is listed as a common symptom that should be assessed to the greatest extent possible**.)	The expert panel recommends that, as part of their admission assessment, health providers obtain and document a person's: **oral health history; current state of oral health; and oral hygiene beliefs and practices, including their self-care abilities.**

Artificial nutrition

If families wonder, what can you share?

Implications; Risks; Benefits

Questions and Comments

Upcoming sessions

March 27th, 2025: **Orientation and Continuing Education for Nurses in Palliative Care**

Brooklyn Dell, CNE

May 29th, 2025: **Pain and Anxiety Medications at End of Life from a Palliative Nurse Consultant Perspective**

Luisa Arevalo, RN

September 25th, 2025: **Palliative Sedation: A Nursing Job Aid**

Sheila Killoran MA, MTA, FAMI

Thank you

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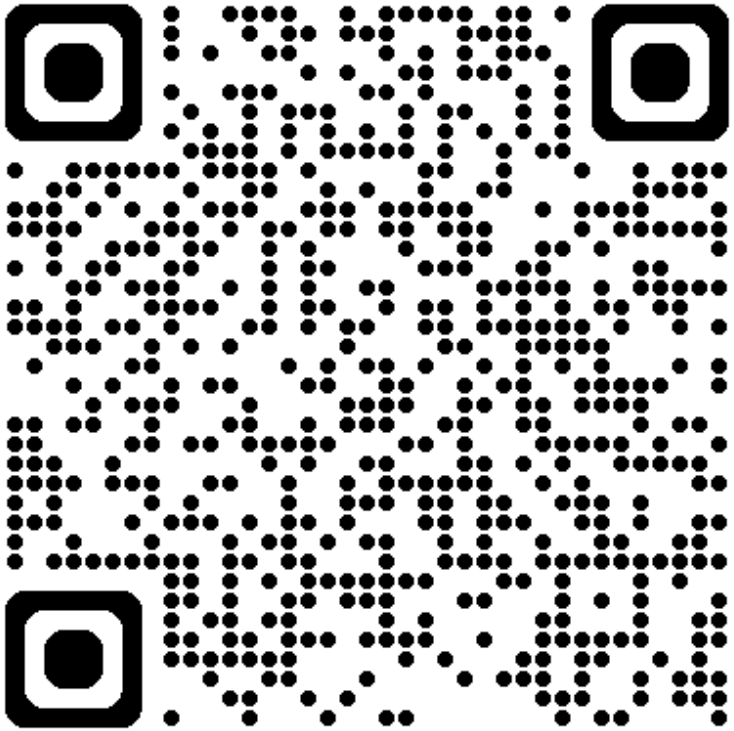
Microsoft Edge
PDF Document

EVALUATION



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Thank You

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