



APM POSITION STATEMENT ON THE PROVISION OF CLINICALLY ASSISTED NUTRITION AT THE END OF LIFE

(Updated July 2018)

Key Points:

- Nutrition is a key requirement which should always be considered at the end of life
- Assessment of a person's need for artificial nutrition should be an individualised and ongoing process
- Decisions regarding artificial nutrition should be discussed carefully with patients and their relatives

Context

Eating / receiving nutrition is a basic requirement which is both life sustaining and can give pleasure. Nutritional needs should always be considered when it is not possible to eat normally, and artificial feeding may need to be considered, including at the end of life. Clinically assisted nutrition (CAN) which, under current legislation, is regarded as a form of medical treatment¹ involves provision of nutrition via a nasogastric tube, percutaneous endoscopic gastrostomy (PEG), radiologically inserted gastrostomy (RIG) or intravenous infusion (and occasionally other routes of administration).²

Before considering CAN, one should consider whether someone simply needs assistance eating, whether they are refusing food, or whether they are unable to eat even with assistance. It is important to ascertain the reasons why this is the case, and to see if anything can be done to change an inability to eat.

Why is this important?

Towards the end of a person's life they may lose the ability to eat, and stopping eating is part of the normal dying process. This is usually in the last few days of life, but can be much earlier. At this point, it is important that a decision is taken as to whether food should be replaced artificially. Since nutrition is such a basic requirement, it is important to think carefully about what is the right approach to take for each individual. In some cases it may be appropriate to give CAN, but in other cases this is not the right course for someone who is dying.

What are the benefits and risks to patients and families?

There is no clear evidence that CAN improves symptom control, comfort, or quality of life when a person is dying, although ongoing research is looking at this question. Equally, there is no concrete evidence it causes harm. However CAN at the end of life may result in harm:

- Aspiration. Food intended to enter the digestive system ends up in the lungs, and may cause difficulty breathing or infection.
- The process of providing CAN to a patient can itself be unpleasant. This may require feeding tubes, and/or tubes inserted into large veins.

Nevertheless, it can be very distressing to watch a patient who is unconscious without food for a prolonged period and therefore decisions about CAN must be constantly reviewed. It is also important to provide high quality mouth care to the dying, as this can go a long way towards improving comfort and reducing thirst.

What is the societal view?

All decisions about CAN should follow careful consideration of the individual circumstances of the patient, and focus on reaching the decision that is right for that patient. The decision must consider the patient's (and carers) views, and the patient-specific benefits, burdens and risks of CAN.¹ Withdrawal of CAN at the end of life can be very distressing, especially if the risks and benefits are not clearly explained. In some cases, people will have made an advance decision to refuse treatment that may include CAN. In other circumstances, a formal capacity assessment may be needed. If there is disagreement a second opinion should be sought.

References

1. Airedale NHS Trust v Bland [1993] 1 All ER 821
2. General Medical Council. Treatment and care towards the end of life: good practice in decision making. Manchester: General Medical Council; 2010

Other resources

- General Medical Council (GMC):http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_patient_nutrition_and_hydration_needs.asp
- National Institute for Health and Clinical Excellence (NICE) UK:
<https://www.nice.org.uk/guidance/ng31/chapter/Recommendations#maintaining-hydration>
- Cochrane Library of Systematic Reviews:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006273.pub3/abstract;jsessionid=F44B801F7A7FC42B7AFF57FC2E334B48.f03t02>



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