Decisions about whether to administer, withhold or withdraw medical treatment for a terminally ill person can be very difficult. Because of the symbolic meaning attached to providing food and drink, decisions about whether to provide artificial nutrition and hydration can be especially difficult. However, artificial nutrition and hydration should not be confused with ordinary food and drink; they are very different, and, the experience of the person who is receiving them is also different.

- Artificial nutrition and hydration are medical treatments that allow a person to receive liquids and/or nourishment. One way to do that is through a tube feeding in which a chemically balanced mix of nutrients and fluids is provided by either placing a tube through the nose into the stomach or directly into the stomach. Another type of artificial nutrition, sometimes called “TPN” can be delivered through an infusion into a large vein.

- Artificial nutrition or hydration may be given when a person cannot eat or drink enough to help sustain life or health and is a way to bypass whatever may be preventing a person from eating or drinking.

- Artificial nutrition and hydration are medical treatments that may be refused like any other treatment. Any patient, or their designee, who has the ability to make decisions can decide whether or not these treatments are wanted.

Rainbow Hospice and Palliative Care believes that decisions made to administer, withhold or withdraw artificial nutrition or hydration should be carefully weighed with the patient being the central focus. An informed decision should reflect realistic goals that include the patient’s preferences, comfort and participation whenever possible.

Rainbow Hospice and Palliative Care believes that the hospice philosophy of care ultimately supports patient and family decisions with respect to their cultural, ethical and religious beliefs regarding informed, self-directed medical care, including artificial nutrition and hydration. Therefore, Rainbow Hospice and Palliative Care is committed to using all available resources to assist the patient and family in making an informed decision that:

- Promotes individualized care and realistic goals,

- Evaluates the benefits and the burdens of artificial nutrition or hydration,

- Considers the patient’s individual condition and ability to tolerate the artificial nutrition or hydration, and

- Helps the family and patient understand any financial burden that may be the result of their choices.
Rainbow Hospice and Palliative Care encourages people to indicate in their advance directive documents, such as a Living Will or a Durable Power of Attorney for Health Care, what their preferences would be in the event that they are no longer able to speak for themselves. Ideally, the patient will discuss his or her health care choices with family and care providers as she/he is completing these documents. The hospice plan of care can then be carried out in accordance with the patient’s own values and beliefs. Rainbow Hospice and Palliative Care recognizes the debate surrounding the administration, withholding or withdrawal of artificial nutrition or hydration for patients with terminal illness. Special considerations related to these patients include the following.

- Unlike ordinary eating and drinking, artificial nutrition and hydration does not offer the sensory rewards, social interaction and comforts that come from the pleasure, taste and texture of ingesting food and drink.

- Although it cannot reverse the terminal condition or change the course of the disease, artificial nutrition or hydration is frequently given to people with irreversible neurological disorders, such as advanced Alzheimer’s disease or a severe stroke. It is also utilized in an attempt to reverse the body wasting or loss of weight that terminally ill cancer patients experience. Recent studies find that this treatment does little to enable these patients to live longer, and in fact, can be a source of additional risks that can shorten life.

- Artificial nutrition or hydration may be considered for patients who can no longer eat and drink. Generally, when a patient is at this stage, he/she is also not able to handle the additional fluids given via the feeding tube or IV, because the body is losing its capacity to absorb intake. Rattling respirations, swollen limbs, diarrhea and skin breakdown are some side effects of artificial nutrition or hydration in people who are terminally ill. These side effects are generally worse than any benefits these treatments may be providing.

- The body’s adaptive process for dying adjusts the experience of hunger so that it is not present near the end of life. The experience of a dry mouth may be distressful, and, if so, this problem can be managed.

Rainbow Hospice and Palliative Care recognizes that symptom management and comfort measures are paramount in providing a safe and dignified end-of-life experience for the patient and their family. Non-medical issues can be important aspects of decisions about providing artificial nutrition and hydration. Some people, for personal or religious convictions, believe that nutrition and fluids must always be given no matter what the condition of the patient, the expected benefit or how much the patient may be suffering. An informed decision with regard to artificial nutrition and hydration, based on the patient’s and family’s cultural, ethical and religious beliefs, is important. Rainbow Hospice and Palliative Care provides assistance to help patients and families sort through these issues and choices.

Rainbow Hospice and Palliative Care is committed to serving all who elect, and qualify for, the hospice care option. Therefore, Rainbow Hospice and Palliative Care will not exclude or abandon anyone who raises questions related to artificial nutrition and hydration. Rather, all the resources of the interdisciplinary team of care providers will be used to address issues that might prompt a patient’s concern or questions.