

WHAT IS A PALLIATIVE APPROACH?

This pamphlet was made to help persons experiencing food and fluid intake changes, and their families, know what to expect as their disease progresses towards the end of life.

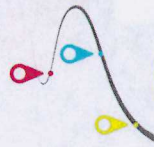
A Palliative Approach:



Is for residents in long term care (LTC) with progressive conditions that have no cure



Shifts focus from prolonging life to maintaining quality of life



Is an active approach that can start at any stage of chronic illness

Is part of usual care



Does not require a referral

A Palliative Approach includes:

- Treatment of curable conditions
- Pain and symptom management
- Social and spiritual support

FOODS & FLUIDS

Food and fluids are a big part of our normal lives. Food and fluids have important meaning in social, cultural, and religious practices and rituals. When normal appetite and intake declines it can be frightening and a reminder of change and deterioration.

Are Changes in Appetite and Intake Normal?

Yes, a decrease of food and fluid intake is to be expected, it is normal and does not harm or hurt your loved one.

The body systems start to “slow and shut down” in preparation for a natural death, resulting in less need for food and fluids.

Feelings of hunger and thirst diminish during this time naturally.

What Affects Changes to Eating and Drinking?

Medications, the disease, and other treatments can affect taste, smell, appetite, or the physical ability to digest foods.

As disease progresses, it is natural and common to develop a lack of interest in food and drink.

HELPFUL

THINGS TO CONSIDER:



The body requires less food and fluid during this time, it's the body's way of preparing for a natural death.



Be reassured people are not starving, or thirsty, this is a normal part of the dying process. It is the underlying disease that is causing these normal changes.



Difficulty drinking and swallowing may increase the risk of choking, and be stressful for your loved one.



Keeping the mouth clean and moist, including lips, provides great comfort.



Clinically assisted nutrition, (artificial feeding, IV or subcutaneous fluids), **does not halt the dying process**. Research shows it does not help the person to recover or increase comfort. Often, artificial feeding **can have a negative effect** and cause other distressing symptoms.

THINGS TO HELP YOU

Focus on **quality and enjoyment of time** together.

- Replace the social connections of mealtime with other time spent together. These things may also change over time.

Ask if there are **medical conditions** you need to be aware of such as difficulty in swallowing

- e.g., mouth infections or pain, tumours, or sores.

Share with the health team the importance of any **spiritual practices or rituals related to food** that you or your loved one participate in.

- The team can also speak with your faith leader to look at alternate ways to participate.



Talk to your health care team early about what to expect regarding the food and fluid changes of your loved one. Remember, you can talk to your health care team about any worries.

Online Resources:
www.virtualhospice.ca



Contact us by email at
spaltc@mcmaster.ca

FOODS & FLUIDS AT END OF LIFE

A resource for residents, families, and friends



SPA-LTC
Strengthening a Palliative Approach
in Long-Term Care