When people are near the end of life, it is natural that they may slow down or stop their intake of food and fluids by mouth. The goals of care are to provide physical comfort. Emotional support for the patient and his/her family is important. Treatments that might prolong life are usually stopped. The care becomes palliative and supportive in nature - comfort care.

Do people who are dying experience hunger and thirst?

If their mouths and lips are kept moist, people who are dying do not feel hunger and thirst in the way we do. This is because their bodies are slowing down and do not require food and fluid to function. It is as though nature provides for comfort, knowing that a person will not be able to consume nourishment or water.
What can families do to make the patient comfortable?

Family members can learn how to provide mouth care for their loved ones. Your health care team can teach you how to do this. Care includes moistening the lips and mouth with water on a clean face cloth or in a dropper. The mouth can be cleansed inside with mouth washes, and a moisturizer applied to the lips regularly. Moisture mouth sprays are also available for such situations. Ask your health care team for advice about such sprays. A humidifier in the room can help by keeping the air moist.

Your health care team may want to have a swallowing assessment done to determine whether your loved one can swallow foods safely and without difficulty. While your loved one can still eat and swallow, offering easy-to-take foods, such as ice cream, apple sauce and pudding can be refreshing and pleasurable. Staff also will show you how to give your loved one small amounts of these types of foods.

What about giving fluids through a needle?

Fluids containing sugar and salt can be given by an intravenous or butterfly needle. While this is not necessary at the end of life, there may be particular reasons for doing so. Your health care team may wish to discuss this option with you. If the key goal of care for your loved one is to maintain comfort, fluids by needle are not necessary.

What about feeding tubes?

Feeding tubes give nourishment through a fine tube in the nose or a tube through the abdomen into the stomach. They can be helpful for people who cannot swallow well enough to eat, and where the goals of care are to prolong life and gain strength.

Feeding tubes have some complications and may be somewhat uncomfortable for the patient. Feeding tubes are not typically used in patients nearing the end of life in a palliative care situation. If you have questions about feeding tubes, talk with your health care team.

What if I had to decide about intravenous or feeding tubes?

These decisions can be very difficult. It is natural to struggle with such options until you can reach a decision that brings you peace of mind. It can be very helpful to consider the following:

- Your loved one’s wishes about intravenous and feeding tubes. Can he/she tell you now? If not, did he/she tell you earlier in their illness? Do you have an idea what he/she might want?
- The goals of care for your loved one now. Is the main goal his/her comfort?
- What will bring the best quality of life for him/her?
- The benefits and burdens of these procedures for your loved one, as outlined by the health care team, and what they would recommend.
- The message from your heart, or “inner voice,” as to what would give you the most peace of mind.

How else can I comfort my loved one?

You may wish to consider trying the following:

- Massaging his/her hands and feet with lotion.
- Talking with your loved one and sharing memories, thoughts and feelings. Even people who cannot answer you may be able to hear and know you are there with them.
- Placing a favourite quilt and pillow on the bed.
- Placing flowers and favourite photos near the bedside.
- Playing favourite music softly in the background.
- Taking your loved one outdoors if the weather is good.
- Arranging visits from family pets.
- Any other ideas you may have that would be comforting for your loved one.
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When people are near the end of life, it is natural that they may slow down or stop their intake of food and fluids by mouth.

What can we do in this situation?

Near the end of life, the goals of care are to provide the sick person with physical comfort. Emotional support for the patient and his/her family is important. Treatments that might prolong life are usually stopped. The care becomes palliative and supportive in nature - comfort care.

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