

Is there a difference between withholding and withdrawing medical treatment to give food and/or water?

Medical treatments are recommended when the doctor believes a patient may get better (ethically, known as a **benefit**). The doctor may recommend the treatment be stopped when there is no realistic possibility of making the patient better (ethically known as **burden**).

What can be done to provide comfort to a dying patient who is no longer eating or drinking?

Keeping a dying patient comfortable is very important. Comfort care is also known as palliative care. Doctors, nurses, chaplains, health care aides, social workers, and volunteers will do whatever is necessary to keep a dying patient comfortable. Ask these professionals about pain control and comfort care, including the side effects of not getting food and water.

This care can be provided by a hospice program and the doctor will know when it is appropriate for hospice to be involved.

Keep in mind that the age-old role of medicine is summed up well with the following quote:

What is the role of medicine?

*“To cure sometimes;
to relieve often;
to comfort always.”*



We thank Kansas Health Ethics, Inc. (now closed) for their efforts in the development of this and other documents. For more information about obtaining copies of this document contact

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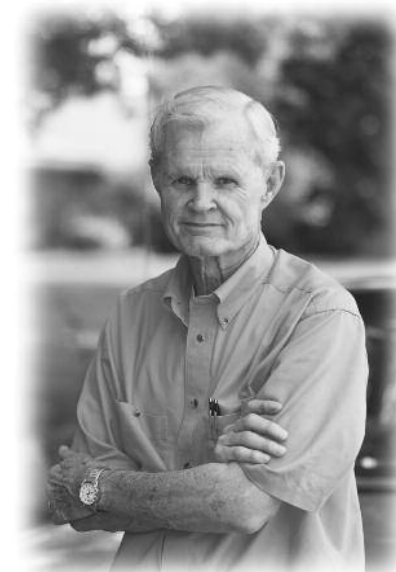
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Medically Assisted Nutrition and Hydration

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When a loved one is not eating or drinking . . .

Old age, illness, or an injury may make eating or drinking through the mouth impossible. Prior to modern medicine, such a condition would soon result in death. Today, several ways are available to provide food and drink to a patient unable to swallow. These are called “medically assisted nutrition and hydration”. There are several things you should know in order to make decisions about these medical treatments.

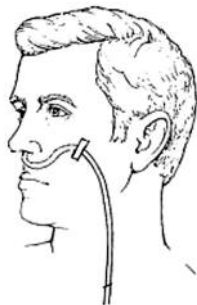
What is medically assisted nutrition and hydration?

Medically assisted nutrition and hydration is a medical treatment which helps someone who cannot swallow get food and water.

Here are some medical ways to give food and water:

NG (nasogastric) tube:

A small tube is placed through the nose, down the throat, and into the stomach. It is meant to provide food, water, or medicine for only short periods of time. The tube can be uncomfortable and may upset the patient. It may cause sore throat and vomiting. Ask the health care team about what else may happen.



PEG (percutaneous endoscopic gastrostomy)

tube: A tube that is used for long term use.

This tube is put in a hole cut through the abdomen and the food is placed directly into the stomach. Side



effects could be infection and diarrhea. Ask the health care team about what else may happen.

TPN (total parenteral [intravenous] nutrition):

This is also known as an IV line (a needle placed in the vein.) All required nourishment is given through this intravenous line.

Why would someone not eat or drink?

It could be simple. They do not like the food. They need help eating. Sadness or worry may cause lack of appetite.

They may be in the early stages of dying because of injury or disease. This means that the body is beginning to shut down and no longer needs food or water.

Is providing food and water necessary for good care?

Food and water are necessary to stay alive. But when someone is gravely ill because of injury or disease, food and water given through medical means (known as “medically assisted nutrition/hydration”) may not be helpful. In these situations good care may demand we not force feed a loved one. This may do more harm than good.

As is true for any medical intervention, the patient makes the decision whether or not to take the medical treatment. Seriously ill patients often are not able to make these decisions. That is why it is important to give written directions about future possible medical interventions. This can be done through a Living Will Declaration or a Durable Power of Attorney for Health Care. All medical providers have these documents available. They are also available through Wichita Medical Research & Education Foundation.

Are food and water necessary to keep dying patients comfortable?

A person who is in good physical condition obviously needs food and water. Hunger and thirst are uncomfortable. Someone who is dying does not have this same need. The opposite can be true; excessive food and water given through medical means can cause great discomfort.

Lack of water may cause the lips to be sore and the mouth dry. These conditions can be taken care of by lip balm, ice chips and swabbing the mouth with soothing liquids. Medical professionals who provide care for the dying are very familiar with these and other comfort measures.

Does the patient who does not eat starve to death?

The first question to ask is: Why is the patient not eating? Many times it is because there is a medical condition (injury or disease) that makes swallowing impossible or the patient no longer has an appetite because of the disease (for example, cancer). Death occurs because of the injury or disease, not from starvation.

Before modern medicine was able to provide medically assisted nutrition/hydration for people unable to swallow, we did not hesitate to say they died from the stroke, the heart attack, the cancer, the car accident, etc.



Comfort and dignity should always be the goal of care at the end of life.