

LOVE AND CHICKEN SOUP:

NUTRITION AND THE TERMINALLY ILL

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A comedian once told his mother that he had only a short time to live. Upon hearing the distressing news his mother said, "Sit down, I'll make you some chicken soup." The man asked, "Do you think that will help me now?" His mother responded with a hopeful smile, "It could not hurt."

Many caregivers for terminally ill patients feel much the same way. Because food is symbolic of love and nurturing, it is extremely difficult for family members to see their loved one have no desire for food or be unable to eat. A common reaction is to want to begin using nutritional supplements, tube feedings, or even use I.V. nutrition with the idea that "It could not hurt." Published facts now indicate that the use of forced nutrition in terminally ill persons is now of questionable benefit and may actually worsen a patient's condition.

Findings recently published in several studies pointed out that intravenous nutrition or forced feeding can lead to several harmful side effects in the terminally ill.

1. The rate of tumor growth may increase. Feedings may provide more nourishment for the tumor than the patient, which will actually shorten the life expectancy.
2. Forced feeding with oral supplements or tube feedings can increase the patient's G.I. distress causing them increased suffering.
3. Serious infections are often an occurrence associated with the use of I.V. nutrition (TPN).
4. True weight gain with these methods is marginal. The gain is usually attributed to fluid retention.

When a caregiver sees their family member eating less and less or eating nothing at all, it is often the first time they face the realization that their loved one is going to die soon. If they can keep the patient eating, "They will live longer, right?" It is difficult for loving family members to understand that by pressuring or forcing a patient to eat, their death will not be put off and their suffering may be increased.

This does not mean there is nothing that can be done when the appetite begins to decrease. It is helpful to have small frequent meals. If any supplements are added, the homemade variety is best tolerated. Puddings, gravies, soups, and milkshakes can be made with whole milk fortified with powdered milk. Hard candy helps moisten a dry mouth and add calories at the same time.

Medications to control nausea and vomiting may be helpful in allowing the patient who desires to eat to do so as comfortable as possible.

However, in spite of all the interventions, there will come a time in most terminal illnesses when a patient no longer feels any desire to eat and in fact may be repulsed by food. When this occurs, no matter how upsetting to the family, the patient should not be pressured or forced into eating. The caregiver needs to be reassured that they are doing the right thing for their loved one by not insisting on artificial nutrition. They also need reassurance that their loved one is not trying to commit suicide or becoming so depressed that they will not eat. This is part of the terminal process. Allowing the patient not to eat is in no way negligent rather it is in the best interest of the patient. At this time the family may need more constant reassurance than the patient.

The issue of nutrition is probably one of the most guilt inducing, frustrating and emotionally charged issues that terminally ill patients and their families ever deal with but with proper teaching and emotional support both the family and the patient can make informed decisions based on what is best for the patient allowing the patient to live and die as comfortable as possible. What is best sometimes means HOLD THE CHICKEN SOUP and substitute LOVE.