Understanding Eating for Comfort at the End-of-Life

How to start a conversation about eating and drinking

The changes people go through as their health declines can be hard to talk about. This information can help guide important conversations between families and the healthcare team about eating and drinking.

Why it's hard to talk about

Eating is a social activity. It can bring up pleasant or unpleasant emotions.

Giving food and drink is a way of showing care. When your family member or friend is eating and drinking less or can't eat or drink, it can be very hard to accept. When a person is no longer able to eat or drink, they may be closer to dying.

Eating less or not eating

There are many reasons why your family member or friend may change their eating habits at the end-of-life.

- As health changes and the end of life nears, it's normal to eat and drink less. Eating can become hard work.
- The pressure to eat may cause emotional stress, however, eating more can cause physical discomfort such as nausea or bloating.
- As the end of life gets closer, people usually feel less thirsty and hungry. They may begin to lose weight and strength no matter how much they eat. The body becomes less able to use energy and nutrients in food and drinks.
- Eating less food and drinking less fluid is because of illness and not because they are giving up.

Talk to your care provider

Families and friends often wonder if having softer food textures or nutrition supplement drinks such as Boost or Ensure will help.

Texture changes or nutrition supplement drinks may have benefits at different stages and in different ways. Dietitians and other healthcare providers can guide you.

How to tell if someone doesn't want to eat or drink

Listen and watch closely to what they are telling you about eating and drinking.

Respect what they tell you. Body language and facial expression can be as powerful as words. Here are some signs to watch for. They may not want to eat if they:

- say things like, "No, I just can't, maybe later" or "I'm too tired. You have it."
- make sounds or change the tone of their voice
- turn their head away from the spoon or cup, close their lips, push food away, frown, or clench their hands
- close their eyes or fall asleep.

If choking or coughing on food or drink starts, stop giving anything by mouth right away. Talk to your care provider before starting again.

Depression, medicine, constipation, dry mouth, and swallowing problems can affect appetite. Talk with the care team about how to deal with these concerns.

Eating for comfort

Eating for comfort is **when you take attention away from food and drink**, knowing that these may not make the person better.

- **Offer food and drink without forcing** or pressuring to eat. Offer these often and in smaller amounts.
- **Get pleasure from food and drink** without worrying about what, how much, or how healthy the food and drink may be.
- **Be flexible.** What they want and how much they eat may change from day to day. If you see signs of discomfort, wait for another time to offer food or drink.
- **Bring smaller portions of favourite foods** that can be re-heated or eaten later when the person wishes. Encourage other ways to spend time together that don't involve food or drink.
- **Caring is what matters most.**

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When the person I care about won't eat or drink

You can do a lot to show that you care, such as:

- **Just be there.** You don't have to talk, just be present.
- **Spend time together** that's not focused on food.
- **Use gentle touch** to give comfort.
- **Go out for a walk or do an activity** if they are able.
- **Enjoy quiet activities** such as playing music, reading out loud, or looking at pictures.
- **Keep their mouth moist.** This helps them feel comfortable. Moist mouth swabs or ice chips can help.

Talk to your care team about how you can help.

Remember, rejecting food doesn't mean your family member or friend is rejecting you or giving up.

Other ways to get food and drink

Many families wonder about different ways of giving food and fluids.

Nutrition can be given through a tube into the stomach (feeding tube), and fluids under the skin (hypodermoclysis, HDC, clysis) or in a vein (intravenous, I.V.).

Studies show that tube feeding and fluids not given by mouth may not make people more comfortable, live longer, or improve their quality of life.

Complications such as bloating, reflux, diarrhea, aspiration, nausea, or infection can happen.

However, there may be individual reasons why tube feeding and other ways of giving fluids are used. For example, a person may benefit from getting pain medicine using these routes.

Have we done everything we can?

Talk openly about possible care options while your family member or friend can still communicate their wishes.

By honouring their wishes, families and friends can show they love and support them. For more information, talk with the care team.

For 24/7 nurse advice and general health information, call Health Link at 811.

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