

NUTRITION PAST PRESENT AND FUTURE



OBJECTIVES

To understand the history of advanced directives

To have an understanding of ethical considerations regarding artificial nutrition and hydration

Understand family and patient beliefs regarding artificial nutrition and hydration

Know the clinical considerations in artificial nutrition and hydration discussions

Become familiar with new advance directives in regards to end of life nutrition

THE TIME LIINE

1967

Living Will

1979

PEG Introduced

1991

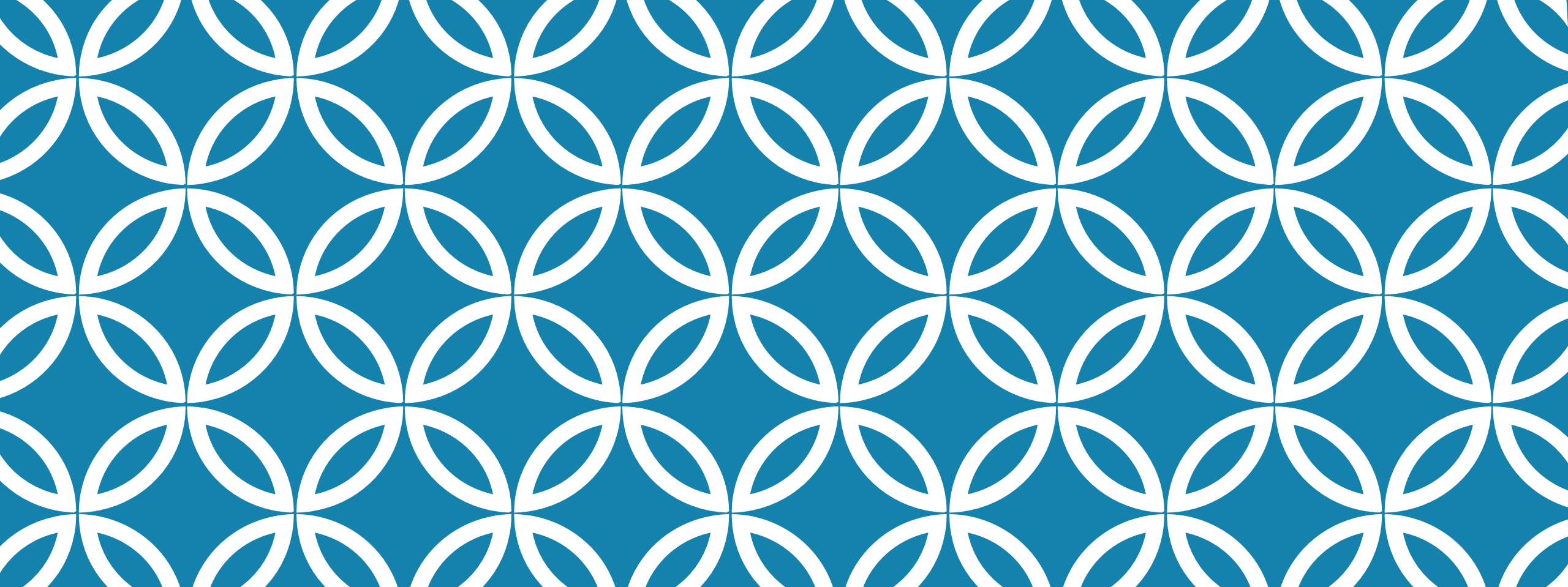
Patient Self Determination Act

1983-1997

States codified HC POA

Early 1990's through 1997

42 states implement OHDNR



PAST



ARTIFICIAL NUTRITION AND HYDRATION

Before the 1980's ANH was based primarily on religious and cultural factors

1980-1990 ANH became a standard of care for life sustaining measures

Bioethics began to argue that we should look at four pillars of ethics in regards to ANH

The cases of Curzan and Schiavo in the 1990's started the discussion of self determination

ETHICAL CONSIDERATIONS

Beneficence- must benefit the patient

Non-maleficence- must take into consideration risks and benefits of treatment

Autonomy- taking into consideration of patient wishes and decision regarding such treatments

Justice- accessibility and equality of the use of the treatment applied to the same group of patients

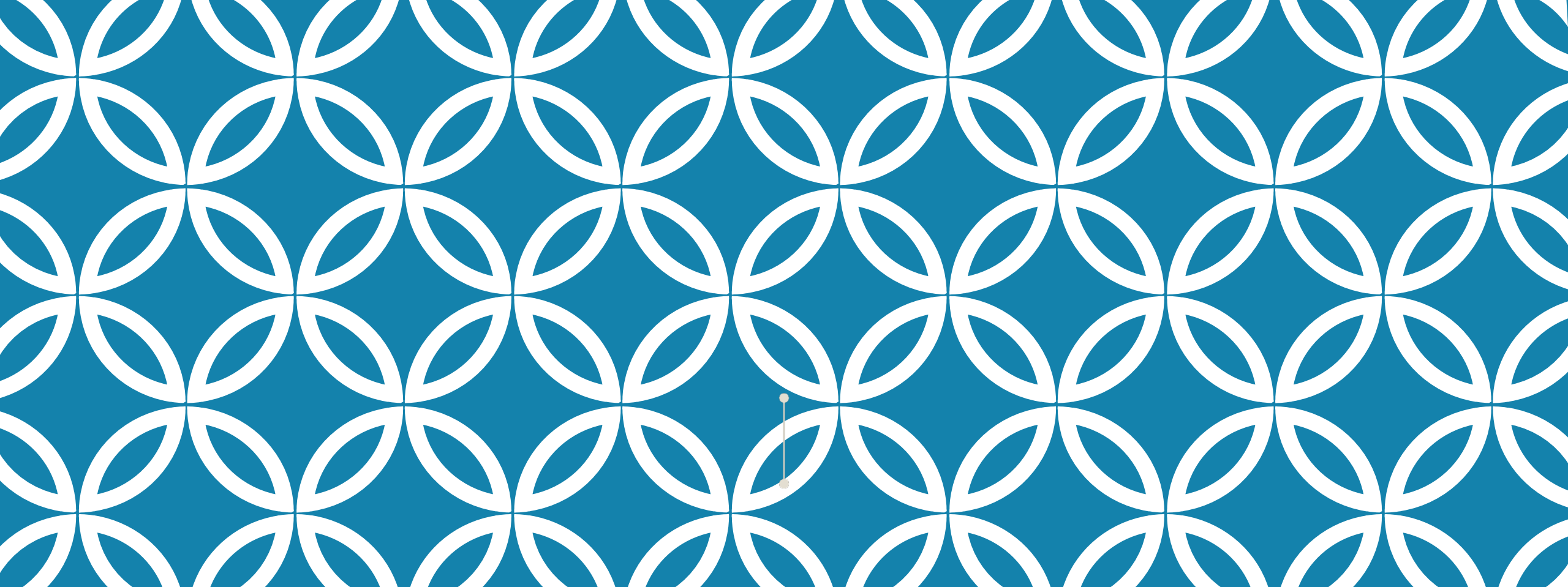
1990 PATIENT SELF DETERMINATION ACT

A Federal Law enacted to protect the patients right to self determination in health decisions

This law not only upheld the right to self determination but required that health care providers give information regarding this right.

This right is upheld by the advance directives of that time:

- Living will
- DPOA



PRESENT



FAMILY PERSPECTIVES ANH

The majority of families would implement ANH than to allow their family member to go with out

Families believe ANH can :

- decrease pain

- replenish the body

- enhance absorption of medications

- help loved on feel better physically and mentally

Belief that ANH will increase comfort and dignity and bring an increase in quality of life

PATIENT PERSPECTIVE ON ANH

Many patients can experience distress due to lack of interest in eating

Because of this psychological distress they may opt for ANH to help increase strength and increase hydration

Most patients state they would not want Gastronomy tube or Nasal gastric tube

And most patients would feel that ANH would be a sign of love from their loved ones

MANY STILL BELIEVE

Nutrition in any form must still be offered

Nutrition is a basic right the same as clothing, housing, or personal care

Cultural or Religious beliefs should help guide the decision making process

Often seen by not offering ANH is a form of starvation

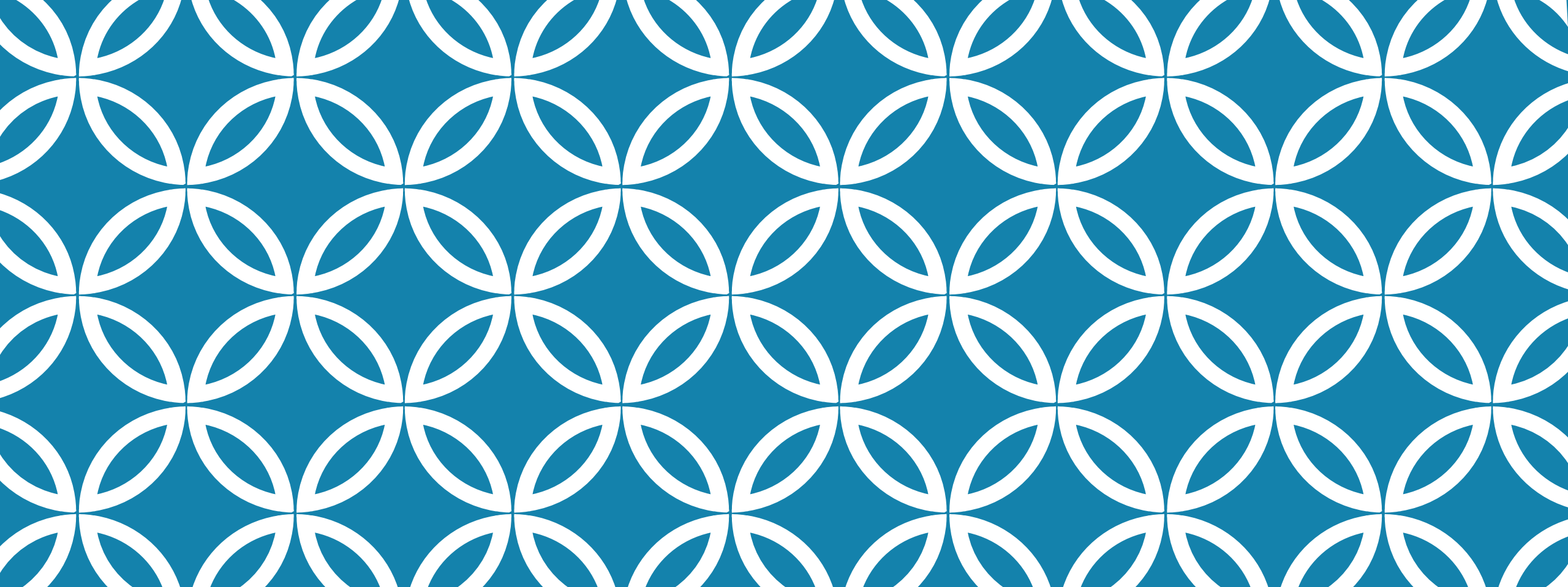
ADVANCED DIRECTIVES

Most adults still do not have an Advanced Directive and those that do have them do not have a directive on ANH

Health care professionals can help advance the conversation by discussing ANH is :

- A medical procedure
- Has uncertain benefits and considerable risks
- The goal with ANH is not to increase comfort

Engage in better conversations



FUTURE |



MEDICAL ADVANCEMENTS

With medical advancements people will continue living longer

Patients will continue to have more complicated health histories

The need for advanced nutritional directives will be more important than ever

ANH CONVERSATIONS

It is estimated that 132 million people will be diagnosed with Dementia by the year 2050

Its important to look to the future and what the outlook of advanced planning and education looks like for those that are aging

It is important to understand the increase in access to information will change our Advanced Directives in all aspects of health decisions

EDUCATION

ANH decisions starts with education

Encouraging education early in disease or before disease starts is important

Informed education of both sides risks and benefits

Ensuring the ANH education is discussed with all disease processes in mind

Ongoing education to health care professionals regarding legal and ethical considerations in patient rights and advanced planning

CLINICAL ANH CONSIDERATIONS

ANH may improve the following clinical conditions

- Patients in a vegetative state can live up to 10 years longer with ANH
- Patients with extreme short bowel syndrome
- Survival and quality of life can increase with patients with Bulbar Amyotrophic Lateral Sclerosis
- Patients with acute head or stroke in the critical care setting
- Patients receiving intensive advance cancer radiation treatment

Evidence does not show improvement in survival rate in patients receiving ANH with the diagnosis of Dementia

- These patients are at higher risk of complications related to ANH

CLINICAL CONSIDERATIONS

40% of patients have some type of complication related to enteral feedings

Many have a misunderstanding of end of life process in regards to nutritional needs

50% of patients with dysphasic strokes with enteral feedings live past 6 months

Emphasis on ANH not being for comfort

Weighing the clinical affects of ANH and the quality of life

- Fluid overload
- Multiple trips to the ED/hospital
- Endless cycle of receiving ANH

EMERGENCE OF NEW DIRECTIVES

In recent years more comprehensive directives have emerged

These forms are meant to give a more comprehensive look into wishes of patient in all stages of disease

These directives are similar to those Ulysses contracts we see in psychiatric care

Health care professionals should look for these to be used more widely in the future

ULYSSES CONTRACT

Was based on the Greek Hero

- As Ulysses' ship approached the fetching but deadly Sirens he and his crew tied themselves to the ship. They did this so they would not cave to the Sirens and abandoned ship falling to their deaths.

These new directives are completed prior to disease and clearly lay out patient wants

This helps others direct care as the patient wants not as what the decision maker feels they should do.

DEMENTIA DIRECTIVE

Dementia Directives have been growing in popularity

This Directive should be filled out prior to a patient dementia diagnosis

Gives a more detailed description of what end of life wishes would be

Can be set up to give directions through each stage of disease but the largest is directions regarding ANH through the disease process

Push for a more detailed advance directive than the traditional forms

Because it is the patient wishes it makes it easier to uphold in court and helps the proxy know patient wishes



POLST/TPOPP

Growing popularity

Holds the patients advance directive that includes treatment options

Has artificial nutrition wants

Is filled out with physician and patient

VOLUNTARY STOPPING EATING AND DRINKING

Patient made choice

Feeling of hunger and thirst lasts 1-4 days

Delirium can occur

Process is dependent on patient health status but typically days to weeks

IN CONCLUSION

- Health care professionals should understand:
 - Physical and emotional risks and benefits of ANH at end of life
 - Understand decision making thorough the use of ethical principles
 - Should actively promote the right of self determination

- Health care professionals should take a holistic approach to ANH end of life decisions and openly have conversations that include:
 - Physical and emotional risks and benefits of ANH at end of life
 - Conversations that discuss spiritual and moral responses to ANH at end of life
 - Types of advanced directive forms

REFERENCES

David Casarett, J. K. (2005). Appropriate Use of Artificial Nutrition and Hydration-Fundamental Principles and recommendations . The New England Journal of Medicine , 2607-2612.

Dementia Directive . (2021-2023). Retrieved from End of Life Choices :
<https://endoflifechoicesca.org/advance-care-planning/dementia-directive>

evie g marcolini, a. T. (2018, June). national Library of medicine . Retrieved from
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6020733/#R8>

Kelley, K. (1995, March 19). Pub Med . Retrieved from Pub Med :
<https://pubmed.ncbi.nlm.nih.gov/10141946/>

Stokes, B. M. (2022). Core Curriculum for the Hospice and Palliative RN . Carnegie: Hopsice and Palliative Nurses Association.

Transportable Physician Orders for Patient Preferences . (2021). Retrieved from Center for Practical Bioethics Guidance at the Crossroads of Decision:
<https://www.practicalbioethics.org/programs/transportable-physician-orders-for-patient-preferences-tpopp-polst/>