The Dunning-Kruger Effect

Becoming Competent

- Know that you aren’t
- Study, gain knowledge
- Practice, gain experience
- Most good judgement comes from experience and most experience comes from bad judgement
- Critical thinking…and action

Eating is Everything

or

We can’t just let her starve to death

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Assumptions

- As Physicians and Nurses and Social Workers and Administrators you have dealt with the artificial hydration and nutrition question. No matter your specialty.
- In the face of serious decline near end of life you probably supported placing feeding tubes.
- You have probably received conflicting advice or recommendations regarding food and fluids near the end of life.
- You can’t let your patients starve to death.

Questions

- What is a common risk of forced oral feedings in a frail and compromised patient?
- Can you discharge patients from hospital to Long Term Care with Dobbhoff tubes?
- Do PEG tubes reduce risk of aspiration?
- Even if we feel tube feeding would not improve prognosis or comfort why do we put them in?

Answers

- Aspiration is a common result of forced feeding in a frail and fragile patient.
- Dobbhoff tubes are usually temporary. Many LTC facilities will not accept them. Some home health will accept.
- PEG tubes increase risk of aspiration.
- Families demand feedings and that we “do something” for the patient.

Goals

- Bring you information regarding food and fluids near the end of life.
- Discuss Benefits and Burdens of food and fluids in the face of serious decline.
- Develop conversation strategies to inform and comfort loved ones.

Food

- Love and Health
- Food through life
- Favorite foods
- Health diets
- Sensitivities
- Allergies
- Intolerances

Food

Difficulties

Chewing

- teeth, TMJ

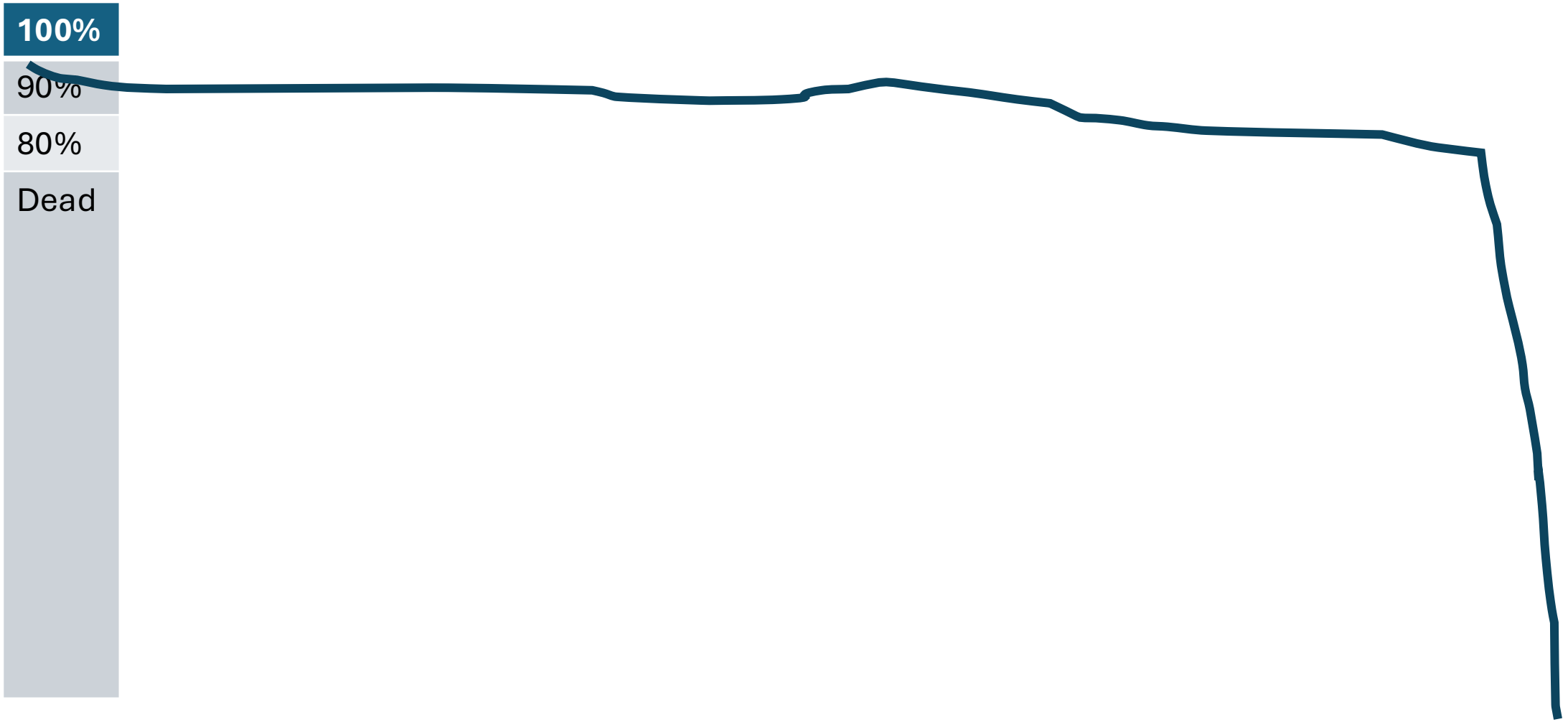
Swallowing

- Dysphagia
- Airway protection
- Aspiration

Palliative Performance Scale

Level	Ambulation	Dz Activity	Self Care	Intake	Conscious
100%	Full	Normal activity, work	Full	Normal	Full
90%	Full	Normal with some dz	Full	Normal	Full
80%	Full	Activity with effort	Full	Normal/less	Full
70%	Reduced	Unable	Full	Normal/less	Full
60%	Reduced	Unable	Help needed	Normal/less	Full/perplexed
50%	Sit/lie	Dz exhaustion	Help Required	Normal/less	Full/perplexed
40%	Mostly Bed	Extensive Disease	Major Assist	Normal/less	Dull/confused
30%	Bed bound	Extensive Disease	Total Care	Normal/less	Dull/confused
20%	Bed bound	Extensive Disease	Total Care	Minimal/sips	Dull/confused
10%	Bed bound	Extensive Disease	Total Care	Mouth care	Coma/confused
0%	Death				

Pattern of Decline



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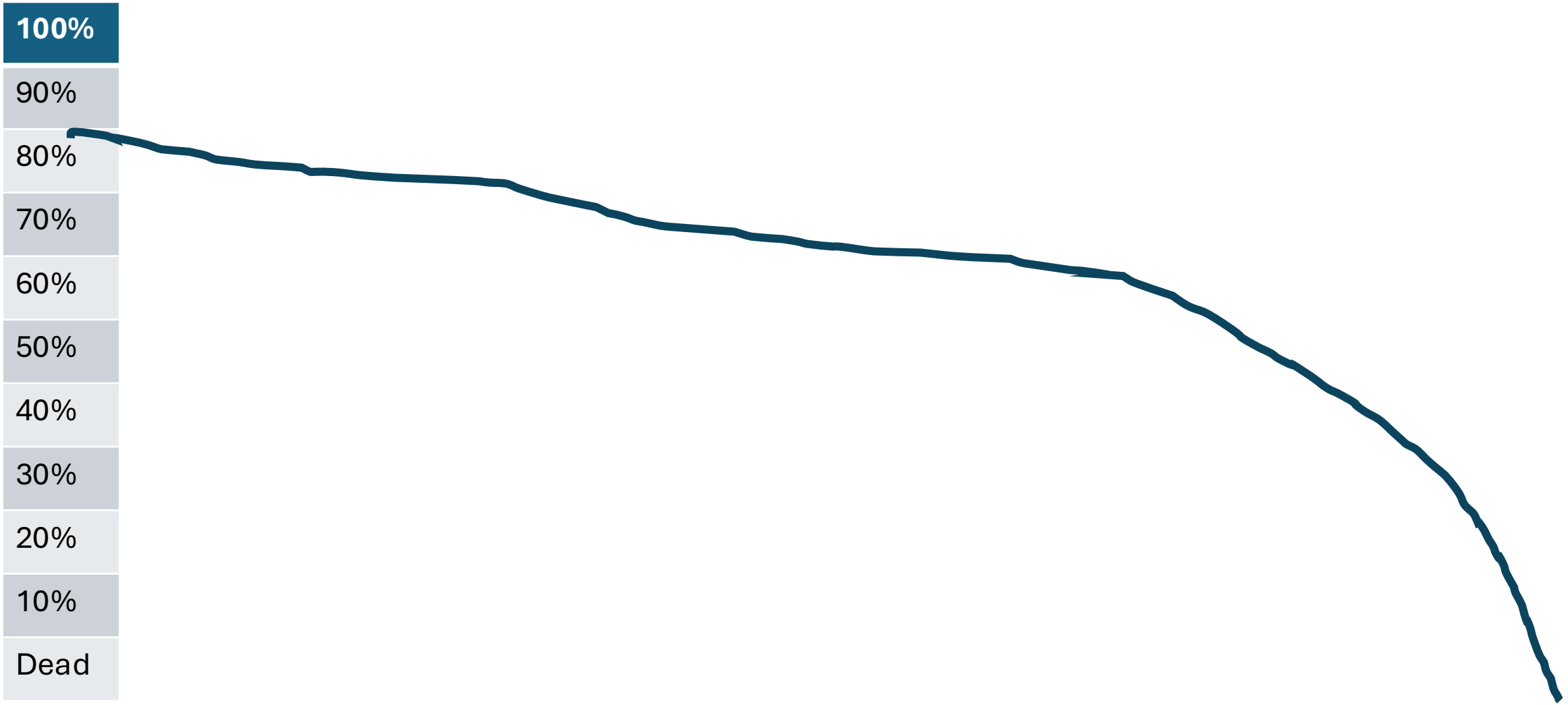

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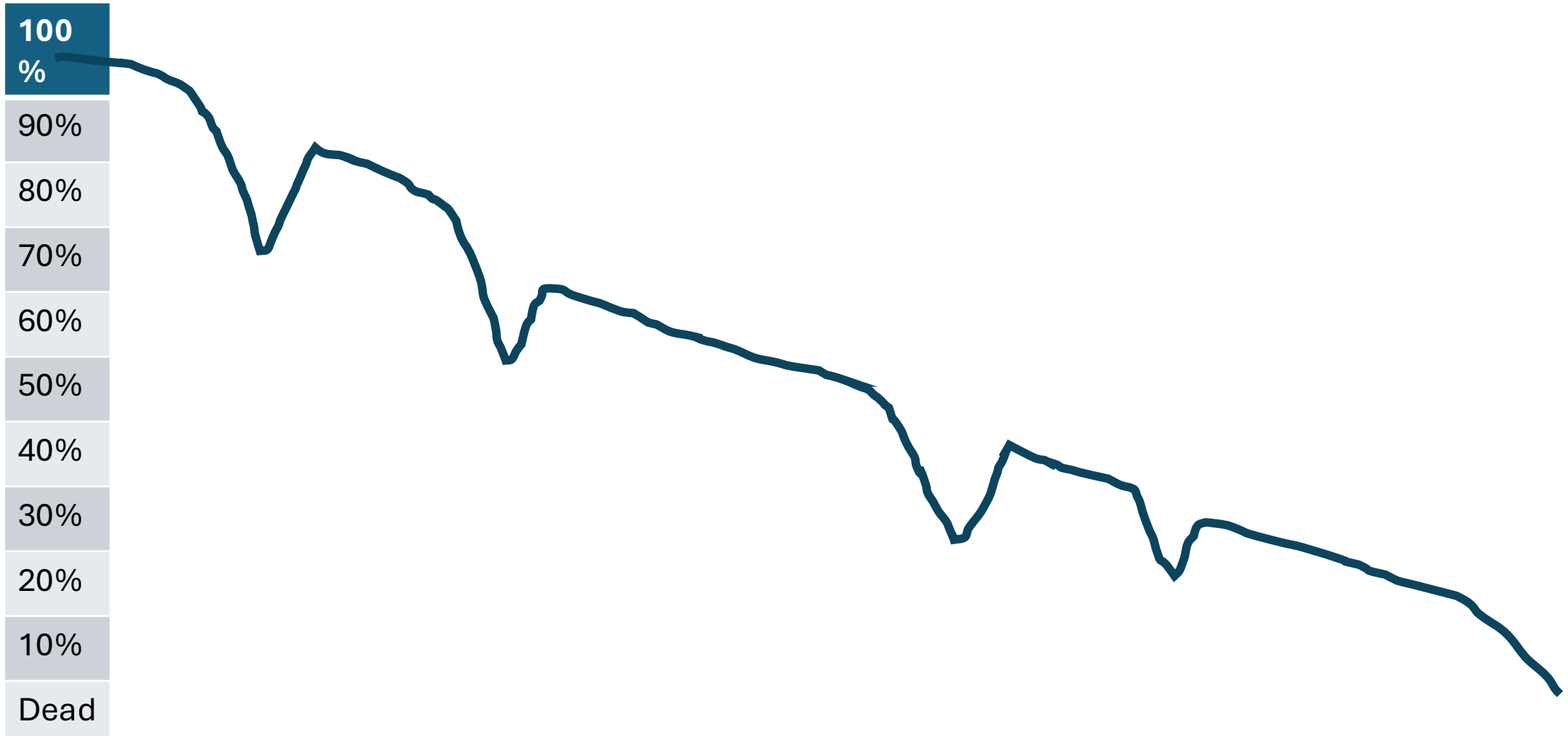

Starving?

Near the end of life

- Days to weeks
  - Appetite declines
  - Physiologic decline
  - Weakness prevails
  - Digestion changes
  - Metabolism changes

Near the end of life

- They are not dying because they aren’t eating

- They are not eating because they are dying.

Improving Appetite

- Treat what can be improved with treatment, e.g., infections, constipation, hip fracture etc.
- Make food fun: Flavor, consistency, favorite
- Medications: Megace, Periactin, THC.

Force Feeding

- Spoon and fork
  - “Shoveling it in”
- Tubes
  - Nasal tubes
  - PEG tubes
- Intravenous
- Benefit or burden?

Burdens

- Nausea
- Bloating
- Diarrhea
- Aspiration

Hydration?

- Near the end of life
- Vital vascular space
- Distributes to wrong space 3rd space
- Swelling
- Effusions
- Ascites
- Congestive heart failure

So, What Can We Do?

- **Sit down** with loved ones
- Discuss the changes (decline) they have seen
- Ask if the patient has been sleeping more and eating less
- Have they seen the appetite decline? Even refusing food?
- Decreased appetite and eating is a marker of decline
- Would your loved one want tubes at this time in their life?
- Comfort feedings, small, flavored tastes?
- Some families say no tubes others “We can’t let her starve.”

Thank you

References

- Artificial nutrition and hydration (ANH) were originally developed to provide short-term support for patients who were acutely ill. For patients near the end of life, ANH is unlikely to prolong life and can potentially lead to medical complications and increase suffering. AAHPM position statement

- Gastrostomy without Laporotomy
  - Ponsky et al, 1980

- The effect of nutritional supplementation…
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  - Yarborough PhD, Denver. Family Practice Forum, 1089