Australian & NZ Society of Palliative Medicine & Australasian Chapter of Palliative Med

Dr Doug Bridge
Emeritus Consultant, Royal Perth Hospital
Clinical Professor, UWA
President, AChPM
Do not delay discussion of and referral to palliative care for a patient with serious illness just because they are pursuing disease-directed treatment.

Do not delay conversations around prognosis, wishes, values and end of life planning (including advance care planning) in patients with advanced disease.

Do not use oxygen therapy to treat non-hypoxic dyspnoea in the absence of anxiety or routinely use oxygen therapy at the end of life.

Do not use percutaneous feeding tubes in patients with advanced dementia; instead use oral assisted feeding.

To avoid adverse medication interactions in cases of polypharmacy, do not prescribe medication without conducting a drug regimen review.
Expanding on Recommendation 4

- Contrary to what many people think, tube feeding does not ensure the patient’s comfort or reduce suffering; it may cause fluid overload, diarrhoea, abdominal pain, local complications, less human interaction and may increase the risk of aspiration.

- Assistance with oral feeding is an evidence-based approach to provide nutrition for patients with advanced dementia and feeding problems.
Review of relevant studies

• Physiology of fasting
• Hospice patients who fast to death
• A randomised trial of IV hydration
Physiology of fasting

Biochemical mechanisms

• Hepatic glycogen is depleted within 24 hours. Over the next few days fat catabolism produces both fatty acids and ketone bodies.

• In prolonged fasting (more than one week), the brain switches from glucose to ketones.

• Basal metabolic rate by 30%.

• After five weeks of fasting, urea excretion falls to about 5% of normal, so obligatory water excretion falls to around 200 ml per day.
• The physiology of fasting
• Hospice patients who fast to death
• A randomised trial of IV hydration
Suicide or fasting?

*Which would give the more peaceful, less distressing death?*

- Physician assisted suicide? (swallowing an overdose of sleeping pills)
- Refusing to eat or drink?
Hospice Patients who refuse food and fluids to hasten death

• The State of Oregon in USA has legal physician assisted suicide
• Questionnaire sent to all hospice nurses in Oregon
• One-third of nurses had cared for a patient who had refused food and fluids to hasten death

Hospice Patients who refuse food and fluids to hasten death

<table>
<thead>
<tr>
<th></th>
<th>Stopped food and fluids N=102</th>
<th>Physician-assisted suicide N=55</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffering</td>
<td>less</td>
<td></td>
<td>0.007</td>
</tr>
<tr>
<td>Pain</td>
<td>less</td>
<td></td>
<td>0.13</td>
</tr>
<tr>
<td>Peacefulness</td>
<td>more</td>
<td></td>
<td>0.14</td>
</tr>
<tr>
<td>Overall</td>
<td>better</td>
<td></td>
<td>0.95</td>
</tr>
</tbody>
</table>
• The physiology of fasting
• Hospice patients who fast to death
• A randomised trial of IV hydration
“Parenteral hydration in patients with advanced cancer: a multicentre, double-blind, placebo controlled randomized trial”

-- Dr Eduardo Bruera et al, J Clin Oncol, 2013
The patients: 102 hospice patients in Texas, with mild to moderate (but not severe) dehydration

Intervention: daily normal saline infused subcutaneously over 4 hours
- 1000ml (study arm), or
- 100ml (control arm)

Measurement instruments: baseline, day 4 and day 7 fatigue, drowsiness, hallucination, myoclonus

Results: Significant improvement seen in both arms. No significant difference between arms