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

evolve
evaluating evidence. enhancing efficiencies.

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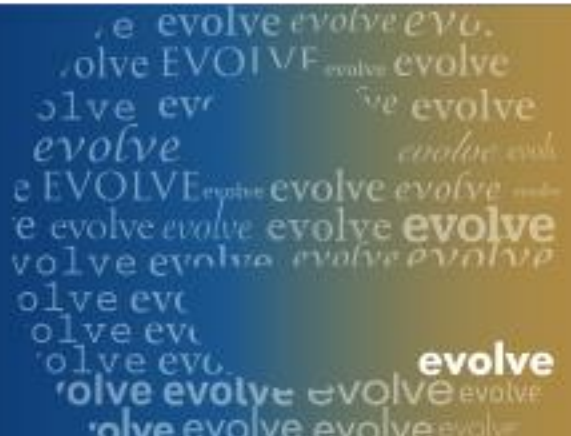

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Palliative Medicine EVOLVE list

- 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

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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

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Review of relevant studies

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

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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)

  or

- Refusing to eat or drink?

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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

-- Ganzini et al, New England Journal of Medicine 2003; 349: 359-365

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Hospice Patients who refuse food and fluids to hasten death

	Stopped food and fluids N=102	Physician-assisted suicide N=55	P value
Suffering	less		0.007
Pain	less		0.13
Peacefulness	more		0.14
Overall	better		0.95

- The physiology of fasting
- Hospice patients who fast to death
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"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