
Palliative Care Grand Rounds

NUTRITION CONCERNS IN TERMINAL CA

BARB SUPANICH, RSM, MD, FAAHPM

LEARNING GOALS

- × Identify two concerns of patients or families regarding “feeding” the patient.
- × Identify 2-3 clinical facts regarding GI function at the EOL.
- × Discuss proper roles and goals of PN.
- × Discuss influence of cultural beliefs.
- × Discuss effective strategies for caring conversations with families or patients.

CONCERNS OF FAMILY OR PATIENTS

- × View that eating is normal and expected care.
- × Hope that nutrition will assist in person regaining strength and healing.
- × Eating, food, meal rituals are expressions of caring and love.
- × Difficulty seeing the patient as thinner and dying
- × “We have to keep up hope” and “You have to do something, he/she can’t starve!”

CALORIC NEEDS AND GI FUNCTION IN ADV CA

- × In terminal cancer, weight loss is due to cancer mediated hypermetabolism and hypercatabolism.
- × Ck for reversible causes
 - + Depression
 - + Inadequate calorie intake
- × Family or patient may only see the wt loss and not accept that this is a sign of early dying.
- × Cachexia is due to catabolic proinflammatory cytokines and eicosanoids – muscle wasting.

ROLE OF PN ??

- × In advanced cancer is considered outside of the standard of care.
- × Clinical research:
 - + Caloric supplementation of any kind not shown to benefit adv cancer patients.
 - + No physiologic basis to assume that PN would affect the inflammatory or catabolic effects of cachexia
 - + Risks and burdens : IV line infections, labs, metabolic derangements, and liver, renal, pancreatic dysfunction

PN GUIDELINES FOR PROPER USE

- × Inoperable malignant bowel obstruction
- × Short bowel syndrome
 - + Major problem is nonfunctioning GI tract and NOT cachexia in a dying patient
- × Has a life expectancy of > 4months and PPS > 50% or ECOG < 2.
- × Pt has a good self-assessed QOL and life prolongation is consistent with their goals of care.

PN GUIDELINES FOR PROPER USE

- × Potential risks of PN are acceptable to the pt.
- × Pt and caregiver can safely accommodate PN at home
 - + Safe and clean home environment
 - + Person at home can set up and administer PN
 - + Pt is accepting of frequent clin monitoring, labs.
- × LABS: CMP, triglycerides, CBC
- × Assess and reassess pt's response to treatment and the pt's global clin course
 - + Appropriateness of continued PN



CULTURAL ISSUES

- × Communication Styles
 - + Pt preferences for how and to whom information is shared and decisions are made.
- × “Some people want to know everything, others don’t. How about you?”
- × If family is locus of decisions – “When we speak with your family, do you want to be a part of the discussion or do you want to be a part of the discussion?”
- × When families want to hide information from pt...

CULTURAL ISSUES

- × Unique values of their culture
- × “Is there anything that would be helpful for us to know about how you or your family view your illness and nutrition?”
- × What concerns do you have about your loss of appetite, wt loss, weakness..?”
- × What is your understanding of your wt loss, appetite changes??

CULTURAL ISSUES

- × Translator functions
 - + Medical interpretation
 - + Cultural interpretation
 - + Do not use family members or friends
- × Understanding the patient's views
 - + Reassess the pt's understanding of what is being discussed frequently
 - + Can you tell me in your own words what you have heard from us and what's most important to you about what we've just shared?

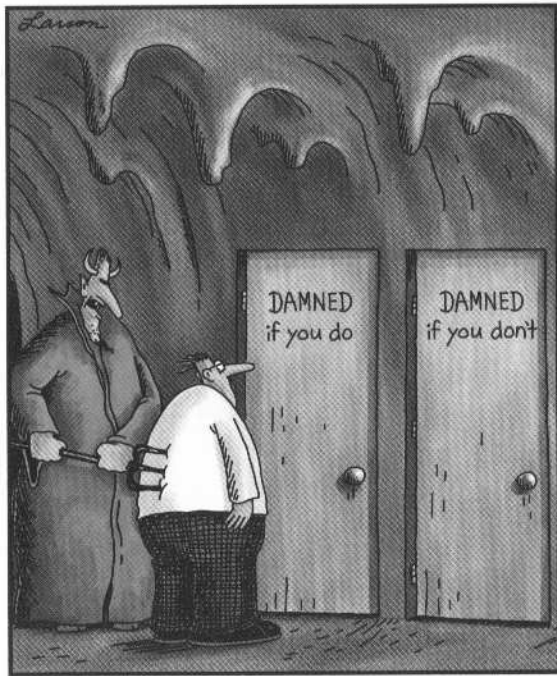
CULTURAL ISSUES

× Ritualized practices

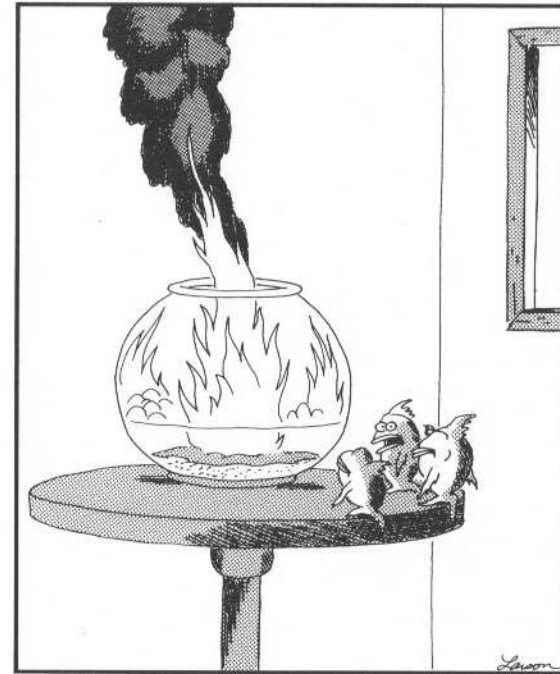
- + Learn specific customs or rituals important to the family or patient
- + Are there aspects of medical care that you wish to not participate in because of your religious or cultural beliefs?

× Environment

- + Whether at home or hospital ...
 - × How to make the room more environmentally friendly and respectful of their culture



"C'mon, c'mon—it's either one or the other."



"Well, thank God we all made it out in time. ...
'Course, now we're equally screwed."

CARE-FILLED COMMUNICATION

- × Learn the pt and family's story
 - + Genuine curiosity to learn what they understand to be the course of events of this illness
 - + Seek to understand the pt's story of illness and relationships with doctor's, RN's, CM, SW and the pt's goals of care.
 - + Focus on pt or family member's agenda or concern not yours
 - + Focus on context of request for a treatment like PN in advanced cancer – is it feeding to them?
 - + Do they want written information or prefer verbal conversation alone?

CARE-FILLED COMMUNICATION

× Attend to emotions

- + Don't let your emotions interfere with the conversation
- + Expect the family and patient to express emotions regarding these issues of adv cancer and PN, feeding, starving, etc
- + Remember, when people are emotionally stressed, they (we) cannot process cognitive information
- + Empathetically attend to their emotions

CARE-FILLED COMMUNICATION

- × It would help us to know more about you value in life, what is still important to you, what you are still hoping for... which will help us develop an achievable treatment plan with you...
- × “Please correct me if I’m wrong, but from what you shared with us, it sounds like you are not bothered by your loss of appetite and want to focus your energies on being with your family.”

CONFLICT, WHAT CONFLICT???

- × Separate the problem from the personalities
- × The problem is that the patient is dying, no longer able to eat properly and no form of artificial nutrition will improve the quality or quantity of life given the terminal dx.
- × The problem is NOT –
 - + Family in denial
 - + Family is uneducated when they don't understand the medical recommendations

CONFLICT, WHAT CONFLICT???

- × The problem is not:

- + That the family is acting out their frustration by making unreasonable demands
- + That the treatment team or hospital are trying to withhold treatment from the patient or are giving up on the patient.

- × Focus on interests

- + Family wants what is best for the pt – provide comfort and build up pt's strength and prevent starvation
- + Team wants to provide best care and want to only provide beneficial txs and not ineffective txs, or txs that harm the patient, or txs the pt never wanted.

CONFLICT, WHAT CONFLICT????

- × Offer possible plans for care
 - + Trial of attentive oral feeding
 - + Trial of PEG nutrition with goal of seeing wt gain, and improvement of overall QOL
 - + Allowing pt to have tastes of food that they desire, are home cooked, etc.
- × Identify what success would look like:
 - + Signs of improvement or worsening
 - × Functional ability, wt gain, able to interact

CONFLICT, WHAT CONFLICT????

- × Signs of improving or not...
 - + Identify criteria for harm like infections, organ failure, pneumothorax, lack of wt gain, pulmonary edema, etc, etc.
- × Provide opportunity for pt to consult with outside persons that they trust
- × Identify good internet or written resources
- × In extreme cases, may need formal risk management or ethics consultations.

