

A resource for healthcare professionals, patients, relatives and carers.

As a person's condition progresses and in the late palliative care stage, it can be a difficult time for relatives and carers when it comes to supporting them to eat and drink. The focus may change and tends to be centred on helping people to be as comfortable as possible.

What to expect

- Some people may have a reduced appetite and lose interest in eating and drinking. This can be worrying for relatives; however, it is a normal part of the late palliative care stage as the body slows down. Most people nearing the end of life do not experience hunger or thirst.
- It's natural for relatives to want to continue providing nutrition during this time, but it's recommended to feed only for enjoyment and when the person freely accepts what is offered to them.
- Try not to be disheartened if the person does not want to eat or drink – forcing them may cause them discomfort or distress.

Nutritional Interventions

At this stage of life, meeting nutritional requirements becomes less important, and the aim will be to offer food and fluids 'little and often', or as requested by the individual.



Preferred foods may now be 'less healthy' options, but this is completely acceptable. Don't worry about providing a perfectly balanced diet.

Find out the person's favourite food and drinks and try to offer multiple meal and snack options if the first option is declined. Let the patient choose what they would like to eat or drink.

It may seem that starting tube feeding at the end of life would be helpful, but this does not necessarily improve quality of life or prolong life and can be uncomfortable for the person. For those already feeding via this route, consider discussing this with their Dietitian.

Oral Nutritional Supplements (ONS) are often requested to be started at the end of life; however, these provide no further benefit than the nutrition that can be obtained from food and fluids. Most people enjoy 'real' food, so always promote this first.

Your healthcare team can advise how to [fortify meals](#) and provide 'finger food' snack ideas and [nourishing drinks](#) recipes to maximise energy intake.

Other advice

- Continue to offer other forms of support such as gentle massage, skin care, music, and conversation. Even when an individual cannot speak or smile, their need for companionship remains. They may not be able to recognise you but may still draw comfort from your touch or the sound of your voice.
- Keep the person company – talk or read to them, watch films together or simply sit and hold their hand.
- A reduced food intake will mean less saliva is produced and the mouth can become dry, increasing the risk of bacteria growth and mouth/chest infections.
 - Continue to offer mouthcare at least 4 times a day to keep the person's mouth clean and moist (gently brushing the teeth with a soft toothbrush and toothpaste). Keep lips moist with a balm. Speak to your local pharmacist if you need advice on suitable mouthcare products.
 - Use a dropper or spray bottle to mist the mouth with water as tolerated (every 30 minutes if conscious, every hour if unconscious). If the weather is hot, use a dehumidifier in the room.
- If the person cannot manage a meal, they may be able to sip on a milkshake, hot milky drinks, juice, flavoured squash, smoothie or spoonfuls of soup. Smaller cups or glasses may be easier to manage.



For further information, see: [Macmillan Cancer Support: The Last Few Days of Life](#) and [Royal College of Physicians: Supporting people who have eating and drinking difficulties](#)