Love and Chicken Soup – Nutrition and the Terminally Ill

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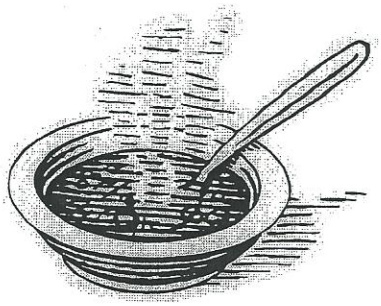

A comedian once told his mother he had only a short time to live. Upon hearing the distressing news his mother said, "Sit down, and I'll make you some chicken soup." The man asked, "Do you really think that will help me now?" His mother responded with a hopeful smile, "It couldn't hurt."

Many caregivers of terminally ill patients feel much the same way. Because food is symbolic of love and nurturing, it is extremely difficult for family members to see their loved one having no desire or being unable to eat. A common reaction is to want to begin using nutritional supplements, tube feedings, or even I.V. nutrition with the idea, "It couldn't hurt." But published facts now indicate that the use of forced nutrition in terminally ill persons is of questionable benefit and may actually worsen a patient's condition.

Findings recently published in several studies point out that intravenous nutrition of forced feeding can lead to several harmful effects in the terminally ill:

1. In patients with cancer, the rate of tumor growth may increase. Feedings may provide more nourishment for the tumor than the patient, which may actually shorten the patient's life expectancy.
2. Forced feeding with oral supplements or tube feedings can increase the patient's G.I. distress, causing increased patient suffering.
3. Serious infections are often an occurrence associated with the use of I.V. nutrition (also known as TPN).
4. True weight gain with these methods is marginal. The gain is usually attributed to fluid retention.

When caregivers see their family member eating less or eating nothing at all, it is often the first time they face the realization that their loved one is going to die soon. If they can keep the patient eating, "He will live longer, right?" It is difficult for loving family members to understand that by pressuring or forcing a patient to eat, death won't be put off and the suffering may be increased.

This does not mean that there is nothing that can be done when the patient's appetite begins to decrease. It is helpful to offer small, frequent meals, and if any supplements are added, the homemade varieties are best tolerated. Puddings, gravies, soups, and hard candy help moisten a dry mouth and add calories at the same time. Medications to control nausea and vomiting may be helpful in allowing the patient who desires to eat to do so as comfortably as possible.

However, in spite of all the interventions, there will come a time in most terminal illnesses when a patient no longer feels any desire to eat, and in fact may be repulsed by food. When this occurs, no matter how upsetting to the family, the patient should not be pressured or forced into eating. Caregivers need to be reassured that they are doing the right thing for their loved one by not insisting on artificial nutrition. Caregivers also need reassurance that their loved one is not becoming too depressed to eat, nor is the patient trying to commit suicide - - this decrease in appetite is a normal part of the terminal process. Allowing the patient not to eat is in no way negligent; rather, it is in the best interest of the patient. At this point in the disease process, the family may need more constant reassurance than the patient.

The issue of nutrition is probably one of the most guilt inducing, frustrating and emotionally charged issues with which terminally ill patients and their families must deal. But with proper teaching and emotional support, both the family and the patient can make informed decisions based on what is best for the patient, allowing the patient to live and die as comfortably as possible. What is best sometimes means HOLD THE CHICKEN SOUP and substitute LOVE.