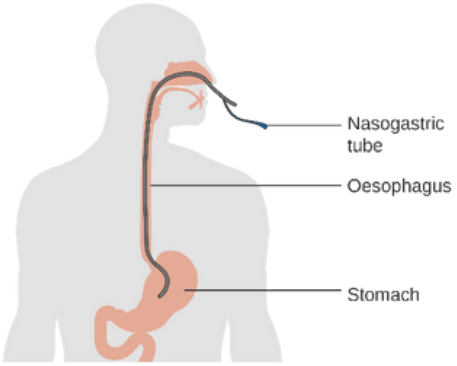
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Nasogastric Tube Feeding (NGT) at the End of Life

Towards the end of life, patients can often experience problems with swallowing, a sore or dry mouth, nausea, poor appetite and constipation/diarrhoea. Eating less due to these symptoms can cause weight loss and, even though it is rarely the cause of the patient's deterioration, it is often one of the most difficult things for the patient's family to experience. It is important for families to understand that good end-of-life care is about maintaining the best quality of life for the patient for as long as possible. Making decisions about feeding options for the patient plays an important role in that. Not respecting the patient's wishes about their feeding can cause distress for all involved. The focus of end-of-life feeding is not on helping the patient gain weight, but on making their time as pleasant and comfortable as possible.

What is Nasogastric Tube Feeding (NGT)?

A nasogastric tube is a thin, plastic tube which is inserted through the patient's nose, down their throat and oesophagus and into their stomach. On the outside of the body, it is connected to a large syringe which allows liquid food to be transferred straight to their stomach, making any chewing or swallowing unnecessary.





When do we normally use NGT feeds?

NGT feeds are used to ensure that a patient gets enough nutrition when they are in a condition where they are unable to eat, for example: in a hospital setting after an accident or surgery which has affected their ability to swallow or how awake they are. These patients are usually expected to improve over time.

When do we not recommend NGT feeds?

NGT feeds are not recommended for patients who are at the end of their life. This is because many studies have shown that NGT feeds:

- Do not improve a patient's quality of life or allow them to be functional for a longer time
- Do not increase the amount of time they have left to live
- Do not improve their physical condition

NGT tubes can be very uncomfortable for the patient and they often pull them out, especially when they are not aware of what is happening around them. The feeds can come back up the oesophagus and can be breathed into their lungs, causing pneumonia. The tube can also become blocked and need to be reinserted or cause an infection in the mouth and throat.

What are the alternatives?

A patient who isn't willing or able to eat towards the end of life can be very distressing for their family to witness. Food and feeding play an important role in families and cultures and it can feel like you are neglecting your family member if they aren't taking part in those rituals. Some suggestions to follow during this time:

- Allow the patient to eat as much or as little as they would like without forcing them. Forcing them could cause them to choke and become distressed and anxious.
- Allow the patient to choose what they would like to eat or drink, even if it is something unhealthy - the goal is for them to enjoy whatever they can take in.
- Keep their mouth moist and clean by helping them brush their teeth or wiping their mouth out with a cold, wet cloth.
- Provide the patient with some ice to suck on if they are feeling thirsty.
- Instead of trying to feed them, find another ritual which connects you, such as rubbing their hands or feet with lotion or singing and reading to them.

What does a patient who does not get NGT feeds and is struggling to eat orally experience?

It may feel like the patient will starve or suffer if they are not getting enough nutrition. This is usually not what is happening on the inside of the body or how the patient is feeling, however. Stopping eating is not the reason for their deterioration and they will not die as a result of it - that is due to their illness. This can be difficult to accept and understand, particularly when eating plays a big role in your culture.

What happens to the body towards the end of life?

- The patient may become increasingly tired and sleep for larger parts of the day, using less energy and needing less nutrition.
- The patient may start having difficulty swallowing and may do better with soft foods or liquids. Tablets can be crushed and mixed with yoghurt or water into a paste which is easier to swallow.
- The patient, if asked, will most likely tell you that they are not hungry or thirsty. Try to keep their mouth clean, moist and fresh.
- The body will start to shut down and food will no longer be digested, simply staying in the digestive system and causing discomfort if the patient is forced to eat.
- Not forcing a patient to eat or drink will mean less discomfort from bedpans and nappy changes.
- Stopping feeding at this time will allow the body to release chemicals which act as pain relief, making the patient more comfortable.
- The patient will most likely lose consciousness. They will not be hungry or thirsty during this process.

Making decisions about whether or not a patient should receive artificial feeds, such as NGT feeds, at the end of life is a difficult decision for many families, as well as healthcare professionals. There are many factors to consider and this needs to be discussed in detail with your nurse and doctor. Taking the patient's wishes into account is of the utmost importance. If they can no longer make decisions, it is essential for the family to understand what the patient is likely to experience, what the process is, that they are not likely to suffer and that they will be supported with care and the necessary medication throughout this time.

Scan for more resources

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