‘Loss’ of the ability to eat and drink and its meaning to those close to the dying person

Outcomes for this section:

- Establish rationale for nurses to reflect on the significance of ‘loss’ and what it means to the dying person and those close to them when the desire or ability to eat and drink as a result of the process of dying is compromised.
- Review literature on grief and bereavement to provide some context for the strength of emotion experienced by those close to the dying person and how nurses can contribute in a positive way to the process of ‘making sense’ of the loss pre and post bereavement.

When people are bereaved often the first story they tell is about the illness of their loved one or the events leading up to their death[1].

In the introduction to his book Love and Loss[2], Colin Murray Parkes writes that when the death of a loved is predicted we can grieve for their loss before it happens. He goes on to describe however that there is an important difference between the grief that comes before and that which follows death, observing that the grief which precedes loss intensifies the attachment and greater preoccupation that the relative has with the person who is dying.

This highlights the need for nurses to have an understanding of the stress and distress of relatives as they watch over a loved one who is close to death.

How a person will feel when they can no longer swallow to eat and drink is something that can cause anxiety to friends and relatives and also staff [3].

When we as nurses are aware of the importance of eating and drinking, with its biological, physical, social, emotional, cultural and spiritual relevance in life, it is perhaps easier to understand the impact on those closest to a dying person when the desire or ability to eat and drink in a way that sustains life is compromised by serious ill health and the process of dying.

In situations where a person has been coping with a serious or life threatening illness, meeting their basic needs for food and drink may have been a challenging

[1] Graves, D. (2009) Talking with Bereaved People- an approach for structured and sensitive communication. London. Jessica Kingsley Publishers.

[2] Parkes, C, M. (2006) Love and Loss: the Roots of Grief and its Complications (2006) Hove. Routledge.

[3] De Souza, J. (2013) CH 8 Knowing when a patient is in the last days of life. In De Sousa, J., Pettifer, A. End-of-Life Nursing Care- a guide for best practice. London. SAGE Publications LTD

aspect of the condition for the person and their family for some time. Perhaps artificial methods for maintaining nutrition and hydration were required to maintain their quality of life.

In contrast, following a short or acute illness that results in the person suddenly no longer being able to eat and drink unaided, the significance and meaning of this in terms of maintaining life will not be lost on those closest to the person.

In any situation or circumstance where it becomes apparent that a person is nearing the end of their life, nurses have the opportunity and responsibility to support discussions with the dying person, if possible, their family and clinical colleagues on the subject of nutrition and hydration.

The last days and hours of someone's life is an ever changing landscape and regular review of the persons needs is required. Decisions to use or discontinue artificial hydration or nutrition should be based on what is best for the individual. When people are able to eat or drink a little by mouth they should be helped to do so and their wishes respected when they choose not to[4].

The process of 'meaning reconstruction' that grieving people go through after a loss to make sense of what has happened and their natural desire to create a 'plausible account' of such a significant event in life has been described by Neimeyer [5].

Before death we can contribute to how families make sense of what is happening around them and what may happen to their loved one as they die. Therefore communicating with those closest to the dying person pre-bereavement, in a way that helps them understand the loss of capacity to eat and drink as part of the dying process, is an essential component of compassionate care.

Sensitive exploration of their views, feelings and what they understand about the situation e.g. when artificial means of maintaining nutrition and hydration place a burden on the dying person and may no longer be in their best interests, acknowledges their special attachment to the dying person and will become part of the story of the days leading up to their loved one's death.

The benefit to families pre-bereavement of the nurse in helping both the dying person and those close to them understand the situation as it evolves and caring for them with intelligence, insight and understanding will contribute greatly to the experience of relatives and how they will grieve after death for the loss of their loved one. This is the legacy of nurses to those we care for.

[4] Leadership Alliance for Care of the Dying Person (2013) One Chance to Get it Right – improving peoples experience of care in the last few days and hours of life. Publications Gateway 10519

[5] Neimeyer, R. A. (2001) The language of loss; grief therapy as a process of meaning reconstruction. In: Meaning reconstruction and the experience of loss. Neimeyer, R.A (ed) Washington. American Psychological Association