Case study

Dealing with issues relating to end of life care and clinically assisted nutrition and hydration in an older person

Patient notes

- Mr Singh, 82 year old, had a haemorrhagic stroke two months ago leaving him with a reduced level of consciousness and unable to have any meaningful communication.
- He is still able to swallow soft food and his family have been caring for him at home for the duration of his illness.

All paragraphs referenced are from *Treatment and care towards end of life: good practice in decision making.*

Dr Dawson, Mr Singh's GP for the past 6 years, has been called for a home visit as his conscious level has declined and he is now having swallowing difficulties.

Dr Dawson suspects a further bleed. She is concerned he may choke or aspirate, causing a chest infection.

She discusses her concerns with his family, who wish to continue caring for him at home, including feeding him by mouth, as this is an important part of their culture and they feel strongly that this is what Mr Singh would want.

Dr Dawson feels Mr Singh's swallowing requires specialist assessment. She also wants further advice about how to manage his care at home, so she contacts the palliative care team.

→ Dr Dawson's prior knowledge of Mr Singh's medical history and clinical condition provides her with key background information.

→ Dr Dawson is clear what treatment decisions need to be made. Having assessed he lacks capacity and knowing there is no advanced directive or legal proxy she consults the family to help inform her decisions. (Paragraphs 15-16)

→ Dr Dawson is uncertain how to manage his nutrition and hydration effectively at home so she seeks advice from the experts. (Paragraphs 24-27)

Dr Garcia, palliative care consultant, carries out a home visit. She does not find any reversible cause of his swallowing difficulties but is concerned it may lead to insufficient nutrition and hydration by mouth.

→ Dr Garcia assesses whether Mr Singh is meeting his nutrition and hydration needs through oral feeding, including assessing for any underlying causes of his swallowing difficulties. (Paragraphs 109-111)

Dr Garcia explains to the family that his hydration needs could be met by the use of a drip, in the short term, and it might be possible, though difficult and risky, to continue to meet his nutrition and hydration needs at home by careful oral feeding and regular monitoring.

Dr Garcia considers what options for clinically assisted nutrition and hydration are appropriate by balancing the risks and benefits of each. (Paragraphs 112-115)

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Dr Garcia recognises the family's role in helping the team understand Mr Singh's wishes, beliefs and values and in providing his care. (Paragraph. 16 (f) and 17-21)

The family reiterates how important it is for them to keep him at home. Dr Garcia discuss with them:

1. Risk of aspirating food into his lungs: family agree to offer thickened fluid and small amounts of soft foods.
2. Need for careful monitoring of his nutrition and hydration status: if not meeting his needs or his circumstances change the decision to continue oral feeding will need to be reviewed.
3. If he remains stable other measures might need to be considered such as a PEG.

She explains the clinical issues in a way the family will understand, being sensitive to their concerns and anxieties. (Paragraphs 28-30, 34-35)

She plans ahead to address any changes in Mr Singh's condition. (Paragraphs 50-51, 75-78).

They agree on the above and keep him at home with regular palliative care visits ensuring the family have the support they need.

She ensures support is available to the family to help them cope with any emotional distress. (Paragraphs 24-26, 28-30, 33-36)

This case highlights the approach to decision making for a patient who lacks capacity and is expected to live for many more weeks/days. (Paragraphs 119-122)