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Fluids at the end of life

Skilled, compassionate care
This leaflet answers some frequently asked questions about fluids and the use of artificial hydration (fluids given by a drip) in advanced illness.

If someone can’t drink won’t they die from dehydration?
It’s normal for a person who is seriously ill not to feel like eating or drinking. When the body is dying all the organs, like the heart and kidneys, start to shut down and work less and less effectively. The digestive system also works less well, sometimes to the point where food is no longer digested and liquids are poorly absorbed. When this happens people lose their appetite and may stop eating and drinking altogether. This can be upsetting because it is our natural instinct to provide food and drink as a way of nurturing those we care for. However, as the body weakens there is less and less need for fluids.

Won’t they be thirsty if they can’t drink?
For most people, with only hours or days to live, their body systems shut down and thirst is not a problem. Strange as it may sound there are definite advantages to taking less food and drink at this time. The loss of appetite and thirst is nature’s way of helping the body prepare for a peaceful death. It is important to remember that it is the illness that causes the body to fail, not the lack of fluids.

What can I do to help?
If the staff tell you it is safe, you can carry on offering drinks, but don’t be surprised if your relative or friend only wants a few sips at a time. Eating and drinking becomes more of an effort when someone is very ill and they may need help to take sips of fluid. A drinking beaker or straw may make it easier. The staff will help you to make sure the drinks do not cause coughing or spluttering.

Won’t their mouth get dry if they can’t drink?
If your relative or friend does not even want to take sips of liquid you can use a small sponge soaked in cold water (or their favourite drink) to help moisten their lips and tongue. A member of staff will be happy to show you how to use these sponges. It is sometimes easier to suck so some people like to have their favourite drink frozen as an ice lolly and others like to suck on crushed ice. There are also special saliva sprays and gels that the staff can tell you about, that may be helpful. Good mouth care is the most important thing for providing comfort.

Do you use drips?
We may use drips if we think it will help the patient. Usually it is put under the skin, though occasionally we will use an intravenous drip. If a drip is started its use will be reviewed every 24 to 48 hours to see if it is helping and to make sure there are no side effects from it.

As the process of dying continues, drips do not always help and can cause problems, as often the body does not need the same amount of fluid and cannot cope with it. Fluid from a drip may, for instance, build up in the lungs making breathlessness worse.

The doctors and nurses will assess each patient individually and weigh up the benefits and burdens. They will discuss the use of the drip with the patient and, if it is causing problems, they may advise that it is stopped.

The patient always has the right to say if they want a drip removed. If the patient is too ill to make a decision, the doctors and nurses will make a careful assessment and have a discussion with the family, so that a decision can be made that will help the patient to be comfortable.