

Position Statement: Use of prescribed oral nutritional supplements (ONS) at the very end of life

Hertfordshire and West Essex ICS does not support use of prescribed ONS prescription for people at the very end of their lives (last few weeks)

Recommendations

1. Do not initiate new prescriptions for ONS for someone approaching end of life
2. If someone approaching end of life has a current prescription of ONS, consider carefully whether there is any clinical benefit to this prescription being continued and whether this is something the person actually wants
3. Support ongoing dialogue with the persons family and carers regarding [Eating and drinking at end of life](#)

Rationale

At the very end of life (last few weeks) prescribed oral nutritional supplements (ONS) are unlikely to provide clinical or quality of life benefit to the patient.

The prerequisites for provision of artificial nutrition and hydration, including ONS are:

- an indication for a medical treatment and
- the definition of a therapeutic goal to be achieved and
- the will of the patient and his or her informed consent

Prescribed ONS do not contain anything which can't be found in food and most people seem to prefer the flavour of ordinary food. Food means more to most people than simply nutrition, and at the end of life enjoyment of small amounts of food and fluid is more important than its nutritional content. Enjoyment of food and quality of life are likely to be more important than nutritional intake.

At very end of life (last few weeks or days of life) it is normal for a person's interest in eating and drinking to decline.

This is often more distressing for relatives than for the person themselves, and reduced food intake (and weight loss associated with it) may be perceived by relatives as the cause of death, rather than as part of the dying process. Health Care Professionals have a key role in supporting both the person who is dying and their relatives and carers in their understanding of this process.

Relatives may also perceive that healthcare staff underestimate the anxiety and distress that reduced food intake and weight loss causes to people and their families. Management of reduced oral intake requires in-depth discussion with the person, their family and any staff involved. This should be an ongoing dialogue rather than a once only conversation. Research has shown that relatives can perceive written information on food and fluids at the end of life as reassuring.

[Eating and drinking at end of life](#) can be a helpful resource for family, friends and staff.

Supporting references

Clark et al (2017) Declining oral intake towards the end of life: how to talk about it? A qualitative study. International Journal of Palliative Nursing. Vol 23 No 2

Del Río et al (2011) Hydration and nutrition at the end of life: a systematic review of emotional impact, perceptions, and decision making among patients, family, and health care staff. Psycho-Oncology

Druml et al (2016) ESPEN guideline on ethical aspects of artificial nutrition and hydration. Clinical Nutrition

Friedrich (2013) End-of-life nutrition: is tube feeding the solution? Annals of Long-Term Care: Clinical Care and Aging. 2110:30-33

Raijmakers et al (2013) Bereaved relatives' perspectives of the patient's oral intake towards the end of life: a qualitative study. Palliative Medicine Feb 26

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