

NNNG Update



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The NNNG Reviews: 'Supporting people who have eating and drinking difficulties: A guide to practical care and clinical assistance, particularly towards the end of life'

This new guide is a must read for post holders and health professionals newly appointed to the nutrition community. It provides user-friendly chapters outlining the essentials of nutrition support and disease related malnutrition. Examples and case studies are highly transferable to a variety of clinical and community environments. For expert and advanced practitioners, the report provides a quick read of the salient points for effective and safe patient care. An executive summary with chapter headings and key points provides useful content for presentations and teaching material. More importantly, the guidance offers wise words from experts who understand the real world and patient experience.

The report updates the previous guidance, Oral feeding difficulties and dilemmas, published in 2010, with attention given to developments in assessment, management, and structural changes in relation to the legal system and artificial feeding and end of life care.

Dr Aminda De Silva, Consultant Gastroenterologist, Royal Berkshire NHS Foundation Trust chaired the report, with participation from eminent colleagues, including: Dr Simon Gabe, Dr Anne Holdoway, Dr Jeremy Nightingale, Dr Trevor Smith and Claire Campbell, Chair of the NNNG. The guide represents a collective approach, with contributions from highly experienced gastroenterologists, specialist pharmacists, dietitians and speech and language therapists – just as you would expect in an operational multidisciplinary team.

Key content & chapters

1. Whether to start, continue or withdraw nutrition towards the end of life remains a contentious issue and the guide describes tailoring dietary advice to ensure it remains a benefit, not a burden.
2. In any 'risk feeding' decision, there needs to be a calibration between being risk averse and placing carers in an impossible position in the name of patient autonomy. Advance care planning must always be done in conjunction with the person, be guided by their wishes, be informed by their prognosis and relevant guidelines and should never be done by reference to blanket policies about categories of people.
3. The Supreme Court confirmed in 2018 that decisions about life-sustaining treatment (including clinically assisted nutrition and hydration), in relation to those patients unable to consent to or refuse such treatment, do not need to be placed before the court for approval where all those concerned with the patient's welfare are in agreement.

4. An adult patient with capacity has the right to decline even life-preserving treatment. They do not, however, have the right to demand any treatment which the healthcare team does not consider is clinically appropriate. Clinicians must not go against an advance decision to refuse medical treatment.
5. The guide describes ethical opinion and legal precedent in terms of the patient's best interests and covers the important principles of 'sanctity of life' and the 'preservation of dignity'. Finally, it covers the importance of the law and the Mental Capacity Act as a framework within which ethical considerations are considered.
6. An inability to eat and drink can be devastating to patients and their families, particularly at the end of life, and can be a significant source of anxiety and distress. The guide includes key elements to aid decision-making, such as:
 - A complete medical assessment
 - Verbal and written language should be clear and unambiguous
 - Rushed and poorly informed discussion will lead to unhappy patients and relatives
 - The patient's capacity must be determined and, if they lack capacity to make the relevant decision, all actions must be taken in their best interests
 - Good nursing care that includes attention to mouth care and oral nutrition/hydration will improve outcomes
 - Food and fluid orally have value beyond biological usefulness and should always be offered
 - Most palliative medicine physicians believe that to force fluid into a dying patient does not relieve thirst or hunger as these are not usually felt towards the end of life
 - Technical understanding and skills are essential for the nutrition support team so that they can advise on which methods of CANH are appropriate in individual cases.

The guideline reminds us all of that very important statement in nutrition support: *"Just because we can, it doesn't mean we should."* Behaviours, values and ethics are intrinsically linked, a collective approach is advised to unpick the complexities and address challenges. Honesty, transparency and teamwork make for better decisions – an essential reminder to us working in nutrition support.

To read the guide, visit: www.rcplondon.ac.uk/file/28796/download

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