

Journal Watch

Nurses' experiences with hospice patients who refuse food and fluids to hasten death.

Ganzini L, Goy ER, Miller LL, et al. *The New England J of Medicine* 2003; 349(4):359-365.

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Abstract:

Background: Voluntary refusal of food and fluids has been proposed as an alternative to physician-assisted suicide for terminally ill patients who wish to hasten death. There are few reports of patients who have made this choice.

Methods: We mailed a questionnaire to all nurses employed by hospice programs in Oregon and analyzed the results.

Results: Of 429 eligible nurses, 307 (72 percent) returned the questionnaire, and 102 of the respondents (33 percent) reported that in the previous four years they had cared for a patient who deliberately hastened death by voluntary refusal of food and fluids. Nurses reported that patients chose to stop eating and drinking because they were ready to die, saw continued existence as pointless, and considered their quality of life poor. The survey showed that 85 percent of patients died within 15 days after stopping food and fluids. On a scale from 0 (a very bad death) to 9 (a very good death), the median score for the quality of these deaths, as rated by the nurses, was 8.

On the basis of the hospice nurses' reports, the patients who stopped eating and drinking were older than 55 patients who died by physician-assisted suicide (74 vs. 64 years of age, $p < 0.001$), less likely to want to control the circumstances of their death ($p < 0.001$), and less likely to be evaluated by a mental health professional (9 percent vs. 45 percent, $p < 0.001$).

Conclusions: On the basis of reports by nurses, patients in hospice care who voluntarily choose to refuse food and fluids are elderly, no longer find meaning in living, and usually die a "good" death within two weeks after stopping food and fluids.

Comments:

Strengths/uniqueness:

This is a straightforward retrospective survey of nurses' opinions on hospice patients refusing food and fluid. The methods and results are well described and clearly presented.

Weaknesses:

These are detailed thoroughly by the authors who describe six study problems.

Relevance to Palliative Care:

This is an original report on a topic increasingly reported anecdotally in the literature. While this study has significant weaknesses, it is an important step to begin research in this area.