Clinically assisted nutrition and clinically assisted hydration do not refer to help given to patients to eat or drink e.g. spoon feeding.

Providing nutrition and hydration by tube or drip may provide symptom relief or improve the quality of a patient’s life but they may also present problems.

The current evidence about the benefits, burdens and risks of these techniques as patients approach the end of life is not clear cut.

This can lead to concerns that patients who are unconscious or semi-conscious may be experiencing distressing symptoms and complications, or otherwise be suffering either because their needs for hydration and nutrition are not being met or because attempts to meet their perceived needs for nutrition or hydration may be causing them avoidable suffering.

Nutrition and hydration provided by a tube or drip are regarded in law as a medical treatment, and should be treated in the same way as other medical interventions.

Nonetheless, some people see nutrition and hydration, whether taken orally or by tube or drip, as part of basic nurture for the patient that should always be provided.

For this reason it is especially important that you listen to and consider the views of the patient and of those close to them (including their cultural and religious views) and explain the issues to be considered, including the benefits, burdens and risks of providing clinically assisted nutrition and hydration.

You should make sure that patients, those close to them and the healthcare team understand that, when clinically assisted nutrition or hydration would be of overall benefit, it will always be offered; and that if a decision is taken not to provide clinically assisted nutrition and hydration, the patient will continue to receive high quality care, with any symptoms addressed.
For patients who have capacity:

- You must assess the patient’s nutrition and hydration needs separately.
- Offer the patient those treatments you consider to be clinically appropriate because they would provide symptom relief or would be likely to prolong the patient’s life.
- You must explain to the patient the benefits, burdens and risks associated with the treatments, so that the patient can make a decision about whether to accept them.

If you feel clinically assisted hydration and nutrition would not be clinically appropriate,

- you must monitor the patient’s condition and reassess the benefits, burdens and risks as the patient’s condition changes.

If a patient asks you to provide nutrition by tube or drip,

- you should discuss the issues with the patient and explore their reasons for their request.
- You must reassess the benefits, burdens and risks of providing the treatment requested giving weight to the patient’s wishes and values.
- When the benefits, burdens and risks are finely balanced, the patient’s request will usually be the deciding factor.
- However, if after a discussion you still consider that the treatment would not be clinically appropriate, you do not have to provide it. But you should explain your reasons to the patient and explain any other options that are available, including the option of seeking a second opinion.

Patients Who Lack Capacity

If a patient lacks capacity and cannot eat or drink enough to meet their nutrition and hydration needs,

- you must assess whether providing clinically assisted nutrition and hydration would be of overall benefit to them.
- Clinically assisted nutrition and hydration will usually be of overall benefit if they prolong life or symptom control relief.
- You must assess the patient’s nutrition and hydration needs separately.
- You must monitor the patient’s condition, and reassess the benefits, burdens and risks of providing clinically assisted nutrition and hydration as the patient’s condition changes.
**If expected to die within hours to days**

- If you consider that the burdens or risks of providing clinically assisted nutrition and hydration outweigh the benefits they are likely to bring, it will not usually be appropriate to start or continue treatment.
- You must assess the patient’s nutrition and hydration needs separately.
- If a patient has previously requested that nutrition or hydration be provided until their death, or those close to the patient are sure that this is what the patient wanted, the patient’s wishes must be given weight and, when the benefits, burdens and risks are finely balanced, will usually be the deciding factor.
- You must keep the patient’s condition under review, especially if they live longer than you expected. If this is the case, you must reassess the benefits, burdens and risks of providing clinically assisted nutrition or hydration, as the patient’s condition changes.

**If disagreement arises** between you and the patient (or those close to a patient who lacks capacity), or you and other members of the healthcare team, or between the team and those close to the patient that you seek resolution in the following manner:

- You should aim to reach a consensus about what treatment and care would be of overall benefit to a patient who lacks capacity. Depending on the seriousness of any disagreement, it is usually possible to resolve it e.g. by involving an independent advocate, seeking advice from a more experienced colleague, obtaining a second opinion, holding a case conference, or using local medication services.
- In working toward a consensus, you should take into account the different decision making roles and authority of those you consult, and the legal framework for resolving disagreements.

**If there is still significant disagreement**

- you should seek legal advice on applying to the appropriate court for an independent ruling.

In situations in which a patient has capacity to decide requests a treatment and does not accept your view that the treatment would not be clinically appropriate, the steps above may also be helpful.