



Palliative Dehydration

To the Editor: During the final days of life, providing comfort to the patient becomes the primary goal of the physician. When treating terminally ill individuals, it is best to balance hydration concerns between patient benefit and discomfort. Hydration applies to fluid administration by any route. Tube feeding or forcing fluids is rarely advised. However, providing liquids whenever a person indicates interest in drinking, tasting, or mouth swishing is a good policy.

Allow drinks of the patient's choice unless this is not possible given his or her condition. A terminally ill individual's desire for or wishes to decline liquids should be honored. Also, consider allowing some degree of dehydration during terminal conditions. Relative underhydration can have advantages in the following situations:

1. Urinary and bowel incontinence or toilet-access difficulties
2. Nausea or vomiting
3. Oropharyngeal or pulmonary secretions
4. Less pain due to tumor shrinkage

The main consideration when managing hydration in terminally ill patients is to optimize palliation. Comfort care takes primacy over preserving or prolonging life. Sometimes less is more.

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Suggested reading:

Forrow L, Smith HS. Pain management in end of life: palliative care.

In: Warfield CA, Bajwa ZH, ed. *Principles and Practice of Pain Management*. 2nd ed. New York, NY: McGraw-Hill; 2004.