

Welcome!

We will begin momentarily

Comfort Nutrition and End of Life Care

Host: Roslyn Compton

Presenters: Allison Cammer, PhD, RD

Date: 11 September 2025



BY
Pallium Canada



Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are also welcome to use the Q&A function to ask questions
- Use the chat function if you have any comments or are having technical difficulties.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session

Introductions

Host and Moderator

Presenter

Allison Cammer, PhD, RD
Associate Professor, Program Director – Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan

Learning Objectives

By the end of the session, participants will be able to:

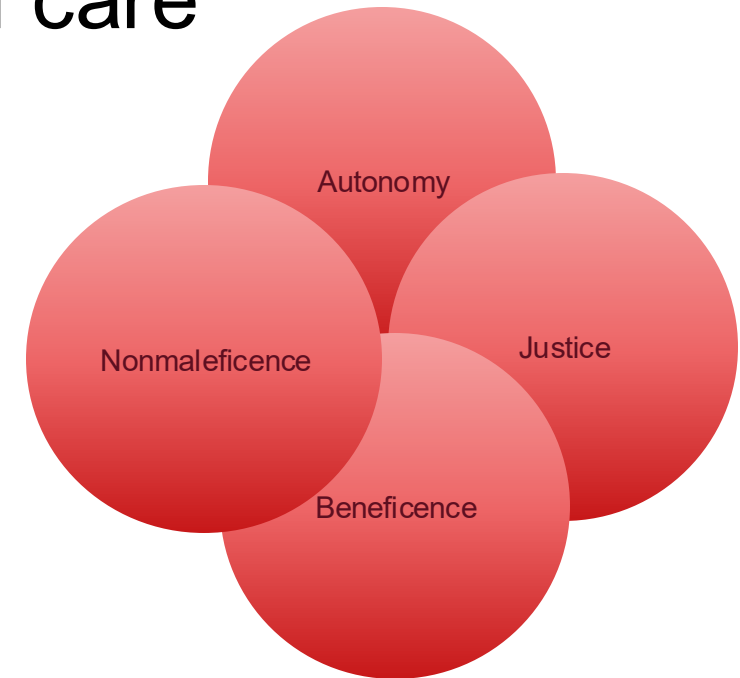
Define comfort nutrition as a care strategy at end of life—what it is and what it isn't

Explain how to minimize risk and interpret refusals when pursuing comfort nutrition

Offer suggestions on how to support the role of food at end of life when eating is no longer happening

We know this, but...

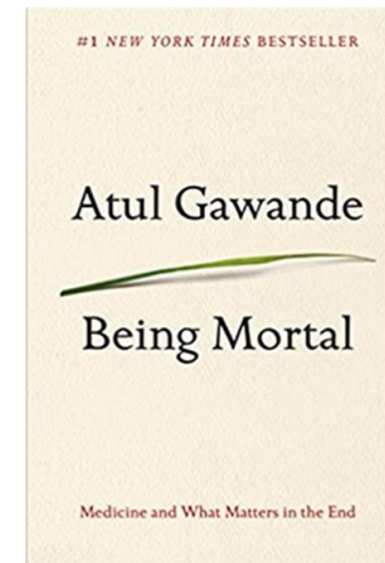
- Abrupt change in the nutritional goals of care
- Tough time of it in the moment
 - Acceptance of dying
 - Role
 - Personal beliefs about dying
 - Individual desires
- Ethical practice



What can help? Shift perspective...

- Healthcare providers try to provide patients as much freedom from the effects of disease as possible while retaining enough function for active engagement in the aspects of life most important to them (preserving the abilities the patient/resident/client deems most important at that time)
- Perspective matters → what makes life significant?
 - Very personal; Autonomy, dignity, purpose/engagement
- Important not to confuse **treatment** with **care**

-Dr. Atul Gawande



Comfort Nutrition and End of Life Care

Terminology: Comfort Nutrition, Eating for Comfort, Comfort Feeding, Comfort Feeding Only, Palliative Comfort Feeding, Compassionate Terminal Care eating --- Nutrition care plan; Prescription; Diet order

Sole focus is quality of life (comfort) → Liberalized diet order

Interprofessional team – assess risks, work with pt/res/SDM

Eliminates NPO or downgrading of texture while pt/res awaits assessment and diet order

Policies: End of Life Care and/or Comfort Nutrition and other Requirements of the facility – e.g., aspiration risks – some places may have specific policies about ability to support eating-at-risk

Eating for Comfort



- The goal of eating for comfort is:
 - Eating favourite foods and drinks for enjoyment, adding to quality of life
 - Eat and drink in a safe and satisfying way
 - Foster a positive and caring interaction
 - Spend time with another person, and
 - Being consistent with expressed wishes



Quality of
Life & Eating
for Comfort



“Staff will help the person eat or drink when they are interested. How much food the person eats or drinks is not important at this time. As part of this approach, food and fluids are only provided by mouth. This means no tube feeding, intravenous (IV) fluids or providing fluids with a needle under the skin.”

Comfort Nutrition– How?

Careful and supportive assistance or hand feeding patient/resident in the least invasive and most enjoyable way possible

Assist with eating/feeding safely; MINIMIZE RISK

Know when to pause eating/feeding

Know what constitutes a refusal

Know what to do when oral eating/feeding is no longer an option

What do we mean by risk when eating or assisting with feeding?



risk of choking



risk of aspiration



risk of discomfort/displeasure

Comfort Nutrition: Minimizing Risk

Minimizing risk when providing feeding assistance or feeding:

- Positioning of the patient/resident and the person assisting with eating
- Provide eating opportunities when the person is most alert
- Optimize environment – minimize distractions
- Go slowly
- Small bites/mouthfuls – use a teaspoon, proper assistive devices
- Prompt and encourage swallowing
- Make sure each mouthful is swallowed before offering another
- Pause feeding if: coughing, shortness of breath, or choking occurs
- Watch for swallowing; Encourage a swallow or cough after feeding to make sure throat is clear
- Check for any pocketing or residue
- Oral care
- Have the person remain as upright as possible for a half hour (longer if possible)

Comfort Nutrition: Refusal?

Respect is essential - Never force feed

What constitutes a refusal?

- Verbal statement/verbal sounds of discord or discomfort (e.g., moaning, crying out)
- Non-verbal signs of refusal or discomfort:
 - Pushing food away
 - Covering mouth/blocking food/drink
 - Turning head away from food
 - Clamping teeth/mouth closed
 - Coughing/regurgitating/drooling
 - Crying/tears
 - Grimacing/squeezing eyes closed/reddened face
 - Tensing the body/holding self stiffly
 - Jerky or uncomfortable body motion

A refusal isn't "permanent" - Continue to offer at next opportunity

Comfort Nutrition – when eating isn't happening

What do we do when someone refuses food and drink?

- VSED
- Support – Pt/Res, SDM, family, other staff

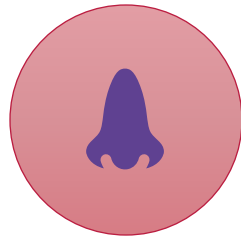
When Oral Eating/Feeding is No Longer an Option:

- Provide diligent mouth care
- Replace the care: Comforting touch and conversation
- Support the role of food for the person in different ways

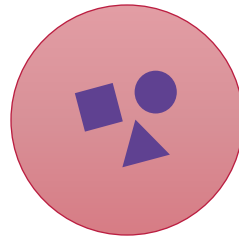
Support the role of food in other ways that are enjoyable or meaningful to the person



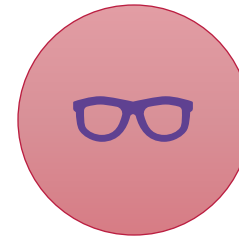
FLAVOUR



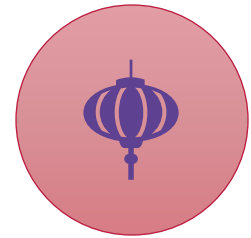
SMELL



TEXTURE



APPEARANCE

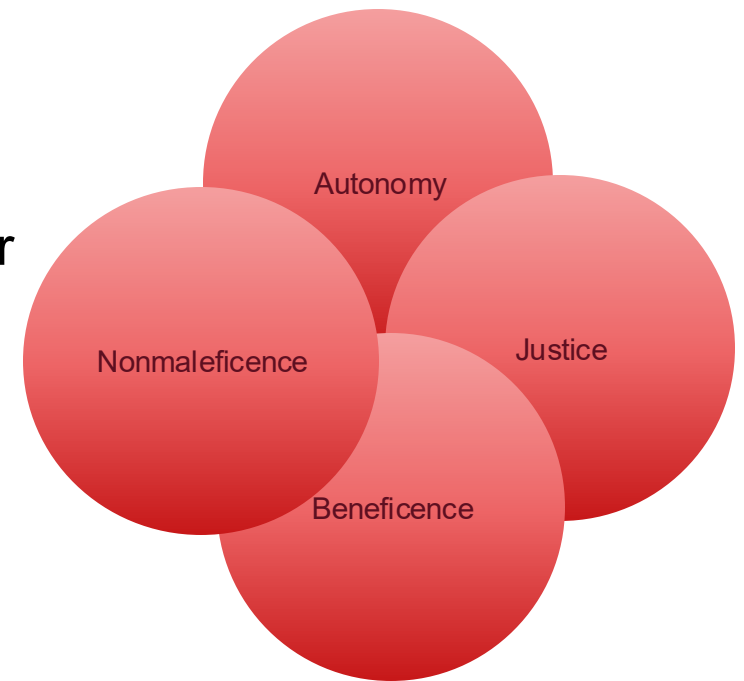


RITUAL

And remember:
“Don’t yuck
someone’s yum!”

Comfort Nutrition – Critical Considerations

- Food is an important part of life – even at end of life
 - Food and eating are integral components of culture
 - Food and eating are integral components of personhood
- What is our role as healthcare providers?
 - Work as a team – consult the appropriate team members, remembering the person leads the team and including their loved ones
 - Chart!
 - Communicate
 - Advocate
 - Ethical care



Q & A



Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- Thank you for your participation!
- Save the date for the next session which is set to take place on November 06, 2025 at 11:00 am SK

Thank You



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