Dehydration in the dying patient

Michelle Donnelly explores the challenges presented when nursing a terminally ill patient who is dehydrating

NURSING care of the terminally ill patient is often contentious when conflicting personal beliefs, values and attitudes are brought to the fore. Nurses who develop an understanding of the philosophical side of their practice can enhance the nursing experience.

Some healthcare professionals contend that the reduced fluid intake that often accompanies the dying process may result in a potentially painful and distressing state of dehydration. Others argue that the physical and psychological burdens of fluid replacement are often of no proven benefit. The challenges facing good, competent clinical staff nurses need to be embraced so that patients receive the best possible standards of nursing care.

Area of practice

The patient who is terminally ill can be found in various settings – at home, hospice, or a surgical or medical unit, for example. The management of any patient who is terminally ill in the acute hospital can have an impact on all personnel involved.

The nursing management of dehydration in this patient can challenge nurses to question their professional standards and own beliefs. It is important to clarify the terms of reference being used. Terminally ill patients referred to in this article are those who are dying as a result of a disease process. There is a difference between ‘dying from dehydration’ and ‘dehydration in dying patients.’ It is the latter that this article is addressing.

In nursing the terminally ill patient who is dehydrating, as well as addressing issues with the patient, the nurse also has to address the response of professional colleagues and relatives to the situation.

This area of nursing practice needs to be addressed for several reasons:

● Dehydration in the acute medical setting is often treated as a physiological disorder and not a part of the ‘normal’ dying process. The ultimate aim when nursing the dying is to aid a person to a peaceful and dignified death.

● The patient who is terminally ill could be subjected to subsequent complications of rehydration such as increased urinary incontinence, compromised tissue viability, increased risk of pressure sore development, potential fluid overload and increased bronchial secretions.

● Dehydration is often measured in terms of complex fluid electrolyte imbalance from loss of water, sodium or both. Physiological results of dehydration can in fact increase patient comfort.

Nurses often believe that not being seen to respond to dehydration could be perceived as professional negligence. They can face challenges from colleagues and relatives of the patient if they do not actively respond by preparing fluid replacement.

Philosophical dimensions

Nursing philosophies can challenge practice. The positivist paradigm suggested by Bacon insists that we must “consult nature in order to understand nature.” The nurse, who adopts the realist ontological approach to understanding the practice in management of dehydration, may have her practice guided by Comte’s casual-mechanistic framework.

The resultant cause of moisture being removed from internal body tissues has an effect on the physical homeostasis of the individual. The nurse practising within a positivist paradigm will aim to relieve the dehydrated status of the patient by rehydration with fluids, thus achieving physical homeostasis. The proximity of nursing to the medical profession might be the impetus that drives the influence that the positivist paradigm has on nursing management of dehydration in the terminally ill adult. With dehydration and malnutrition, more opioid peptides could be produced within the body. These natural substances may dull consciousness and increase patient comfort.

It has been contended that there is little evidence of the effect of positivism on nursing practice. However, acknowledging the works of philosopher Karl Popper,
logical positivism has been replaced by post-positivist empiricism. It cannot be ignored however, that the positivist paradigm demonstrates a bias towards reductionism and fails to address the social context of dehydration in this area. As nurses strive to be consistently accountable, they need to question their practice so as to provide the highest possible standards of care. Closs supports the positivist practitioner and contends that it is highly desirable to promote creative thinking.

Creative thinking

Thinking creatively when managing dehydration in the terminally ill adult can challenge even the most experienced practitioner to question practice. In attempting to address the social context of dehydration, nurses may not deliberate on the thought that any attempt to rehydrate, would result in distressing symptoms in the terminally ill adult. The following symptoms can be exacerbated by fluids:

- Vomiting
- Dyspnoea
- Choking (increased need for suction)
- Ascites
- Oedema (peri-tumour, peripheral, cerebral or pulmonary)
- Incontinence.

As professional practitioners, research based practice is promoted in an endeavour to maintain accountability for practice. There is an evolving paradigm shift in nursing. The discipline of nursing encompasses more than one paradigm with which to guide research reasoning – moving away from reasoning strategies that are objective and positivistic, towards more holistic, autonomous clinical reasoning.

Within the interpretative paradigm, the influences of phenomenology are evident in this area of practice. Phenomenology accepts the subjectivity in any exploration of reality. The experience of dehydration is the ‘reality’ as it is being lived by the patient, that the professional nurse needs to be concerned with. The professional nurse under the interpretative paradigm will attempt to understand the meanings that the terminally ill patient attaches to the sense of dehydration. The patient who is terminally ill is often found to have fluctuating levels of consciousness. As a result, the patient might not always be able to verbalise their experiences or needs. Nurses need to focus on the patient holistically and be aware of non-verbal indicators from them.

From the interpretative practitioner’s perspective, indicators such as the need for tracheal suctioning, increased urinary incontinence and dyspnoea, are examples of discomfort being experienced by the patient that might be alleviated if the fluids were not given. Omery believes that the reductionistic feature of the positive paradigm abstracts only partial details of the human phenomenon.

Goding and Edwards support this view in their appraisal of philosophical assumptions underpinning evidence based practice. They said that nursing involves such complex, intangible human behaviour that demands an interpretative, holistic approach, rather than the reductionist approach of the positivist paradigm.

Caring and supporting role

The complexities in the nursing management of dehydration in the terminally ill adult, intimates that the philosophical influences are not limited within the positivist paradigm. The nursing management of the patient implies caring for and supporting not only the patient, but the close family and relatives. To be in such a position as a professional nurse is a privilege.

Oral care

The affective aspect of this interpersonal relationship attracts an alternative assumption that underlies this area of practice. The terminally ill, dehydrating patient in the acute hospital setting might have symptoms of dry mouth. Providing mouthcare can be soothing for the patient, if tolerated. The perceived needs to rehydrate to help alleviate these symptoms are often uppermost in the minds of close family and friends.

Hydration can symbolise the essence of care and compassion to the relatives and families involved. However, in modern society, the emphasis is on action, not acceptance. For relatives, it is sometimes easier to worry about things being done to the patient, such as infusions, than it is about the impending death. The resultant dilemma faced by the nurse can impair them to question personal beliefs, value systems and professional standards.

Every professional nurse strives to ensure that the dying patient receives the best possible standard of care. If nurses critically examine those philosophies that give direction to current nursing practices, improved standards of care can be developed to ensure that as nurses we can be true advocates for our patients.

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References