

# “Adapting Food to the Desire of the Person at the End of Life: Nursing Intervention”

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## INTRODUCTION:

This poster presents one of the findings of a research study entitled “The nursing care process to the person at the end of life, in performing the activity of living (AL) eating and drinking “: the category *Adapting food to the desire of the person at the end of life*.

Food is not only the act of eating to maintain body functions, it also has a symbolic nature, meaning that it is associated with growth, maintenance of health, love, beliefs, conviviality, to celebrations and pleasure (Watson, 1985; Nunes e Breda, 2001; Roper, Logan e Tierney, 2001; Amon & Menasche, 2008). Along the health-disease process there might be changes to the AL, that might even become one of the main problems in the person at the end of life (Morss, 2006) due to uncontrolled symptoms, being the feeding, often, a point of divergence between the desire of the person at the end of life and what the family think is appropriate, also creating dilemmas for health professionals. Because of the lack of scientific evidence on this phenomenon (Alves, 2013), we developed this study for answering these research question: “What is the process of nursing care to the person at the end of life performing the activity of living eating and drinking?”

## Methodology:

- The research is anchored in abductive reasoning.
- Symbolic interactionism is the guiding perspective.
- Grounded Theory is the methodological approach (Strauss & Corbin, 2008).
- The participants of the study are: the nurses that take care persons at end of life in a Palliative Care Unit (a hospital in Lisbon); the conscious end of life persons being taking cared by these nurses; the family / significant persons for these patients.
- The techniques of data collection are the participant observation; semi-structured interviews to the nurses; documentary research (nursing records).

**Results:** In the process of care emerges the category “Adapting food to the desire of the person at the end of life”, in which interventions occur: *relieve the discomfort of the person, managing the risk of life of the person, enabling the person, overcome the conventional, overcome the improbable, flexible food, dose insistence, mobilize family, mobilize the team, mediate disagreements person-family, manage*

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*their own feelings, under the conditions: to know the person and family, flexible hospital, human and competent nurse. The emerging consequences are: better quality experience to the person and family, better quality professional experience to the nurses.*

**Conclusion:** The presented category constitutes a central intervention in the care process studied and is very complex, because the conditions under which they occur require from the nurse an in-depth knowledge of the person and his/her family, continuously updated. The context is also crucial since the hospital must also have a flexibility that allows this adaptation. The characteristics of the nurse also influence this adaptation. The results reflect gains in health and positive outcomes for the nurses.

Although nurses are aware of the habits and the preferences of the persons in regards to food, their daily activities, their self feeding ability, the truth is that when there is an express desire from the person in regard to food – “irrational desire” and “deliberate desire” (Ferrater Mora, 1991; Tonnetti & Meucci, 2013) - the nursing interventions are directed to the desire of the person in order to address his/her satisfaction, even if nurses have to *overcome the conventional* and *overcome the improbable*. In this process of nursing care to the person at the end of life performing the AL eating and drinking, it's clear that the nursing intervention and the hospital resources are focused on the desire and priorities of the person, based on a philosophy of person-centred care.

**Keywords:** activity life eating and drinking; autonomy; nursing intervention; person at the end of life; autonomy; person-centred care.

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