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Artificial Nutrition And Hydration And
Artificial nutrition and/or hydration is a
treatment intervention that delivers fluids
and/or nutrition by means other than a
person taking something in his/her mouth
and swallowing it. There are several

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different types of artificial nutrition and hydration, broadly divided into two major categories:

Artificial Nutrition and Hydration at the
End of Life ...

Making the decision to withhold or
withdraw artificial nutrition and hydration

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raises intellectual, philosophical and emotional conflicts for many people. It is often helpful for people faced with that difficult decision to understand what science and medicine have found regarding artificial nutrition and hydration at the end of life.

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Benefits and Risks of Artificial Nutrition
or Hydration

Artificial nutrition and hydration is a medical treatment that allows a person to receive nutrition (food) and hydration (fluids) when they are no longer able to take them by mouth. Artificial nutrition and hydration is given to a person who for

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some reason cannot eat or drink enough to
sustain life or health.

Artificial Nutrition (Food) and Hydration
(Fluids) at the ...

Artificial hydration and nutrition works
for many types of patients. Doctors use it
for patients who have temporary medical

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Patient, The Catholic Debate

problems and have lost fluids through vomiting, sweating, or diarrhea. They also may provide artificial hydration and nutrition when someone has an advanced, life-threatening illness and is dying.

Artificial Hydration and Nutrition -
familydoctor.org

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In most instances, the use of artificial nutrition and hydration (ANH) for a patient in a permanent vegetative state (PVS) is an issue of interest only to the patient's family, on one hand, and to theologians and philosophers, on the other.

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Artificial Nutrition and Hydration And the
Catholic Tradition

Hydration and nutrition are essential for the maintenance of life. Discontinuation of artificial support can result in distress for patients, family members, and healthcare providers.

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(PDF) Artificial nutrition and hydration
Patient The Catholic Debate
The debate over use of artificial nutrition
and hydration (ANH) in terminal illness,
including advanced dementia, remains
contentious despite extensive ethical and
empirical investigation.

Artificial Nutrition and Hydration: The

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known that the provision of PEG tubes and other artificial nutrition and hydration is contraindicated in patients with dementia and other diseases at the end of life (Groher & Groher, 2012; Ribera-Casado, 2015). The Academy of Nutrition and Dietetics (2013) has

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adopted the position that individuals have the right to

Nutrition and Hydration at the End of Life
Artificial nutrition and hydration (ANH)
were originally developed to provide short-term support for patients who were acutely ill. For patients near the end of life, ANH

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is unlikely to prolong life and can
potentially lead to medical complications
and increase suffering.

Artificial Nutrition and Hydration Near
the End of Life ...

Background: The worldwide debate over
the use of artificial nutrition and hydration

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Patients: The Catholic Debate

remains controversial although the scientific and medical facts are unequivocal. Artificial nutrition and hydration are a medical intervention, requiring an indication, a therapeutic goal and the will (consent) of the competent

ESPEN guideline on ethical aspects of

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artificial nutrition ...

Deciding to withhold or withdraw artificial nutrition and hydration has a visceral aspect to it that appears to set this decision apart from other critical care decisions. In truth, there is an unsettling and discomfiting element about any decision to withhold or withdraw life-

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prolong-

Practical Bioethics

Artificial nutrition and hydration, also called ANH or tube feeding, may be offered to someone who is unable to swallow food and liquids without choking. In most instances, liquid nutrition is

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delivered through a tube that has been surgically inserted into the stomach or intestines, bypassing the normal digestive process that begins in the mouth.

Artificial Nutrition and Hydration -
Hospice Foundation Of ...

Establishing patient/family preferences

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related to artificial nutrition & hydration (ANH) is a controversial and sensitive issue that needs to be handled with great skill and tact. Patients and families often have very strong feelings and fixed notions about this topic.

Artificial Nutrition and Hydration

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The framework facilitates guidance for institutional policy makers and individual nutrition support professionals dealing with situations in which personal values often create ethical dilemmas related to artificial nutrition and hydration and its utility.

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Ethical Issues in Artificial Nutrition and
Hydration: A ...

Artificial hydration or nutrition may increase your energy and relieve symptoms of nausea and weakness. If you are unable to speak and have not shared your wishes about artificial hydration and nutrition, your doctor or family may face

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some tough decisions. If you are unable to eat or drink, you may receive care and nutrition that you don't want.

Advance Care Planning: Should I Have Artificial Hydration ...

The term ANH refers to nutrition and hydration provided through artificial

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means such as feeding tubes (eg, nasogastric and gastric tubes) and intravenous routes (eg, total or partial parenteral nutrition).

Withholding and withdrawing artificial nutrition and hydration

There is no evidence that artificial

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nutrition prolongs life in advanced dementia, or that artificial nutrition and hydration (ANH) improves hunger or thirst symptoms. Parenteral hydration can be considered on a case-by-case basis as it might, in some circumstances, improve symptoms.

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Artificial nutrition and hydration in advanced dementia

Artificial nutrition and hydration (ANH) are common but controversial therapies at the end of life. Although widely used in certain patient populations, strong scientific evidence regarding the benefits of these therapies is lacking. Because of

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their important roles in teaching patients
and families, and collaborating with team

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