THE WITHDRAWAL OF ARTIFICIAL NUTRITION & HYDRATION FROM PVS & MCS PATIENTS: THE EXPERIENCES & PERCEPTIONS OF NURSES & ALLIED HEALTH PROFESSIONALS

DR JULIE LATCHEM-HASTINGS

@JULIELATCHEM
AHP PERSPECTIVES OF ANH WITHDRAWAL

FOR

1. Allowing death can reduce suffering for both patient and family
2. Being in a PVS/MCS is not a life most would consider to be a life of quality
3. Overburden of health and social care

AGAINST

• Inappropriate and unethical
• Uncomfortable with action of withdrawal

TORN

• “I feel stuck in the middle. You are responsible for your acts of commission and your acts of omission”
GOOD DEATH/BAD DEATH & THE BURDEN OF WITNESS

• “It wasn’t the kind release I thought it would be. They just carry on and on.”

• “I removed the tube and she died quickly. I felt terrible that we kept her for months on the feed because there was disagreement in the team and no-one wanted to step forward and make the decisions. When we did remove the tube it was very fast and a very peaceful death. She was ready to go.”

• “I remember deflating the balloon and removing the tube. It was ok with my soul. It felt caring and loving.”
EXPERIENCES OF COURT & IMPACT OF WITHDRAWAL ON STAFF

• Seen as an important safeguard for those conducting the withdrawal of ANH.

• Feeling distressed, afraid, isolated and overwhelmed

• “The process [...] is massive and I was just a grain of sand.”

• Implicated in the decision/judgement

• Unsupported
• AHPs can suffer from the ‘burden of witness’

• Each time a case happens – whole new set of professionals going through it for the first time.

• Impact on individual professionals/whole services/care homes/rehab centres means that the support needed is significant and may need external mediation, specialist pastoral care.