

癌末病人安寧療護之營養照護

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對癌末病人而言，過多的營養並無法改善身體狀況，營養照護目標，應是尊重病人自主權，以病人生活品質為導向，以不造成病人痛苦、緩解症狀為首要，讓病人可享受進食用餐樂趣，符合並增進病人舒適為原則，進而使病人生活品質獲改善。然不論病人疾病所處階段為何，營養攝取需求仍常為病人與家屬關注重點，應鼓勵病人與家屬共同參與營養照護計畫擬定，並根據影響病人攝食因素提出策略建議，讓病人自主決定營養補充方式。病人常見口乾、噁心嘔吐、吞嚥困難、食慾不振等問題，照護重點為緩解改善不適症狀；人工營養與水分補充之決策，須能降低病人的負擔及危險性；另病人與家屬對病人營養攝取之心理需求，照護團隊亦須充分溝通，適切關心滿足，以期癌末病人可獲高品質且人性化之照護。

關鍵詞：安寧療護，營養照護，食慾不振，人工營養與水分

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前言

安寧療護照護目標，是藉由專業的醫療照護，經由身體評估、症狀處理、合宜的同理心及溝通技巧等，讓病人安樂地活，在剩餘的日子裏能充分安排與運用，有良好的生活品質，能安詳且有尊嚴的走過生命最後旅程，並讓家屬能順利度過親屬死亡所帶來的悲傷期，以達安寧平靜、生死兩無憾之境。

「吃」在許多文化中，兼具著滿足生理需求及扮演社會活動之雙重角色，相關癌症病人生活品質調查研究發現，在身體健康指標項目中，食慾和吃的的能力被列為最重要的因素，因此，對病人而言，保有享受美食的能力，或許

能使其維持正向的態度與自尊^[1]。癌症末期病人所歷經的多重不適症狀，皆會影響其飲食行為及營養需求，不僅困擾病人，家屬更常感憂心。營養照護策略擬定，應以病人為中心，以提升生活品質為導向，且鼓勵病人與家屬共同參與營養計畫，以不造成病人痛苦、緩解症狀為主，病人常見口乾、噁心嘔吐、吞嚥困難、食慾不振等問題，照護重點為緩解改善不適症狀^[2]；人工營養與水分的補充，營養支持須能降低病人的負擔及危險性；另病人與家屬對病人營養攝取之心理需求，照護團隊亦須適切關心滿足，以期達身體、心理及靈性三平安之照護。

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Nutrition Support in Terminal Stage Oncology Patients under Hospice Care

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The goals of nutrition care for terminal cancer patients should focus on respecting patient's autonomy and enhancing quality of life since further provision of nutrients does not do any good to better improve their health status. Nutrition support for these patients is primarily to relieve symptoms without causing pain so that they can enjoy the pleasure of eating and enhance comfort, and thus improve the quality of life. However, nutritional requirement for improving health status is often the focus of the patients and their families regardless their disease status. Therefore, dietitians may invite patients and their families to participate in formulating the nutrition

care plan and making dietary recommendations based on the factors affecting food intake, and allow the patients to decide the method of nutrients delivery. Dry mouth, nausea, vomiting, difficulty swallowing, and loss of appetite are common issues for these patients. Nutrition care should focus on alleviating these uncomfortable symptoms. The decision of artificial nutrition and hydration should concern the capability of reducing the burden and risk of the patients. Furthermore, members of the caring team should fully communicate with the patients and their families to meet their psychological need for nutrition in order to provide a high quality and humanistic care.

Key words: hospice palliative care, nutrition care, artificial nutrition and hydration, loss of appetite

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