Artificial Hydration Decision Aid



What is artificial hydration?

Artificial hydration is a medical treatment that gives water and sometimes salt for the body.

How is artificial hydration given?

It is given as a liquid through:

- An IV (intravenous) line, inserted through the skin into a vein.
- Clysis (hypodermoclysis), when a small tube (catheter) is put under the skin.

When do people need artificial hydration?

- When a person is not able to drink normally or enough on their own.
- When they have problems swallowing.
- For treatment of serious infections.

These problems may be short-term (temporary) or long-term (permanent).

Reasons for short-term artificial hydration may include:

- A sudden, serious illness, surgery, or a severe injury.
- Brief loss of alertness or awareness.
- To cope with special treatments, like radiation.

Reasons for long-term artificial hydration may include:

- Inability to drink enough fluid by mouth.
- Loss of ability to swallow normally due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness that prevents swallowing normally.

Who should use this guide?

This decision aid is for people with serious illness.

It can be used to support medical decision-making and conversations about artificial hydration.

How might artificial hydration help a person?

- It supports the body's organs.
- It can help people live longer.
- It can help people feel better, have more energy, and be more alert.
- It supports blood pressure.
- It can help people get through treatment, go through surgery, and recover faster.



How might artificial hydration cause harm?

- Fluid may leak into the lungs which can cause shortness of breath.
- Some people may have swelling.
- A few people will have leaking around the tube.
- A few people will have skin infections.
- A few people will have bleeding around the tube.
- Some people's body may not be able to absorb or utilize the water.

Does artificial hydration help people to get better?

It depends on the type of medical problems they have and why they need artificial hydration.

Who is most likely to be helped by artificial hydration?

- People who were mostly healthy before the illness or injury and have the physical strength to recover.
- Those who only need artificial hydration for a short time (a few hours or days).
- People who can be expected to live well with long-term artificial hydration.

Who is less likely to be helped by artificial hydration?

- People who are seriously ill from heart, lung, liver, or kidney failure.
- Those who have a terminal illness, such as advanced cancer or advanced dementia.
- People who are older, weaker, or very frail.

Can people try artificial hydration for a short while?

Yes, people who are unsure about artificial hydration may want to try it for a short time (a trial period) to see if it helps. They should talk with their doctors and medical team about what to expect and how to tell if it is helping.

What happens to people who decide NOT to try artificial hydration?

They can still get other treatments.

People who decide ahead of time that they don't want to try artificial hydration can still get other treatments they might need. This may include surgery, time in the intensive care unit, or other treatments and medications. Help with pain is always available.

- People who can swallow safely may continue to drink or be assisted by hand.
- Caregivers can help relieve dry mouth with ice chips, moist sponges, moistening sprays, or liquids placed inside the mouth.
- Water, gum, lozenges, or candies can be given to people who can still swallow.

They may not feel thirsty.

Seriously ill people may not feel thirst the way healthy people do. It is normal for people who are very ill to need less fluids.

They may not be able to prolong life.

If a person cannot drink normally and does not receive artificial hydration, then death may not be delayed.

How do people decide whether or not to try artificial hydration?

They talk with their doctor about how artificial hydration might affect their health or quality of life. They think about the benefits or possible harms of artificial hydration to see if it is right for them.

It is important to talk with your doctors and medical team about:

- How artificial hydration might help you to reach your goals, such as getting back to a certain level of health or ability.
- How long the treatment might be needed.
- What kind of harms the treatment might cause.
- How long you might live with or without artificial hydration.
- What life might be like while using artificial hydration.

Who chooses to try artificial hydration?

- People who are able to get better or are expected to live well and to have an acceptable quality of life often choose artificial hydration.
- Some people who are willing to try artificial hydration with the hope of living longer, even if the treatment is uncomfortable or if it might cause other possibly serious medical problems.

Who chooses NOT to try artificial hydration?

Some people with a serious or life-limiting illness may choose not to try artificial hydration because they may want to:

- Avoid more medical treatments that have little benefit.
- Avoid swelling or other side effects that will outweigh any benefit.
- Avoid delaying natural death, while not hastening it.

Making Your Decisions Known

- Tell your family, close friends, and your doctor about your decision.
- Create an Advance Directive* and choose someone to speak for you when you cannot speak for yourself.
- Discuss advance care planning with your medical provider and whether your decision should be recorded in a special medical order. (Learn more at POLST.org.)
- Give copies of these forms to your family, to your doctors, and to your hospitals.
- Keep important documents in an easy-to-find place.

*Advance health care directive forms are available at WholePerson.care, CoalitionCCC.org or from your healthcare provider.

What feels right for you?

When thinking about yourself and your choices, it may help to talk with:

- Anyone who might make medical decisions for you in the future.
- Any person for whom you are the medical decision-maker.
- Your doctors and medical team.
- Family or friends.
- Your spiritual or faith leaders.
- Others who have chosen artificial hydration in similar situations.







Caring for the Whole Person is a statewide initiative of the California Bishops and Catholic healthcare systems designed to provide resources and tools to ensure that seriously ill parishioners and patients are loved and supported; can openly talk to their spiritual leaders, clinicians and family members about their wishes at end of life; and have access to quality palliative care. This decision aid was developed in partnership with the Coalition for Compassionate Care of California. For additional copies or more information, contact info@wholeperson.care. Additional resources are available online at WholePerson.care and CoalitionCCC.org.