

Hospice Diary

For Eating and Drinking



Areas of concern in hospice food care

Autonomy

Sometimes the care providers are not sensitive enough towards the desires of the resident. Especially when it comes to how much they eat; often residents receive a regular sized meal which they may, or (more likely) may not finish. They may feel apprehensive to deny leftovers, it gives residents a feeling of guilt, which may lead to overeating. Furthermore, for hospice care givers it can be difficult to offer meals that suit the preferences of residents. Especially early on, when they are still unfamiliar with the resident.

Inconsistency

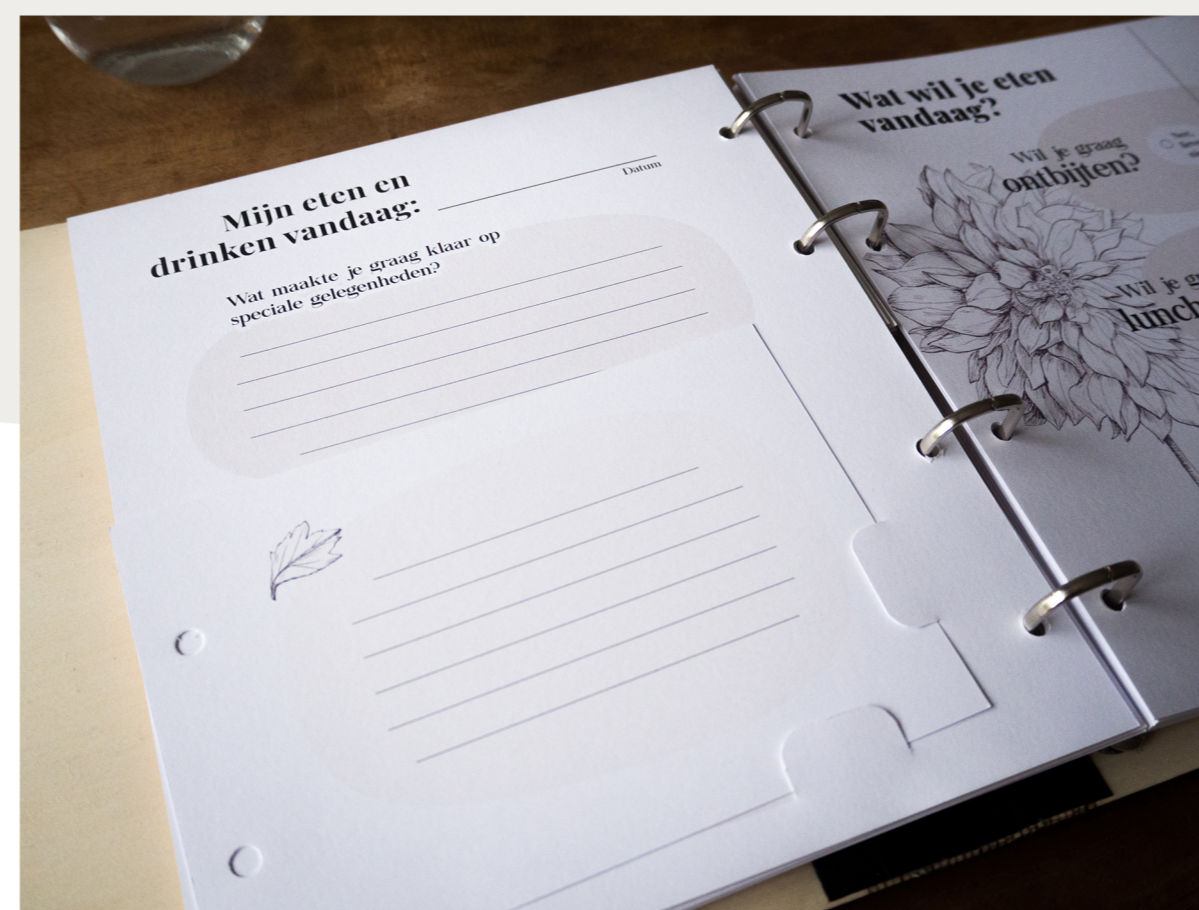
The food care can be inconsistent between food care providers. First and foremost, the hospice care givers and those near and dear hold on very different approaches. However, due to the methods of communication between hospice care givers, it can also prove to be inconsistent between them as well. Consistency should be pursued to give residents more peace of mind when it comes to food care.

Emotional & Social Values

When residents struggle with eating, it is not uncommon that the emotional and social values of food are lost with time. Eventually the nutritional intake becomes the main priority in the food care by those near and dear as well. As the nutritional intake is usually insufficient to be pleased with, there is close to no value left to food. It may become something the resident can no longer be excited about.

Letting Go

Those near and dear can struggle to let go of food. It brings them hope to extend the life of their loved one. Unfortunately, their efforts to extend that life can lead to mentally or physically harmful care approaches, such as overfeeding. However, the intervention of hospice care givers to prevent such harmful care, often forces those near and dear to let go of food abruptly. This can feel as a very unnatural way to let go.

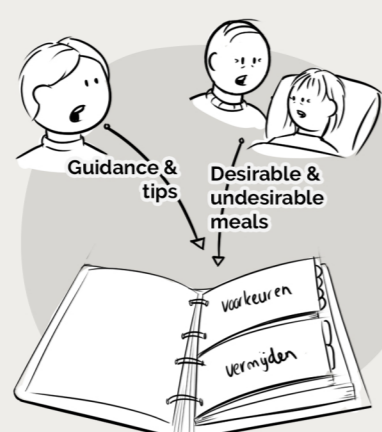


Documenting the meal preferences of residents



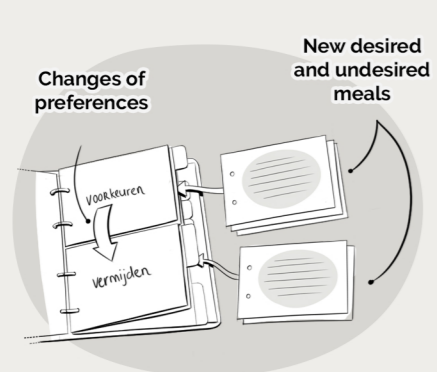
1

Upon take-in in the hospice, the diary is presented to the resident and those near and dear involved in the care.



2

Together with them the resident's preferences for food and drinks is documented in the diary.



3

The collection of preferences continues to change with time, as the appetite and abilities to eat change for the resident.



4

For the care providers this offers a continuously relevant collection of preferences that help to determine what meal to prepare that suits the desires of the resident.

Daily questions on eating and drinking



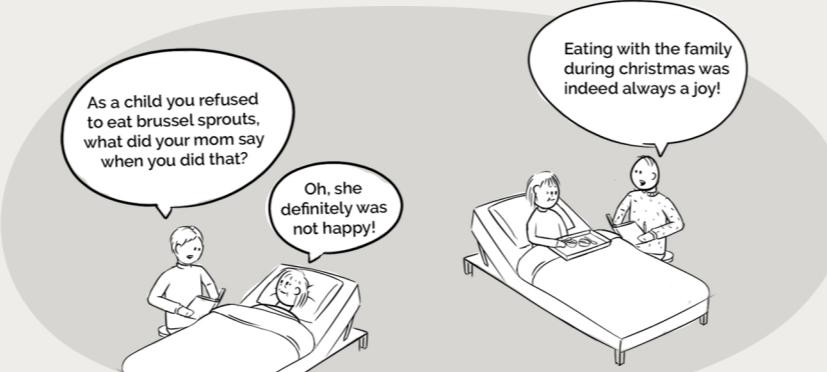
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Daily questions are presented to the resident, which they can answer in the diary. They ask about nice memories of the past, or exciting things they may look forward to.



2

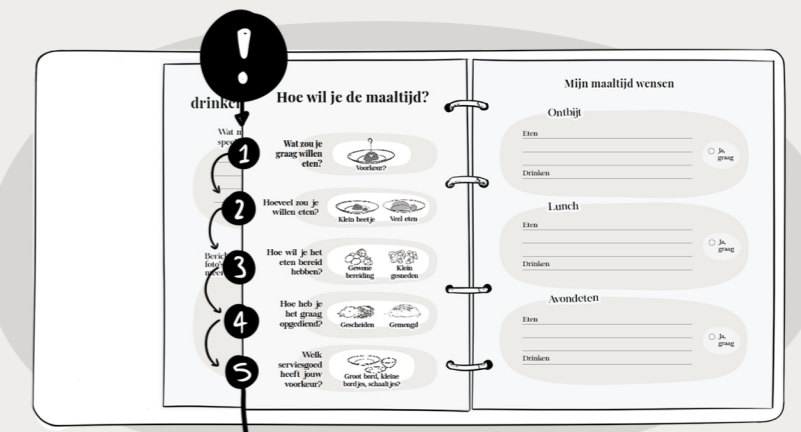
Since the diary is engaged with on a daily basis, eventually it contains enough for the resident to look back at and enjoy.



3

The questions, and their answers, (re)introduce social values in the food care. Hospice care givers get to know the resident better, while those near and dear can discuss joyful memories or exciting plans to come.

Daily assessments of the desired meals



1

Each day the diary asks to fill-in the desired meals of the resident. Together with a fill-in page, an "instruction" is shown that makes the care provider aware of the aspects of the meal they should take into consideration in their assessment.



2

The care provider can also look back at previous fill-in pages, to become aware of the recent eating behaviour of the resident.



3

The care provider is now likely to properly take into consideration all the desires that the resident has for the meal.

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