

The administration of hydration and nutrition has been perceived differently in our culture, where it can even be considered as “killing for no providing food nor water”. However, there is no appetite nor thirst in a critical or dying state. Nonetheless, there are other ways to provide that food, using the specialized nutritional support (9). The social perception of “providing food to hungry food or water to people with thirst” has a very high moral value. Eliminating these measures could generate guilt feelings, from both the family and the health care team.

The clinical practice identifies that artificial food and hydration are not comparable to other medical treatments, so its purpose is to never deny food nor liquids, therefore they are a crucial care, mandatory in every case. To this day, their application has not been defined as a palliative care because of the medical, familiar, religious, and social implications, so it is a topic in constant discussion.

Fears and myths, but mostly the culture together with an own opinion may generate incorrect information, however, the following points must be taken into account:

- Liquids are not the same as food.
- Dehydration does not mean suffering.
- Force-feeding a critical patient tires the patient.
- Eating cannot revert the underlying process.
- The loss of interest in food is a natural phenomenon close to death.
- The body only takes what it needs.
- Reducing food intake does not shorten life, it is simply a sign that the body cannot metabolize food anymore (10).

Some authors conclude that enteral and parenteral nutrition are part of the basic cares; others consider them a palliative or part of a palliative treatment, but very few take into account the will of the patient to use them. Therefore, it is considered that it must depend on the specific patient, respecting his/her will and evaluating the benefit they can bring to his/her life quality. If the death of the patient is imminent, they must not get started (11).

Decision making regarding the methods of vital support in these critical and complex cases, mainly involves establishing a limit in the health care attention that means no to apply or suspend treatments. The irrational use of these practices, results in a cultural confusion leading to act in every situation and doing whatever possible to preserve biological life.

Having before us a close death, makes you have a different perspective, it even violates the principles and values of the process of making the right decision, as well as its consequences, but above all, it makes you consider the patient's will, in spite of his/her psychological condition, his/her autonomy and power of decision (8).

For all the previously mentioned, it is considered the use of bioethics, with the purpose of combining biological knowledge with that of human values. Today, there is a lot of technological development at the service of medical science, and it has motivated to make committed and controversial decisions. Today, the professional relationship between patient and doctor is defined as a social relationship, nonlinear, where the interaction must be seen from different perspectives: the patient, the health care staff and the institutions that represent the society, and also, the legislation. That is why the ethical clinical interaction tries to precise which are the obligations toward the patients, promoting a wide reflection between ethics and the making of therapeutic decisions at the end of life, making people discuss topics like euthanasia, therapeutic obstinacy, solidarity in death, the need of companionship, are crucial points of social debate. Today, decisions about vital support measures are common and discussed, as they have important consequences for the patient, his/her family and the society (12).

Under this context, two ethical aspects are considered that facilitate decision-making regarding nutritional support. The first one is related to the balance of the pros and cons of nutritional support and the patient's desires. The other one refers to the destiny of economical, human and infrastructure resources.