VSED

Voluntary or Voluntarily

Stopping Eating and Drinking

as a way to hasten death

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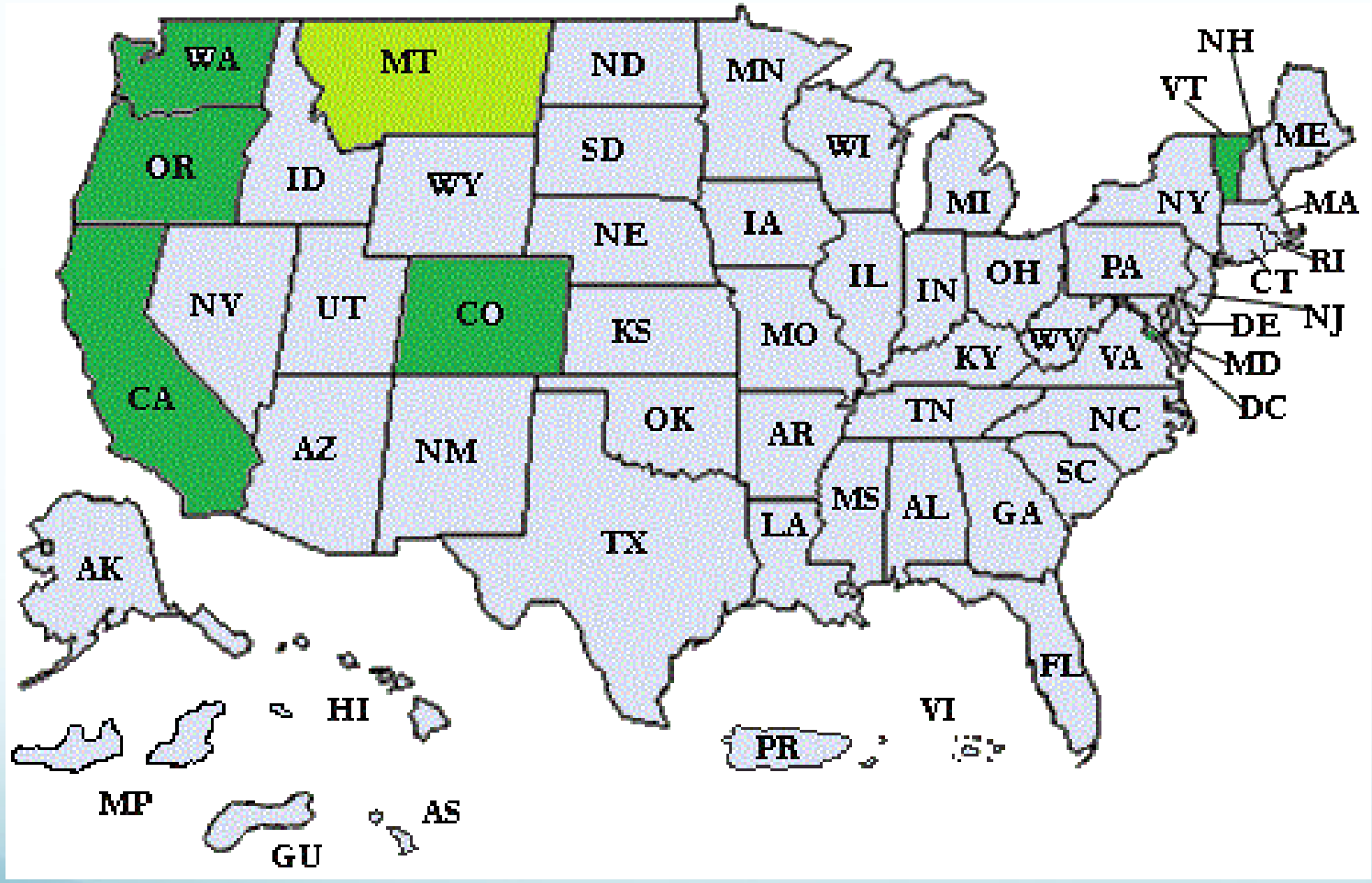
SEATTLE UNIVERSITY SCHOOL OF LAW

The first national conference on voluntary stopping eating and drinking



Medical aid in dying is legal in only a few states – Oregon, Washington, California, Vermont, and now Colorado and D.C.

Few are eligible to use the law

Individuals must:

- have a projected 6-months life expectancy
- be able to self-ingest medication
- have the capacity to make the request
- understand the consequences and the alternatives to the request, witnesses, etc.

VSED – voluntarily stopping eating and drinking – i.e., the voluntary and deliberate decision to stop eating and drinking with the intent of hastening death by *dehydration*.

Usually takes 8 – 14 days.

Relatively peaceful and comfortable.

Is legal in all U.S. states and jurisdictions.

VSED - when there is no plug to pull.

Can try VSED, or stop and reverse - is reassuring.

Do not need to have 6-months life expectancy.

Can be a faster process than medical aid in dying.

'Dying dry' – less death rattle, no GI or urine emissions.

Natural. Allows time vs an abrupt medical aid in dying procedure.

VSED is different from the natural loss of appetite and thirst and physical ability to eat that occurs at the end of life.

Requires determination.

A limited number of studies indicate

about **40%**

of nurses have cared for a patient who chose VSED.

Would informing the patient about VSED be considered coercive? A tipping point? Be taken negatively? Be frightening? Undermine the relationship?

Dr. Timothy Quill's case: 48 y.o. with intractable depression wants to die. Dr. Quill did not offer VSED info.

Is VSED assisted suicide?

Passive OK. Active not.

Is VSED abuse/neglect?

Nursing homes are required to provide adequate food and hydration.

Advance Directives need to be very specific, e.g., no nourishment or fluids by mouth – and why.

Margot Bentley case: former nurse, had developed advanced dementia. Judge decided that swallowing = wanted food. Rooting reflex. Ignored her Living Will.

In 1991 she wrote in her Living Will if no reasonable expectation of recovery, be allowed to die and be given no nourishment or liquids. And if her mental condition deteriorated such that she was unable to recognize members of her family, she wanted to be euthanized.

Male at age 9 fell - spine fracture and paraplegia. Completed college, a strong advocate for people with disabilities. Never married. 2 friends had PoA. By age 54 was having multiple admissions for infections, pressure ulcers, chronic pain from rotator cuff, on stable opioid dose, fistula bladder to large ulcer.

He described his condition as “wretched” – cachectic, weak, wanting to die by infection. VSED suggested and discussed; PoA’s, Palliative Care, and hospital ethics agreed. He reported great sense of relief after starting fast, on 8th day complained of insomnia and agitation, agreed to small dose of sedative. Later some confusion and delirium, but when lucid reiterated his desire to continue with VSED, died on 14th day peacefully.

Mr. B. had previous colon cancer, surgery, and radiation - since then had persistent diarrhea. Learned about VSED, was on hospice, reduced intake to 3 cookies per day – and diarrhea greatly improved; reduced to 2 and then 1 per day, went on for couple months, then stopped fluids which led to more rapid decline. Some confusion before death. Had supportive son.

67 y.o. female - recurrent strokes, had watched her engineer father become demented and die and had spoken with her husband and daughter about VSED for years. When she asked her neurologist for referral to hospice, neurologist felt she was not ready. Her primary care doctor made referral. Hospice provided “comfort pack” for emergencies and other support. Took 2 weeks to die.

81 y.o. female fell at home, poor nutrition, COPD, had stopped eating and drinking a week before. She had told her children years ago she did not want to live past 80. Psychiatrist asked if she wanted to die – answer was no. Asked if she understood that stopping eating and drinking would lead to death – answered yes.

Ethics Committee decided that since doctor had to order diet, it was a medical treatment and could be refused – as part of Patient Self-Determination Act. Was given Cymbalta for pain, depression improved and doing fine.

78 y.o. male had seen others die and wanted to avoid debility and loss of dignity that preceded death - wanted to die on his own terms. He had informed his kids in the past. He had had a previous small stroke. He agreed to psych consult, informing wife and family, getting a hospice, presented case to the ethics committee. Was still alive at time of writing.
Planned to start VSED later.

80 y.o. male diabetic broke his hip, moved to a skilled nursing facility, then went blind. He hated the diabetic diet - resignation, refused food and medication, died shortly afterwards.

Alan Shacter, Harvard grad, diagnosed with Alzheimer's, contacted End of Life Washington, and learned about VSED. Read Thadeus Pope and Lindsey Anderson's article, had a Celebration of Life, decided that when he was no longer able to leave the house due to weakness and was mostly sleeping, it was time.

3rd day of fast someone from Adult Protective Services called and visited, made a positive report. Wife would spray mist on his mouth when he requested it, later communicated yes/no by blinking when asked and reminded about it, died in 9 days.

87 y.o. widow diagnosed with jaw cancer, gave radiation a try, which with chemo left her weak and unable to take solid food; cancer spread, became depressed; husband (retired family physician) learned about VSED on the internet. She decided on VSED and became less depressed, had to explain VSED to hospice staff, had visitors, worked with daughter on obit, died after 12 days of fasting and one sip of coffee.

81 y.o. female fell due to a stroke, was a member of a right-to-die organization, had seen husband spend 5 years in a nursing home with dementia. In rehab, gained strength and use of one side, but found waiting for help to the toilet frustrating and humiliating, and lack of independence intolerable, taped a statement that she was making a voluntary choice on VSED, signed-out AMA, hired help, started the fast, got too thirsty and changed her mind on 4th day (frustrating for daughter), several months later did a video, with liquid morphine under the tongue, died peacefully after 11 days.

Dr. Stan Terman's case: 92 y.o. female with unsteady gait, she felt another movie, another meal made no difference, feared stroke or dementia, disability and dependency. Daughter did not support her VSED. Son was angry with mother; they had not spoken in years. Son and mother talked – more anger. Later he wrote letter, was able to reconcile with mother as she was getting weaker on the fast.
VSED allowed time for reconciliation.

Mother of a Deacon tried to die by secretly trying VSED, also had an alcohol problem, low sodium caused confusion, went to nursing home, unhappy there. Son wanted to follow the Ethical and Religious Directives (ERD) for Catholic Health Care Services: help prepare for death, compassion, dignity, respect, no obligation for too burdensome treatments. A natural death.

Or were loneliness and depression significant factors?

Why would one want to hasten his or her death?

- physical and emotional suffering
- loss of meaning
- deterioration in quality of life
- loss of independence
- readiness to die
- continued existence is pointless
- desire to have control over one's death
- fear of loss of control, etc.

Physician's role: relieve suffering, respect autonomy.
Obligation to inform vs offering perceived as suggesting.

Role of bioethics committees to address conflicts, concerns.
Psychiatrist's/psychologist's role re: mental health and depression or other mental disorders?
Respect for competent vs "best interests" of incompetent.

Society's role regarding attitude towards VSED.

Advance Directives and VSED -
Be very clear and include why.
Discussion with family, physician(s), np/pa, social worker, etc.
Use of videotape to be more convincing.

Older individual with no family/friends?

VSED and the isolated?

Some/many prefer to die alone.

Skilled Nursing Facilities and VSED and policies?

Personal care plan developed at SNF.

VSED and hospice? Plan to be off and on hospice.

VSED and palliative care?

Education of public and professionals on VSED.

VSED and Long Term Care Ombudsman –
role to promote and protect residents' rights.
Adult Protective Services: Not getting food & fluids.

Need for VSED policies?
Need for VSED research?

Need for public engagement re: VSED.
A VSED poster child? Hollywood person? A 'Brittany'?

Questions?
Comments?
Cases and experiences?