

PUBLIC LECTURE ON END OF LIFE OPTIONS



Use Medical Aid in Dying (MAiD) to Avoid Late-Stage Dementia

by **Thaddeus Mason Pope, JD, PhD**

Many Americans need to avoid long and slow-stage dementia. There are several end-of-life options including voluntary stopping eating and drinking (VSED), VSED by voluntary decision, hasten act, and MAiD in California. But conservatives and politicians have tried to prevent MAiD as an end-of-life option under the Social Security Act in various ways. There are many ways to avoid dementia and avoid dementia-related expenses. They include a 4-hour program when they still have decision-making capacity. And they look forward when they have a 6-month prognosis.

Sometimes, these eligibility rules will change through state law. California 5.5.1116. But even in the meantime, patients with dementia can use MAiD. Some states have it if the patient signs "WED" while they still have capacity. Doctors can certify the patient on Saturday if within 24-48 hours. The patient can then switch from VSED to MAiD.

Thaddeus Mason Pope is a national expert on medical law and clinical ethics. He maintains a special focus on patient rights, healthcare decision-making, and end-of-life options. He teaches at Hemlock Senior Center and former Fairleigh School. Pope is a law professor at Stetson University School of Law in Saint Paul, Minnesota.

Date: Sunday, December 8, 2024
 Time: 1:30 - 3:00pm Pacific
 Venue: Zoom [RSVP for Zoom link](#)

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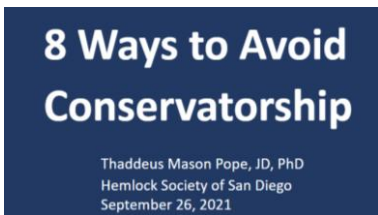
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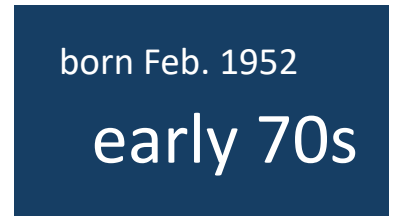


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Cody
Sontag

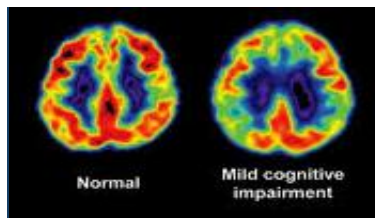
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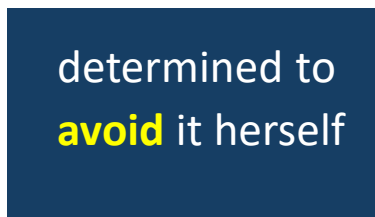
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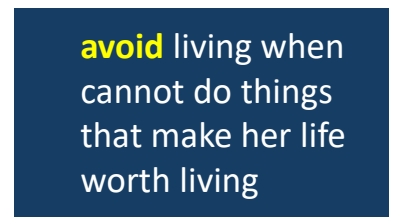
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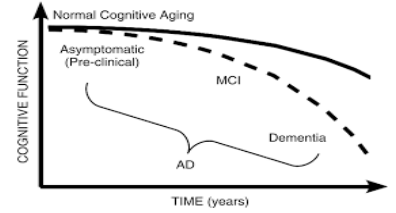
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SO ...

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used MAID in OR to avoid advanced dementia

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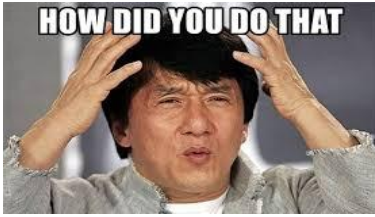
“I’m sorry . . . your mother’s **not eligible.”**

25

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Brain	12 (3.3)	15 (4.0)	58 (27.5)	85 (33.0)
Eye and central nervous system	7 (1.9)	8 (2.0)	8 (3.5)	7 (2.7)
Thyroid and other endocrine	2 (0.5)	0 (0.0)	8 (3.6)	10 (3.8)
Ill-defined, secondary, and unspecified	15 (4.1)	8 (2.6)	56 (25.6)	79 (30.8)
Other causes	14 (3.6)	10 (3.0)	102 (47.7)	136 (53.4)
Lymphoma and leukemia	12 (3.2)	7 (2.3)	44 (20.2)	63 (24.7)
Neurological disease	26 (6.8)	26 (6.6)	242 (111.5)	310 (121.6)
Alzheimer's disease	21 (5.7)	19 (5.3)	168 (77.2)	201 (77.9)
Other neurological disease	5 (1.4)	7 (2.0)	74 (34.1)	109 (41.7)
Heart/circulatory disease	27 (7.1)	33 (9.2)	134 (60.2)	208 (79.2)
Respiratory disease (e.g., COPD)	26 (6.8)	26 (6.6)	126 (57.6)	183 (69.4)
Endocrine/metabolic disease (e.g., diabetes)	6 (1.6)	8 (2.0)	34 (15.4)	58 (21.9)
Gastrointestinal disease (e.g., liver disease)	7 (1.9)	4 (1.3)	20 (9.0)	31 (11.7)
Infectious disease (e.g., HIV/AIDS)	2 (0.5)	2 (0.7)	14 (6.4)	19 (7.1)
Other diseases	7 (1.8)	4 (1.3)	26 (11.7)	42 (15.7)
OWDA process				
Qualified to receive prognosis	17 (4.6)	17 (4.6)	88 (40.2)	122 (46.3)
Referred for psychiatric evaluation	5 (1.3)	3 (1.0)	71 (32.3)	77 (29.1)
Patient informed family of decision	226 (58.6)	202 (58.0)	1,060 (48.5)	2,382 (89.5)
Patient died at				
Home (public, family or friend)	322 (87.7)	278 (78.0)	2,113 (95.3)	2,114 (79.0)
Assisted living or foster care facility	21 (5.7)	20 (5.6)	105 (48.0)	148 (55.1)
Nursing home	2 (0.5)	0 (0.0)	20 (9.0)	22 (8.3)

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ETHICS Journal of the
American Geriatrics Society

Medical aid in dying to avoid late-stage dementia

Thaddeus Mason Pope JD, PhD¹ | Lisa Brodoff JD²

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AMERICAN GERIATRICS SOCIETY | DAVID L. BRONSTEIN, MD, MPP

**Journal of
Aid-in-Dying
Medicine**

Vol. 2
(Dec. 2024)

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- Capacity Assessment in Geriatric Complex Patients
- Medical Aid in Dying and End-of-Life Care for Patients
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MAID by AD

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U.S. MAID

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focus primarily on

U.S. MAID

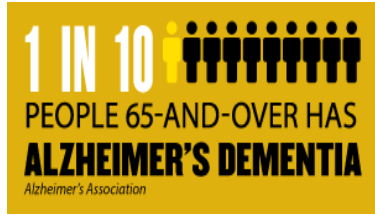
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dementia
prevalence

45



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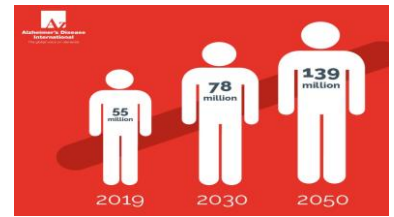
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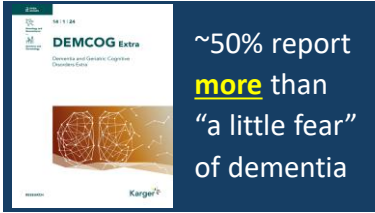
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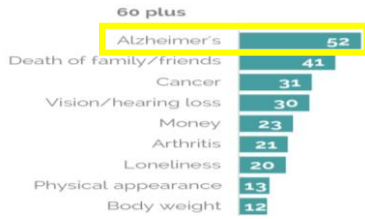
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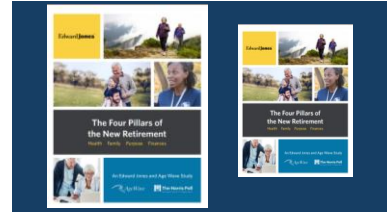
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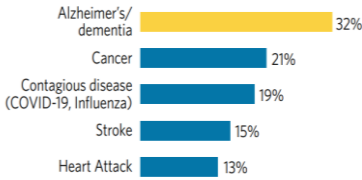


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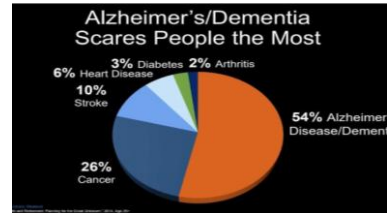
Retirees' most feared condition of later life



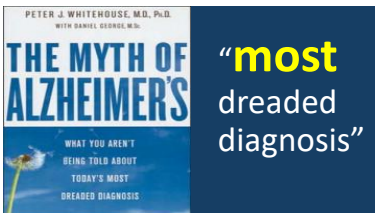
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one-third fear Alzheimer's **most**
11 points higher than cancer

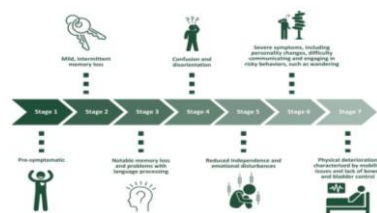
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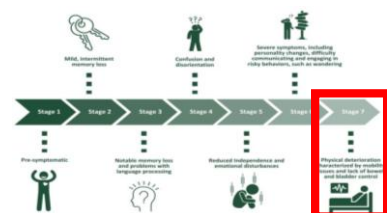
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unable to interact with their environment
 need help with almost all everyday activities
 bowel and bladder incontinence

64



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SO ...

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hasten death to avoid late-stage dementia

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 Canadian Journal of Bioethics
 Revue Canadienne de Bioéthique

V. 38 (2014) No. 1
 Can. J. Bioéth. / Rev. Can. Bioéth. 38(1):42-54 (2014)

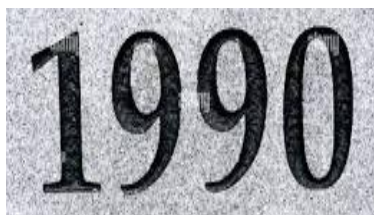
ARTICLE (REVUE PAR LES PEERS / PEER-REVIEWED)
Extending Medical Aid in Dying to Incompetent Patients: A Qualitative Descriptive Study of the Attitudes of People Living with Alzheimer's Disease in Quebec
Vincent Theriault*, Diane Guay†, Gina Braun†

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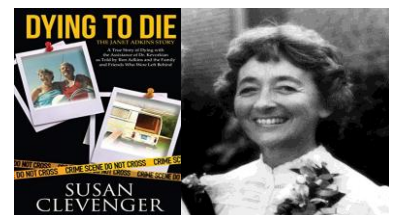
20% Alz biomarker want MAID at cognitive decline

Largent EA, et al. Alz Dis Assoc. 2014;27(12):1441-1446. doi:10.1093/alzdis/27.12.1441

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When People Facing Dementia Choose to Hasten Death: The Landscape of Current Ethical, Legal, Medical, and Social Considerations in the United States

BY EMILY A. LARGENT, JANE LOWERS, THADDEUS MASON POPE, TIMOTHY E. QUILL, AND MATTHEW K. WYNIA

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Options for Hastening Death That Involve Medical Personnel	
Passive	Definition: The physician chooses to not initiate any potentially life-sustaining intervention. These interventions commonly include cardiopulmonary resuscitation, mechanical ventilation, nasogastric feeding, dialysis, antibiotics, artificial nutrition and hydration, and pain management. These interventions are not an intervention, but rather a withholding of an intervention. The physician does not actively intervene to hasten death.
Voluntarily stopping eating and drinking (VSED)	Definition: A person uses documented medical instructions to guide physicians and care providers to the withholding of food and fluids. This results in the person's death by starvation and dehydration. The person's death is not hastened by any medical intervention.
Physician writing and signing an advance directive for which there are no known U.S. jurisdictions or states	Definition: This involves the documentation of a patient's preference to not initiate or continue life-sustaining interventions in a jurisdiction where such documentation is not permitted. The physician's role is to document the patient's preference, not to hasten death.
Medical aid-in-dying (MAID) in U.S. jurisdictions where required	Definition: This involves the prescription of a lethal dose of medication to a patient with a terminal illness, who is competent to make decisions about their care. The physician's role is to prescribe the medication, not to administer it. The patient must meet specific requirements, including being terminally ill and having a certain level of mental capacity. The physician must also be a member of a medical society and have a certain number of years of experience.
Voluntary active euthanasia*	Definition: This involves the administration of a lethal dose of medication to a patient with a terminal illness, who is competent to make decisions about their care. The physician's role is to administer the medication. The patient must meet specific requirements, including being terminally ill and having a certain level of mental capacity. The physician must also be a member of a medical society and have a certain number of years of experience.
Euthanasia by advance directive*	Definition: This involves the documentation of a patient's preference to not initiate or continue life-sustaining interventions in a jurisdiction where such documentation is not permitted. The physician's role is to document the patient's preference, not to hasten death.

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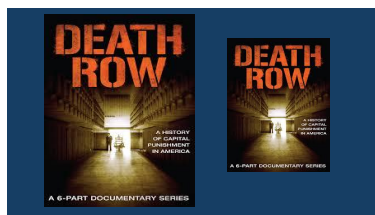
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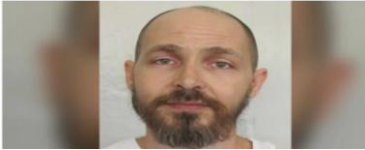


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Alabama carries out nation's 3rd nitrogen gas execution on a man for a hitchhiker's killing



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84

Federal judge rules that third nitrogen gas execution may proceed

Judge R. Austin Huffaker Jr. rejected the claims that the method violates constitutional protections.

85

In the
United States Court of Appeals
For the Eleventh Circuit
No. 24-13660 **11/18/24**
CAREY DALE GRAYSON,
Plaintiff-Appellant,
vs
COMMISSIONER, ALABAMA DEPARTMENT OF
CORRECTIONS,
HOLMAN CP WARDEN,

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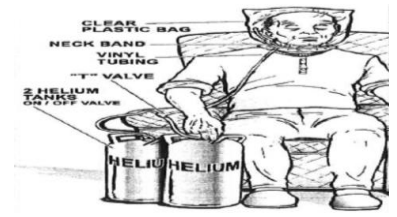
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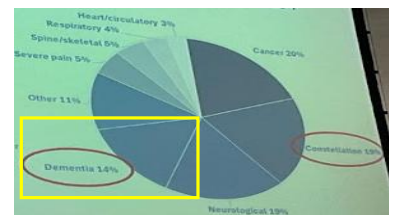
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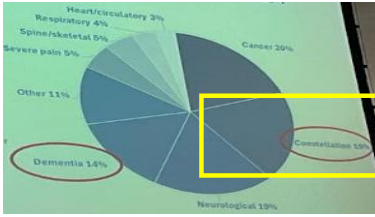
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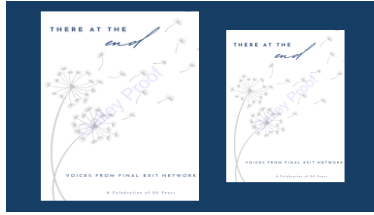
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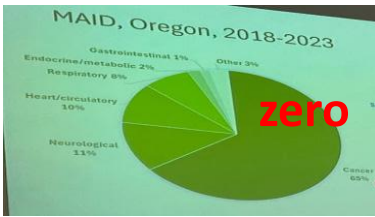
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contrast

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that's the 1st way to avoid late-stage dementia

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2 VSED

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Voluntarily Stopping Eating & Drinking

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patient with capacity

108

able to take food
& fluid by mouth

109

voluntary
decision
to stop

110



111

≠ ANH

112

≠ natural loss
appetite

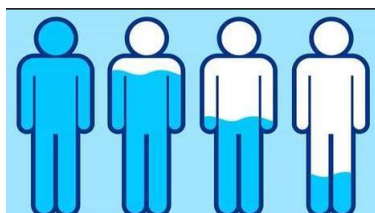
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deliberate choice
stop fluids
by **mouth**

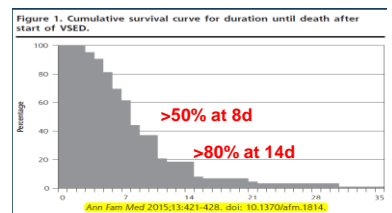
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goal = death
from dehydration

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many used VSED to avoid late-stage dementia

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In the late 80s and early 90s Jean sat beside both of her parents as they died. Her mother deteriorated over the years due to Alzheimer's disease. Later her father voluntarily chose to stop eating and drinking (VSED) to end his suffering. The contrast between the two approaches couldn't have been greater. After her father died, Jean said out loud, "That's how I want to die."

Jean drew on his courage when diagnosed at age 71 with Long Body and Alzheimer's Dementia. Knowing what the future would hold, she knew she would follow in her father's footsteps.

As 73 her dementia was increasing, it was time to act or the window when she could VSED would close. Having had 2 years to build a plan and prepare emotionally, she was ready. She drafted a letter documenting her choice, told her physician and hospice team it was time, gathered her family and friends.

Without suffering, with comfort measures in place, and loved ones present, Jean died just as her father had, on her own terms, before the disease stole her consciousness.

Your life. Your death. Your choice.

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Your life. Your death. Your choice.

Don't deal for years with high blood pressure, diabetes, macular degeneration and several other health concerns, all of these were conditions he could live with and manage while enjoying his favorite beaches in Hawaii and hobbies at home. What he couldn't live with was his 2010 diagnosis of dementia and the eventual cognitive degeneration he would endure. He was crystal clear that he would choose to end his life before that happened.

Attending a Death Cafe he learned about **Voluntary Stopping Eating and Drinking (VSED) and how to go right away. This would be the choice for him.**

He worked with a Sacred Planning and End of Life Washington to put all of the necessary documents in place and identify the markers that would indicate when he was still capable of making the choice for himself.

In April of 2019 he recorded a video sharing his clear and autonomous decision to VSED, and with the love and care from his family started the process. Within days, he achieved his goal and ended his life on his terms, just the way he wanted it.

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VSED: The Dementia Escape Clause
A Conversation with Cheryl Hauser and Wendy Brown

Thursday, November 10 | 6:00-7:15pm
 First Unitarian Society | 900 Mount Curve, Minneapolis

Join us for a conversation with Cheryl Hauser and her daughter Wendy Brown about Cheryl's proactive choice to plan for a peaceful transition by Voluntary Stopping Eating and Drinking (VSED). Including their story, Cheryl and Wendy hope to educate people about their option for peace and dignity from a legacy of empowerment for those living with a dementia diagnosis.

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CHOOSING TO DIE
A Personal Story

Effective Death by Voluntarily Stopping Eating and Drinking (VSED) in the Face of Progressive Dementia

PHYLIS SHACTER

Foreword by Jennifer E. Quill MD, JACP, FAHA

The VSED Handbook

Kate Christie

Foreword by Hilary A. Steiner, MD, PhD

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NATIONAL BESTSELLER

On My Own
 Diane Rehm

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WINTER'S END
 Dementia and Dying Well

LEWIS COHEN, MD

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<https://empoweredendings.com/>

126



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that's the **2nd way**
to avoid late-stage
dementia

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VSED

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3 VSED
AD

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VSED while
still have
capacity

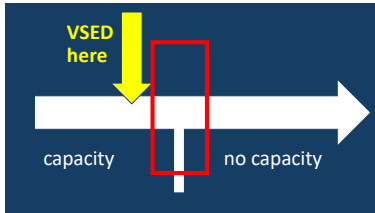
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too **soon**

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life **still**
worthwhile

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“give up good days to avoid bad years”

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earliness problem

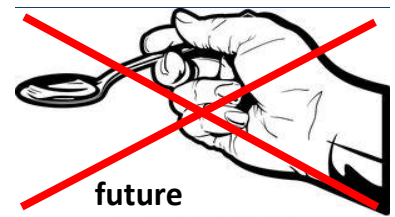
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after patient loses capacity

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at point Pt specifies

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clinical triggers

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FUNCTIONAL ASSESSMENT STAGING TEST (FAST) SCALE					
Stage	Stage Name	Characteristic	Stage	Stage Name	Characteristic
1	Normal Aging	No deficits whatsoever	6a		Needs help putting on clothes
2	Possible Mild Cognitive Impairment	Subjective functional deficit	6b	Moderately Severe Dementia	Needs help bathing
			6c		Needs help toileting
3	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks	6d		Urinary incontinence
			6e		Partial incontinence
			7a		Speaks 5-6 words during the day
4	Mild Dementia	Instrumental activities of daily living (IADL) become affected, such as paying bills, cooking, cleaning, traveling	7b		Speaks only 1 word clearly
			7c	Severe Dementia	Can no longer walk
			7d		Can no longer sit up
			7e		Can no longer smile
5	Moderate Dementia	Needs help selecting proper attire	7f		Can no longer smile and walk

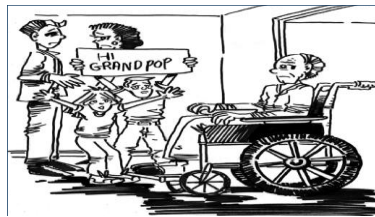
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functional triggers

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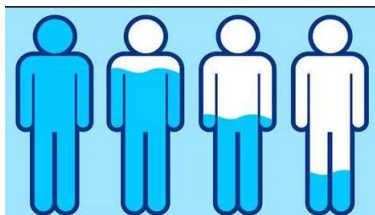
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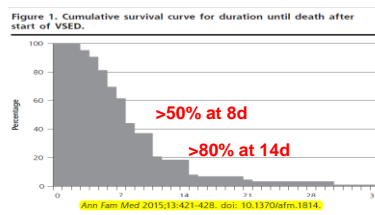
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A Piece of My Mind

My Living Will

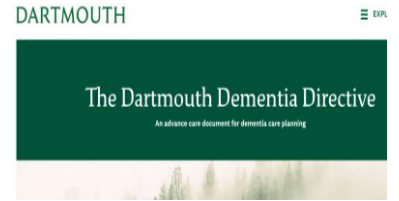
588 JAMA, February 28, 1996—Vol 275, No. 8

I, William Arthur Broad, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and incurable. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means. basic of comfort and nutritional care. Even a detailed living will that includes the refusal of all active treatments such as cardiopulmonary resuscitation, antibiotics, artificial nutrition, and hydration may be inadequate in such a situation. I do not want to become a vacant-looking body, reflexively swallowing food and water placed in my mouth, my mind frozen inside while my life

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ABOUT THE ADVANCE DIRECTIVE FOR RECEIVING ORAL FOOD AND FLUIDS IN DEMENTIA

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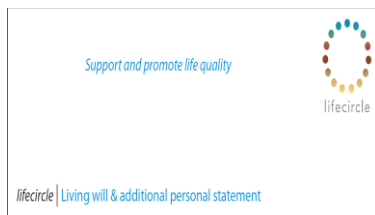


The following document can be added to any advance directive to provide guidance regarding consent to or refusal of certain therapies. Once completed, signed and witnessed, it should be kept with the advance directive.

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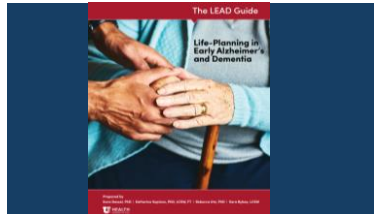


4. _____ **ASSISTED FEEDING.** If I am unable to feed myself, then spoon feed me whatever I seem to enjoy, and no more. Do not feed me or apply medical interventions, such as tubes and IVs, so that I might live longer.

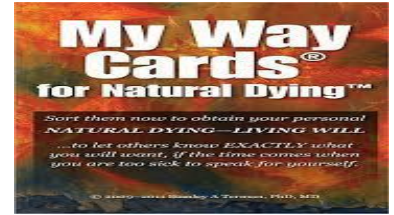
If this sentence is initiated and any of the choices 5, 6, or 7 are initiated, the latter are not to be implemented if they put my agent or any of my caregivers at criminal risk.

5. _____ **WITHHOLD NUTRITION & HYDRATION** if I show no desire to eat and/or drink. This includes medical interventions such as tubes and IVs. Do not encourage or entice me to eat or drink. Keep food odors out of my room.

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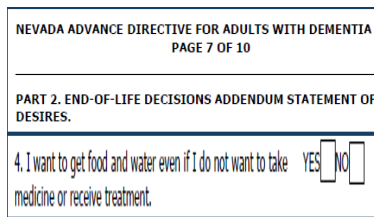
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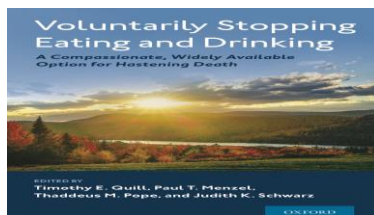
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that's the **3rd way**
to avoid late-stage
dementia

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VSED advance
directive

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4 MAID
AD

175

**GOOD
BETTER
BEST**

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~~premature
dying~~

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~~long duration
of VSED~~

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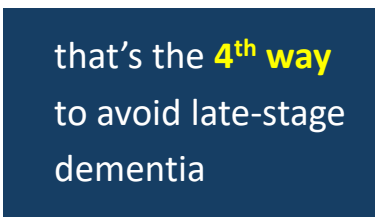
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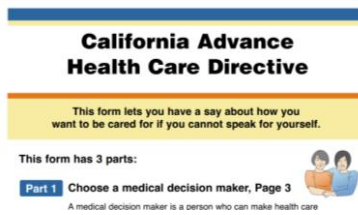
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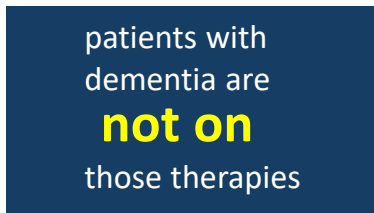
194



195



196



197



198

that's the **5th** way
to avoid late-stage
dementia

199

trad advance
directive

200

6 Swiss
MAID

201



202

no residency
requirement

203

SO...

204



205



206

no terminal illness
requirement

207

SO ...

208

dementia is
qualifying
diagnosis

209



210

DIGNITAS
To live with dignity
To die with dignity

211



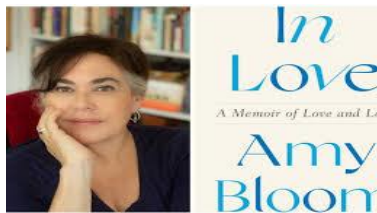
212



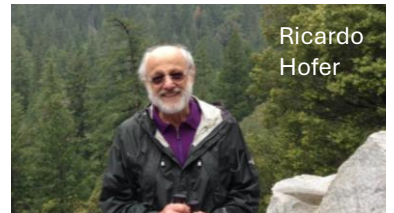
213



214



215



216



217



218



219



220



221



222



223



224



225



226



227

that's the 6th way to avoid late-stage dementia

228

Swiss MAID

229



230

6 exit options

231

~~trad AD~~

232

~~AD MAID~~

233

inert gas
VSED
VSED_{by AD}
Swiss MAID

234

7 U.S. MAID

235

3 parts

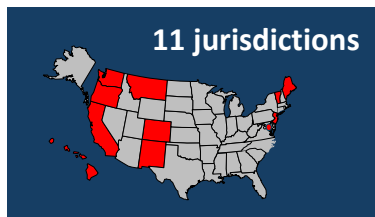
236

trad MAID
2026 MAID
bridge to MAID

237

trad MAID

238



239

capacity

240

terminally ill

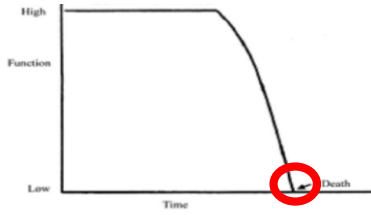
241

final stage of an
incurable &
irreversible physical
medical condition

242

will cause death
< 6 months

243



244

patients with dementia **can** (and **already do**) qualify for MAID

245

stage 1 Alzheimer's
+
metastatic cancer

246

capacity (only stage 1)
terminal illness (from Ca, not Alz)

247

but

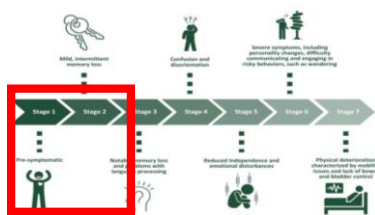
248

dementia
SUMC

249



250



251

capacity →
no terminal illness

252



253

terminal illness →
no capacity

254

terminal illness →
no ability self-ingest

255

dementia
SUMC

256



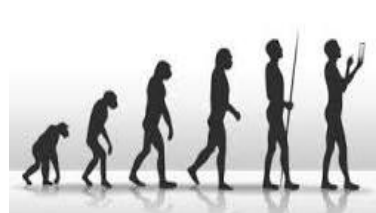
257

that's
trad MAID

258

2026 MAID

259



260

MD/DO → APRN + PA
15-20 days → 0-2 days
OR+VT → no residency

261



262



263



264



265

AMENDED IN SENATE MARCH 19, 2024

SENATE BILL No. 1196

Introduced by Senator Blakespear

February 14, 2024

266

amend Assembly Bill No. 15
EOLOA CHAPTER 1

An act to add and repeal Part 1.85 (commencing with Section 443) Division 1 of the Health and Safety Code, relating to end of life.

[Approved by Governor October 5, 2015. Filed with Secretary of State October 5, 2015.]

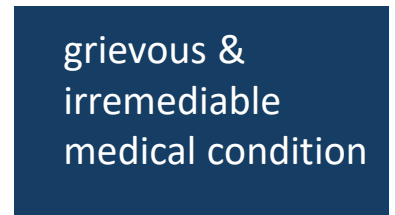
267



268



269



270

“diagnosis of
early to mid-
stage dementia”

271

cancer
ALS
dementia

272



273



BROADENING CALIFORNIA'S END OF LIFE OPTION ACT
(EOLOA)

274



275



276

bridge
to MAID

277



Cody
Sontag

278

used MAID in OR
to avoid advanced
dementia

279

So, how
does it
work?

280

patient starts
VSED on **day 1**

281



282



283

Dec. 8 *start*
↓
Dec. 22 *die*

284

but

285



286

switch from
VSED to MAID

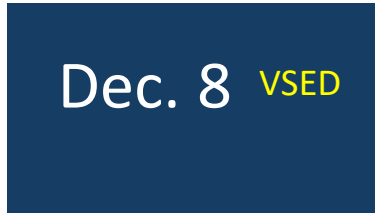
287

day 3 of VSED
gets MAID

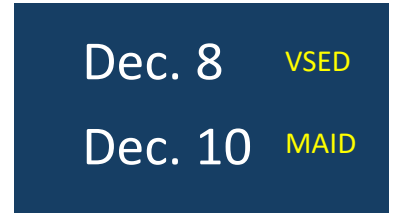
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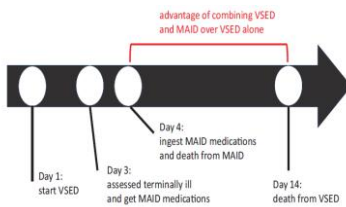
289



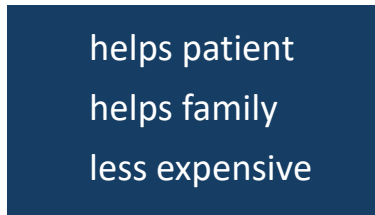
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291



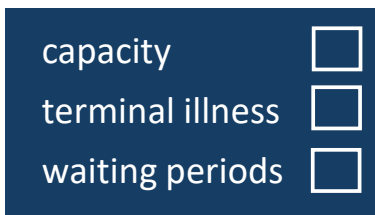
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293



294



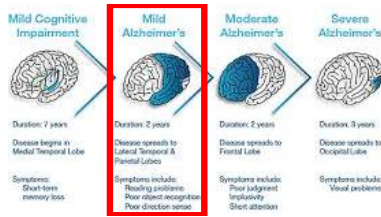
295



296



297



298

capacity on day 1
to start VSED

299

still capacity
on day 3

300

capacity

terminal illness

waiting periods

301

**terminal
illness**

302

dementia
or
VSED

303



304

incurable
irreversible

305



306

death in
6 months

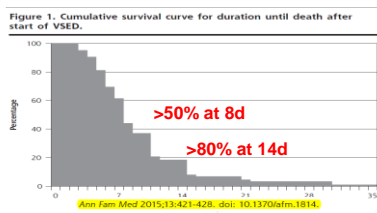
307

because
managed
with VSED

308

Zorg voor mensen die stoppen met eten en drinken om het levenseinde te bespoedigen
 patients who start VSED
 finish VSED

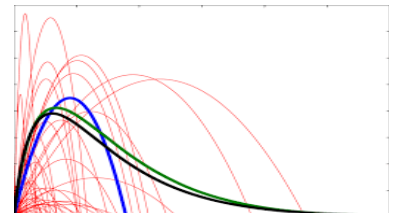
309



310

14d < 6m

311



312

Oregon Death with Dignity Act
 2009 Data Summary
 Health

313

The Oncologist®
 Refusing Treatment
 MOSHE FRENKEL

314

Khankhah et al. BMC Palliative Care (2023) 22:10
 https://doi.org/10.1186/s12904-023-01132-5

BMC Palliative Care

RESEARCH Open Access

How do cancer patients refuse treatment?
 A grounded theory study

Hamid Reza Khankhah^{1,2}, Reza Vajdani³, Mahboobeh Saber⁴ and Mohamadhadi Imanieh⁵

315



316



317

frontiers | Frontiers in Psychiatry

TYPE Systematic Review
PUBLISHED 23 July 2024
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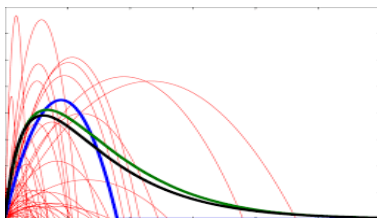
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Charité University Medicine Berlin, Germany

REVIEWED BY
Paul Ford

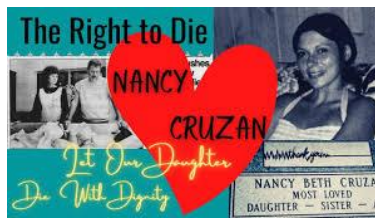
ASSISTED DEATH IN EATING DISORDERS: A SYSTEMATIC REVIEW OF CASES AND CLINICAL RATIONALES

Chelsea Roloff* and Catherine Cook-Cottone†

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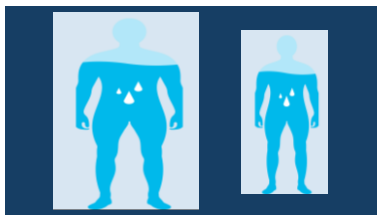
319



320

that's **dementia** as terminal illness

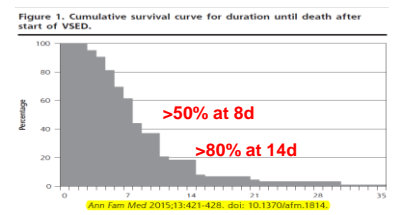
321



322

death in 6 months

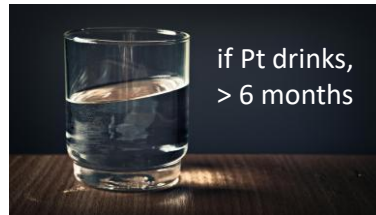
323



324

incurable
irreversible

325



326



327

still

328

cannot be cured
cannot be reversed

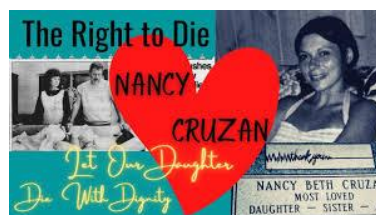
329

not because of
clinical impossibility

330

legal & ethical
impermissibility

331



332

irrelevant
whether treatment
could or **might** cure or
reverse patient's illness

333

if patient declined that treatment, it **“will not”** cure or reverse illness

334



335



336

hospices certify patients as terminally ill for hospice enrollment based **solely or primarily** upon VSED

337



338

capacity
 terminal illness
 waiting periods

339

waiting periods

340

1994 - 2019

341



342

15-20 days

343

IMPOSSIBLE™

344

Day 1 start VSED
Day 3 1st request
Day 18 2nd request

345

before day 18
patient die or
lose capacity

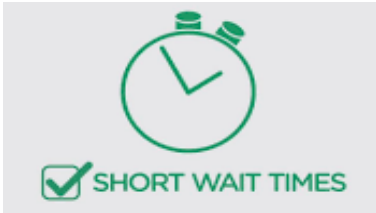
346

cannot make
2nd request
for MAID

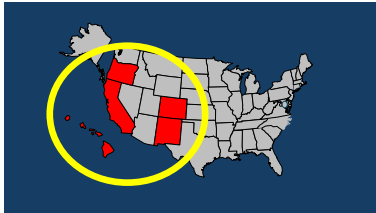
347

2024

348



349



350

0-2 days

351

	Original	Now
California	15 days	48 hours
Colorado	15 days	7 days, waivable
Hawaii	20 days	5 days, waivable
New Mexico	0 days	0 days
Oregon	15 days	15 days, waivable

352

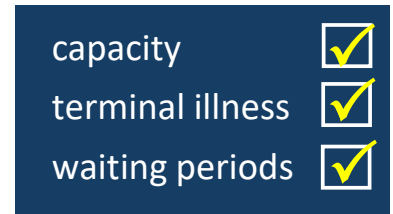
SENATE, No. 3588

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED SEPTEMBER 19, 2024

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354



355



356



357



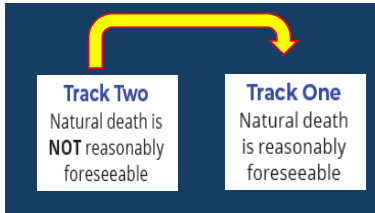
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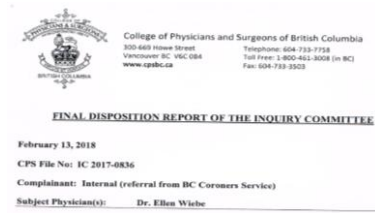
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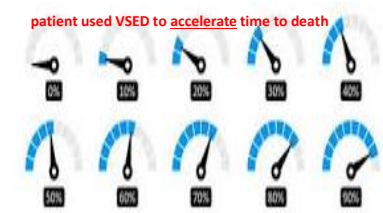
360



361



362



363



364

patient **“meets ...**
requisite criteria”
for MAID

365

“despite the fact ...
refusal of ... food
and water ...
hastened her death”

366

patients have a
“right of refusal”

367

patients **cannot** be
“forced to take
treatment they do not
consider acceptable”

368

same analysis

369

conclusion

370



371

need guidelines

372



373



374

need policies & procedures

375



376



377



378



379



380

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B medicalfutility.blogspot.com

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