VSED Divulged

Legal, Ethical, and Clinical Status of the Voluntarily Stopping Eating and Drinking Exit Option

> ICEL3 (March 8, 2019) Thaddeus Mason Pope



Kenneth Chambaere, Chair

Luc Deliens, Co-chair

2





3

1



Roadmap



Why we need another EOL exit option

What is VSED Clinical status

10

12

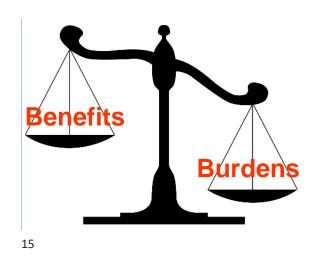
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Legal status Advance VSED



Why VSED matters

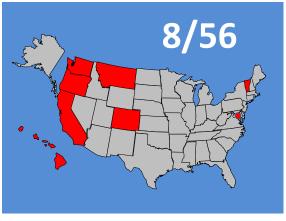
14



No other options













Trinity Term [2014] UKSC 38 On appeal from: [2013] EWCA Civ 961

JUDGMENT

R (on the application of Nicklinson and another) (Appellants) v Ministry of Justice (Respondent)

21



Right-to-die man Tony Nicklinson dead after refusing food

③ 22 August 2012

🔗 🔰 🗹 < Shi

22

Even in MAID jurisdictions

Cannot satisfy eligibility conditions





VSED as destination therapy



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What is VSED Voluntarily Stopping Eating & Drinking



German Sterbefasten Dutch Versterven

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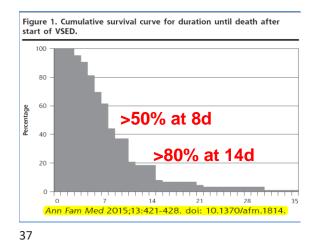


Physiologically able to take food & fluid by mouth

34

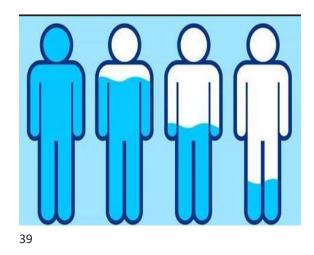
Voluntary, deliberate decision to stop

Intent: death from dehydration



Patient experience

38





40

VSED is not starvation Dehydration is complete and controlled

VSED peaceful

1st person narratives

44

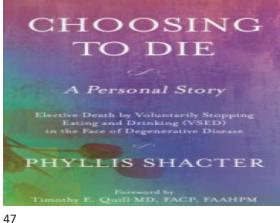
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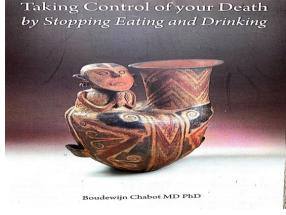


A man ages and dies. The extraordinary record of one family's encounter with the reality of dying.

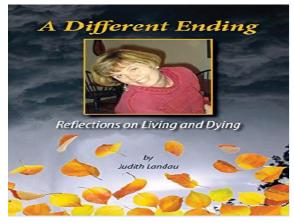
Mark Jury and Dan Jury

46



















Not only 1st person narratives

Objective evidence

patient experience

56

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The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Nurses' Experiences with Hospice Patients Who Refuse Food and Fluids to Hasten Death

Linda Ganzini, M.D., M.P.H., Elizabeth R. Goy, Ph.D., Lois L. Miller, Ph.D., R.N., Theresa A. Harvath, R.N., Ph.D., Ann Jackson, M.B.A., and Molly A. Delorit, B.A.

57

100 Oregon nurses cared for VSED patients

58

Most deaths:

"peaceful, with little suffering"



"opportunity for reflection, family interaction, and mourning"

Preferred by many

62

Even though MAID available, "almost twice" chose VSED

64

66

Good option





63

Clinical status



68

67







70

300 hospice & palliative care specialists

Shinjo T, et al. BMJ Supportive & Palliative Care 2017;0



experience with VSED



255 palliative care specialists

Ioodstra, N. L., Strack, M., & Simon, A. (2015). Bewertung des freiwilligen verziehts auf nahrung und flussigkeit durch pulliativmedizinisch und hausärzlich tittige ärztinnen und farzte [Assessment of the voluntary wärer of food and liquid by physicians sworking in palliative care and primary care]. Zeitschrift für Palliativmedizin, 160(2), 68–73. doi:10.1055/s0043-1387571

74





,

35 palliative care experts (early) 46%

experience with VSED



700 family physicians

ANNALS OF FAMILY MEDICINE + WWW.ANNFAMMED.ORG + VOL. 13, NO. 5 + SEPTEMBER/OCTOBER 2015

80



The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

A.

from euthanasia

0.4 to 2.1% of all deaths

Onwuteaka-Philipsen BD, Brinkman-Stoppelenburg A, Penning C, de Jong-Krul GJF, van Delden JJM, van der Heide A. Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey. *Lancet.* 2012;38(9(845):908-915). Chabot BE, Goedhart A. A survey of self-directed dying attended by proxies in the Dutch population. Soc Sci Med. 2009;68(10):1745-1751.

82



Professional society endorsements

85

JOURNAL OF PALLIATIVE MEDICINE

Volume 20, Number 1, 2017 Mary Ann Liebert, Inc.

DOI: 10.1089/jpm.2016.0290

Position Statement

International Association for Hospice and Palliative Care Position Statement: Euthanasia and Physician-Assisted Suicide

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American Medical Women's Association 89

Austrian Palliative Society (OPG) themenschwerpunkt ien Med Wochenschr tps://doi.org/10.1007/s10354-018-0629-z wmw Freiwilliger Verzicht auf Nahrung und Flüssigkeit um das Sterben zu beschleunigen Eine Stellungnahme der österreichischen Palliativgesellschaft (OPG) Angelika Feichtner · Dietmar Weixler · Alois Birkibauer Eingegangen: 6. September 2017 / Angenommen: 7. Februar 2018 Ø Springer-Verlag GmbH Austria, ein Teil von Springer Nature 2018

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POSITION STATEMENT



Nutrition and Hydration at the End of Life

Effective Date:	2017
Status:	Revised Position Statement
Written by:	ANA Center for Ethics and Human Rights
Adopted by:	ANA Board of Directors

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Journal of the American Geriatrics Society



SPECIAL ARTICLE; PALLIATIVE PRACTICE POINTERS

Voluntary Stopping Eating and Drinking

John W. Wax, MD, Amy W. An, MD, Nicole Kosier, MD, and Timothy E. Quill, MD



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JAMA Internal Medicine | Special Communication | HEALTH CARE POLICY AND LAW Voluntarily Stopping Eating and Drinking Among Patients With Serious Advanced Illness— Clinical, Ethical, and Legal Aspects

Timothy E. Quill, MD; Linda Ganzini, MD, MPH; Robert D. Truog, MD; Thaddeus Mason Pope, JD, PhD

JAMA Internal Medicine January 2018 Volume 178, Number 1 123 94



COLLÈGE DES MÉDECINS DU QUÉBEC In sum

VSED is an **EOL** exit option

98

Broadly accepted

Evidence based

100

of 5 101

Legal status

97



SUPREME COURT OF SOUTH AUSTRALIA

(Applications Under Various Acts or Rules: Application)

DISCLAIMER - Every effort has been made to comply with suppression orders or stantary provisions prohibiting publication that may apply to this judgment. The cours remains on any person using material in the judgment to ensure that the metaded use of that material does not breach any such order or provision. Further enginises may be detected to the Registry of the Court in which it was generated.

H LTD v J & ANOR

[2010] SASC 176

Judgment of The Honourable Justice Kourakis

15 June 2010

105

Legal & Patient right

No statutes

Little caselaw

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 Fax: 604-733-3503

FINAL DISPOSITION REPORT OF THE INQUIRY COMMITTEE February 13, 2018

CPS File No: IC 2017-0836

Complainant: Internal (referral from BC Coroners Service)

Subject Physician(s): Dr. Ellen Wiebe

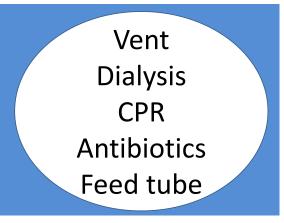
107

No need for direct, explicit authority already legal under existing rules



110

Well established 4 decades



112



Not DIY

109

Part of a broader **treatment** plan

Supervised

by licensed healthcare professionals

116

Recognized as healthcare by medical profession

More position statements

118

More clinical practice guidelines



Palliated & Assisted Voluntarily Stopping Eating and Drinking

115

Recap

Oral N&H = "treatment"

122

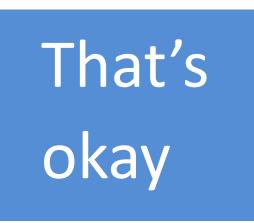
BUT

Oral N&H ≠ "treatment"

124

Basic care

125



Does **not** matter whether food & fluid is "medical treatment"

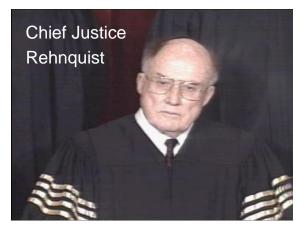
Right to refuse any intervention (medical **or not**)

128

127

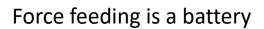
Right to refuse **any** unwanted contact

129



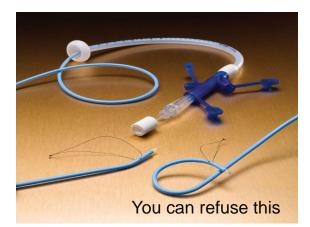
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"bodily integrity is violated . . . by sticking a **spoon in your mouth** . . . sticking a needle in your arm"





In sum



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135

Consensus is "yes"



J Downie. Can J Bioeth / Rev Can Bioeth. 2018, 1(2):48-58

Canadian Journal of Bioethics Revue canadienne de bioéthique

ARTICLE (ÉVALUÉ PAR LES PARS / PEER-REVIEWED)

An Alternative to Medical Assistance in Dying? The Legal Status of Voluntary Stopping Eating and Drinking (VSED)

Jocelyn Downie¹

Voluntary palliated starvation: A lawful and ethical way to die?

Ben White, L	Lindy Willmott	and Julian	Savulescu*
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(2014) 22 JLM 376

139



141

Action that might be misperceived	Mean rating of risk	SD	Actual number of physicians who were accused based on this action
Total sedation (the application of pharmacotherapy to induce a state of decreased or absent awareness	4.1	1.1	2
[unconsciousness] in order to reduce the			
burden of otherwise intractable suffering)			
Stopping artificially delivered nutrition/ hydration	3.6	1.1	0
Stopping oral nutrition/hydration in a patient who can eat/drink when requested by the patient	3.3	1.2	0
Use of palliative and sedative medications in the process of discontinuing mechanical ventilation	3.2	1.3	6
Stopping dialysis	3.1	1.2	0
Use of barbiturates for symptom treatment	2.9	1.1	2
Use of opiates for symptom treatment	2.8	1.2	13
Use of benzodiazepines for symptom treatment	2.3	1.0	1
Other	N/A	N/A	6

Clinicians don't trust law professors as much as they should







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JOURNAL OF PALLIATIVE MEDICINE Volume 15, Number 3, 2012 Mary Ann Liebert, Inc. DOI: 10.1089/jpm.2011.0234

> Prevalence of Formal Accusations of Murder and Euthanasia against Physicians

600 palliative care physicians

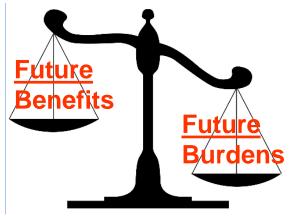
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Clarify VSED legality









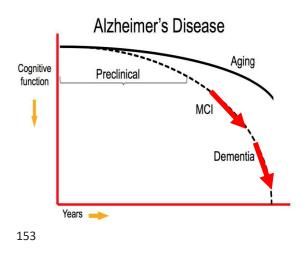
148

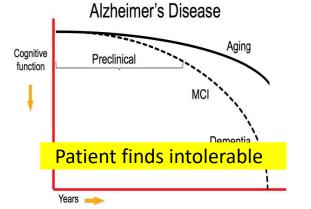
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Challenge

Lose capacity before life intolerable







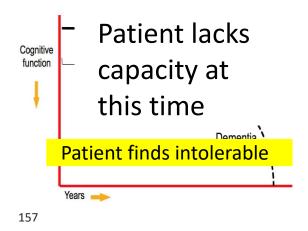
When I see people in my close family or see my best friends, I do not know who they are. [3.1]

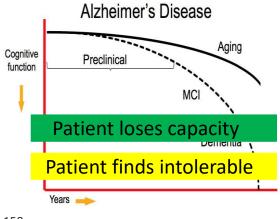


(This patient is both incontinent and dependent on others to change his diapers.)

I do not use bathrooms. I let my clothes get wet and dirty. Others must change my diapers (nappies). [4.5]



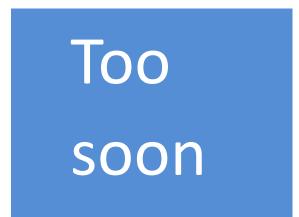




Regular VSED is not good option

VSED while still have capacity

160



Life still worthwhile

problem of

Premature dying



164

163

Bigger problem with dementia

165

Solution

166

Advance VSED Advance directive now

for VSED later



Direct VSED in future

170

At a point you specify

171

Advantage

172

Death not hastened until point you find life intolerable

Is a VSED directive enforceable?

Generally, **YES**



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Seemingly bad precedent

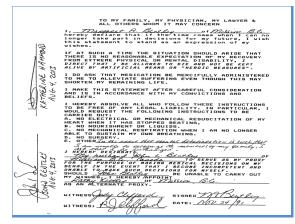


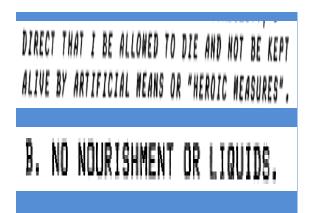
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Nurse to Nurse DEBAGE Expert Interventions

175





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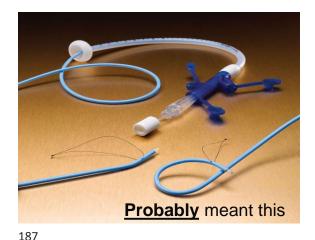


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Family loses

DIRECT THAT I BE ALLOWED TO DIE AND NOT BE KEPT Alive by Artificial means or "heroic measures".

B. NO NOURISHMENT OR LIQUIDS.





PART I: POWER OF ATTORNEY FOR HEALTH CARE

I revoke all prior advance health care directives and durable powers of attorney for health care signed by me. This document shall not be affected by my subsequent incapacity. I am not a patient in a skilled nursing facility, and I am not a conservatee.

1.1 NAME AND ADDRESS OF PRINCIPAL. My name and address are:

Nora R. Harris, 83 Arnold Drive, Novato, CA 94949

PART 2: INSTRUCTIONS FOR HEALTH CARE

2.1 END-OF-LIFE DECISIONS. I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

And a. I Choose NOT To Prolong Life. If I initial this line, I do not want my life to be prolonged and I do not want life-sustaining treatment to be provided or continued if any of the following conditions apply:

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Family unable to enforce VSED directive

Nora Harris



Fixable problems

Be clear on the "what"

194

If you mean hand feeding, say "hand feeding"

195

193



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Incapacitated Veto



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

3/7/2019

"If I am suffering from advanced dementia . . . I do NOT want to be fed by hand" No hand feeding even if "appear to cooperate in being fed by opening my mouth"

200



201

199

Whose wishes do we respect?

202

Prior self ^{or} Current self VSED Ulysses clauses are unwelcome





Duties to current self are primary

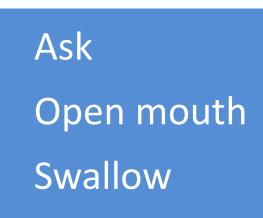
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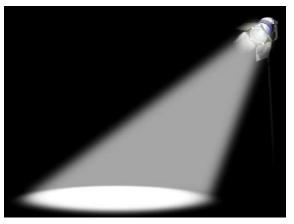
We must determine what incapacitated conduct counts



Conclusion

Books Articles

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- B medicalfutility.blogspot.com

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Materials from the cases discussed in this presentation are available at

http://thaddeuspope.com

Medical Futility Blog

Since 2007, I have been blogging, almost daily, to medicalfutility.blogspot.com. This blog focuses on reporting and discussing legislative, judicial, regulatory, medical, and other developments concerning end-of-life medical treatment conflicts. The blog has received over 4 million direct visits. Plus, it is redistributed through WestlawNext, Bioethics.net, and others.

Whether, When and How to Honor Advance VSED Requests for End-Stage Dementia Patients, 19(1) AMERICAN JOURNAL OF BIOETHICS (2019).

Voluntarily Stopping Eating and Drinking Is Legal—and Ethical—for Terminally III Patients Looking to Hasten Death, ASCO POST (June 25, 2018).

Voluntarily Stopping Eating and Drinking: Clinical, Psychiatric, Ethical and Legal Aspects, 178 JAMA INTERNAL MEDICINE 123-127 (2018) (with Timothy Quill, Linda Ganzini, Bob Truog).

Voluntarily Stopping Eating and Drinking (VSED) to Hasten Death: May Clinicians Legally Support Patients to VSED? 15 BMC MEDICINE 187 (Oct. 2017).

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- B medicalfutility.blogspot.com

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Voluntarily Stopping Eating and Drinking, 6(2) NARRATIVE INQUIRY IN BIOETHICS 75-126 (2016 (symposium editor).

Prospective Autonomy and Dementia: Ulysses Contracts for VSED, 12(3) JOURNAL OF BIOETHICAL INQUIRY 389-394 (2015).

Legal Briefing: Voluntarily Stopping Eating and Drinking, 25(1) JOURNAL OF CLINICAL ETHICS 68-80 (2014) (with Amanda West).

Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life, 17(2) WIDENER LAW REVIEW 363-428 (2011) (with Lindsey Anderson).