Cleveland Clinic

1

VSED

When May Clinicians Support Patients or Surrogates Who Hasten Death by Voluntarily Stopping Eating & Drinking

2

Thaddeus Pope

for

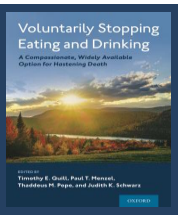
Cleveland Clinic Bioethics
September 30, 2025

3

nothing

to disclose

4



royalties from Oxford University Press

5

6

7

8

END OF LIFE OPTIONS
OHIO
Medical Aid in Dying for the Terminally Ill

9

"I strongly urge Ohio legislators to pass a **medical aid in dying** bill"

10

The Columbus Dispatch
WTRF.com
People

11

in almost **all** jurisdictions

12

most academic & policy attention focuses on **MAID**

13

but

14

different EOL option

15

VSED

16

Voluntarily
Stopping
Eating &
Drinking

17

END OF LIFE OHIO OPTIONS

18

"Medical Aid in Dying … is not an option in Ohio yet, so … **VSED** is one way terminally ill people can have some control over hastening their death"

19

20

21

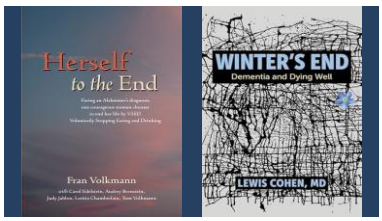
Unitarian Universalist Congregation of Cleveland
Community Spirituality Justice

22

23

books

24



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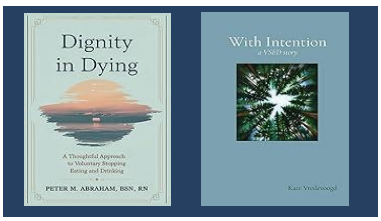

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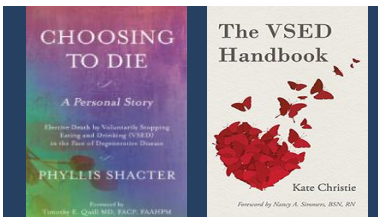

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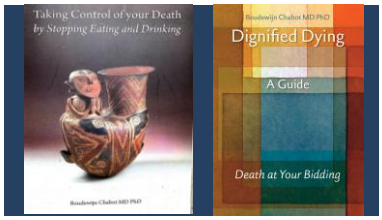

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films

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30

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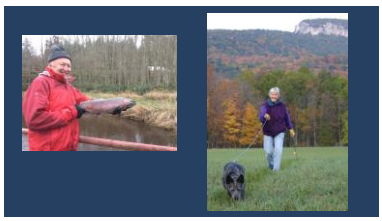
obituaries

32



33

34

35

36

roadmap

37

38

6 parts

39

what is VSED?

40

clinical status of VSED

41

VSED is **legal**

42

challenges when facing VSED requests

43

VSED by AD

44

VSED by SDM

45

what is VSED?

46

patient **with** capacity

47

able to take food & fluid by mouth

48

voluntary **decision** to stop

49

50

≠ ANH

51

≠ natural loss appetite

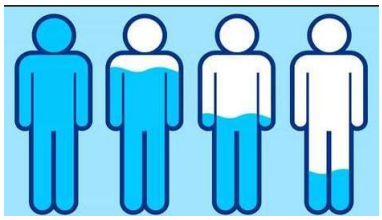
52

deliberate choice stop fluids by **mouth**

53

goal = death from dehydration

54



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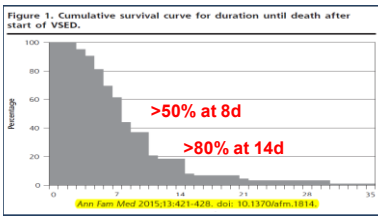

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VSED

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59

clinical status of VSED

60

1st person narratives

61

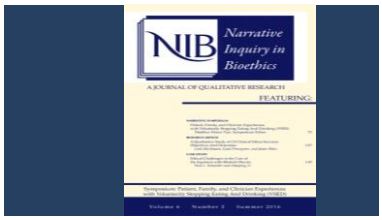
many cases

62

63

VSED Resources Northwest

64



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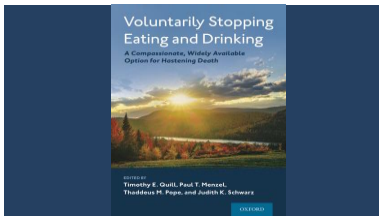


66

not only
1st person narratives

67

objective
evidence
patient experience

68

peaceful
comfortable

69


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.

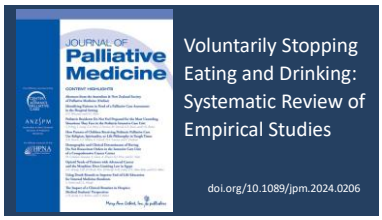
70

100 Oregon **nurses** cared for VSED patients

71

most deaths
"**peaceful** with little suffering"

72



73

74

75

76

300 hospice & palliative care specialists

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

77

32%

experience with VSED

78

79

80

751 family physicians

81

33%

experience with VSED

82

83

700 family physicians

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

84

46%

experience with VSED

85

86

255 palliative care specialists

Hoekstra, N. L., Strack, M., & Simon, A. (2013). Bewertung des freiwilligen verzichts auf nahrung und flüssigkeit durch palliativmediziniсh und hausärztlich tätige ärztinnen und ärzte (Assessment of the voluntary waiver of food and liquid by physicians working in palliative care and primary care). *Zeitschrift für Palliativmedizin, 14*(02), 68-74. doi:10.1055/s-0034-1387171

87

61%

experience with VSED

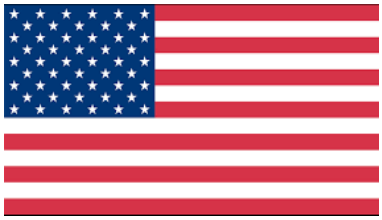
88

more clinical experience with VSED

89

professional society endorsements

90



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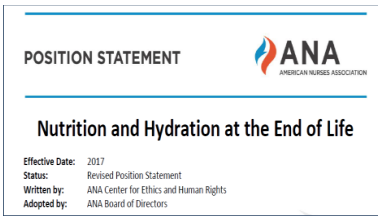

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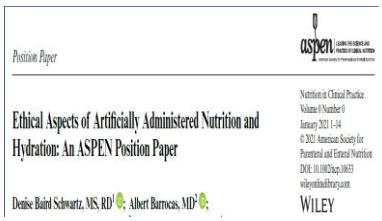

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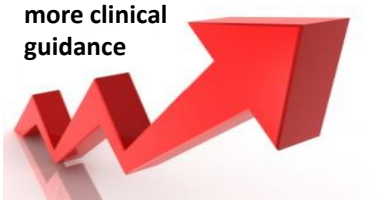
98

99

professional society endorsements

100

more clinical guidance



101

Guide - Caring for People Who Stop Eating and Drinking to Hasten the End of Life

Jan. 2024

102

Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

Nov. 2023

103

RECAP

104

validated & comfortable EOL option

105

more clinical experience

more professional society statements

more clinical practice guidelines

106

VSED is legal

107

sizable, settled, and stable

consensus

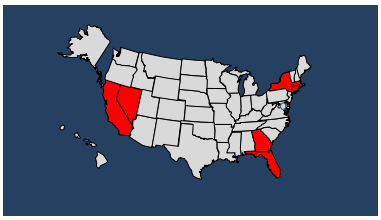
108

court precedent

109

multiple appellate decisions

110



111

is VSED legal?

asked & answered

112

plus

113

do **not need** direct, explicit authority

114

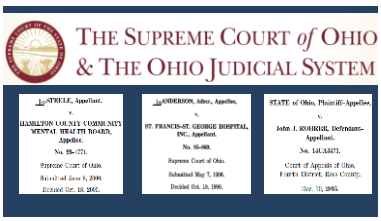
already legal

existing rules

115

patients have **right to refuse** treatment

116



117

118

right to refuse treatment

119

ventilator
dialysis
CPR
antibiotics
feed tube

120

right to refuse treatment VSED

121

not DIY

122

part of a broader **treatment** plan

123

supervised by licensed healthcare professionals

124

recognized as healthcare by professionals

125

more position statements

126

more clinical practice guidelines

127

but

128

right to refuse treatment

VSED

129

ONH = Tx

130

some **challenge** premise

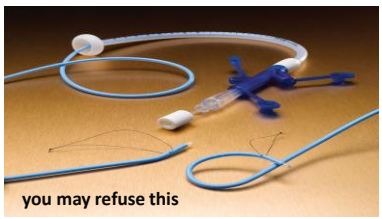
131

oral N&H ≠ "treatment"

132

basic care

133



134

135

or this?

136

yes

137

right to refuse **any** intervention

138

does **not** matter if food & fluid by mouth is medical treatment

139

right to refuse **any** intervention

140

medical **or not**

141

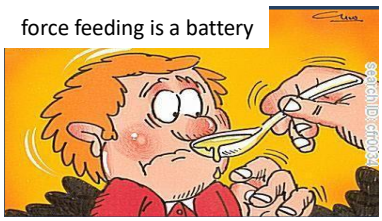
healthcare **or not**

142

right to refuse any **unwanted** contact

143

force feeding is a battery



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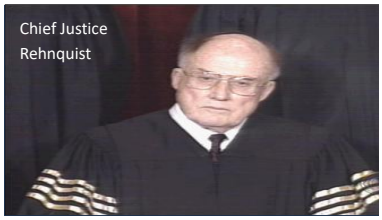


145

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

146

147

Medicare Conditions of Participation for Hospice

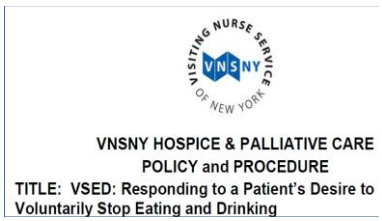
148

149

"patient has a right to refuse care **or** treatment"

42 C.F.R. 418.52(c)(3)

150



151

"ethical and **legal** option"

152

because

153

"well-settled right ... to refuse **any** unwanted intervention"

154

recap

155

VSED is legal

156

sizable, settled, and stable **consensus**

157

assisted suicide

158

159

"assisting suicide is ... against ... public policy"

160

161

VSED = AS

AS = crime

➡ VSED = crime

162

WRONG

163

164

1

165

no assisting

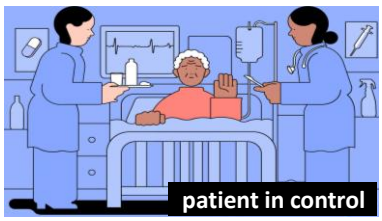
166

167

providing the **physical means**

participating in a **physical act**

168



169

170

clinician does **not cause** death

171

clinician does **not intend** death

172

so…

173

supporting VSED is **not** "assisting"

174

but

175

176

2

177

Safe Harbor

178

palliative care ≠ assisted suicide

179

180

"**comfort care** … prescribing, dispensing, administering … any … procedure, treatment, intervention, or other measure … for … diminishing the patient's pain or discomfort"

181

everything clinicians do is **permitted**

and **excluded** from the AS prohibition

182

SO…

183

you **may provide** symptom relief

184

3

185

186

4

187

1000s of VSED deaths

188

no healthcare licensing board discipline

189

no criminal prosecutions

190

no medical malpractice

191

RECAP

192

VSED ≠ AS

193

Ohio clinicians **may support** patients who VSED

194

hospice

195

196

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

197

2 types of cases

198

199

already on hospice
already eligible TI
→ begins VSED

200

201

not on hospice
not already eligible TI
→ begin VSED

202

does VSED **make** patient eligible?

203

204

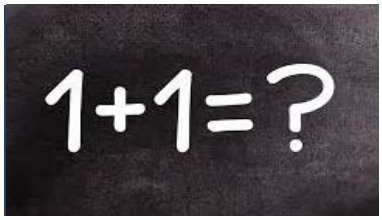
205

"most hospices will not provide direct care to patients with a prognosis greater than six months **prior to … initiation of VSED**"

206

"However, **many** hospices **will enroll** patients who have **already begun** VSED."

207



208

VSED → death

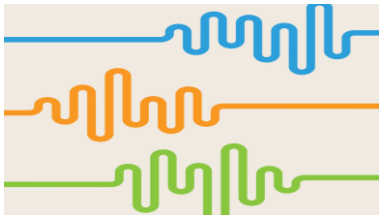
< 14 days

14 days < 6 months

209

but

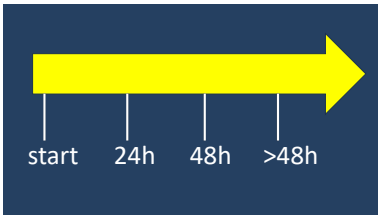
210



211

when does VSED make patient TI

212



213

not assessing symptoms

214

215

if Pt will **probably** continue VSED

then Pt **probably** dead <6 months

216

alternate basis for certification

217

purely **clinical** (e.g., weight loss)

→ later

218

219

inanition

+

underlying medical condition

220

221

F50.89

other specified eating disorder

222

challenges with VSED

223

we need **more** guidelines

224

clinical questions

225

how to support & palliate

226

how to **counsel** & advise

227

can you **raise** VSED as an option or only **respond**

228

ethical questions

229

1 eligibility

230

who is eligible for VSED

231

patient must have **capacity**

232

patient does **not need** terminal illness

233

but

234

does patient need a **serious** illness

235

what illnesses are serious **enough**

236

must patients with longer prognoses meet **higher standards**

237

psychiatric consultation
spiritual care evaluation
social work evaluation
ethics consultation

238

those are just some **eligibility** questions

239

2 revocation

240

what if patient **asks for water** -- after losing capacity

241

reassess
mouth care
sprays & swabs

242

remind
patient of their plan

243

show
patient her own video

244

what if patient **persists** in requests?

245

follow VSED plan
or
give water?

246

those are just **some** of the issues to address in policies & procedures

247

248

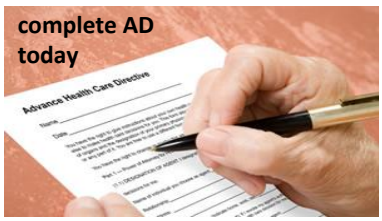
VSED by patient
with capacity

249

250

VSED by AD

251



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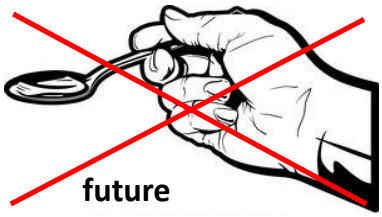


253

after patient loses capacity

254

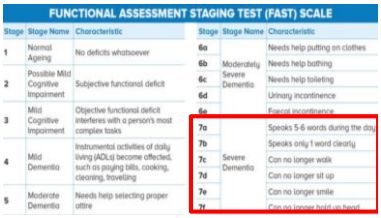
at **point** Pt specifies

255

256

clinical triggers

257



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functional triggers

259

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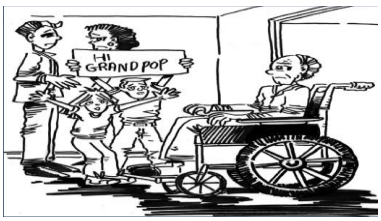

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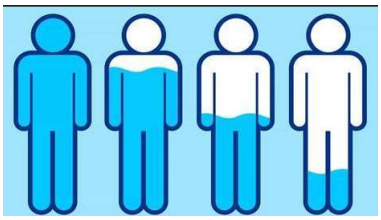

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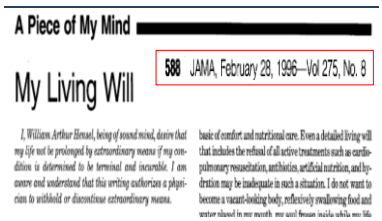
A Piece of My Mind

My Living Will

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

I, William Arthur Hensel, 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

265

266

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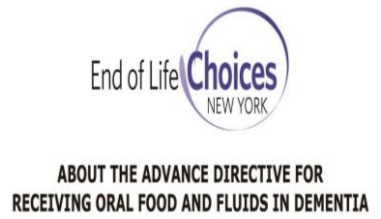

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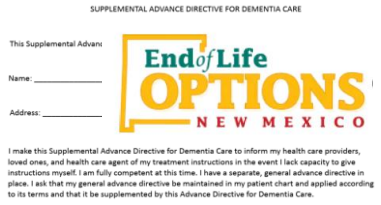

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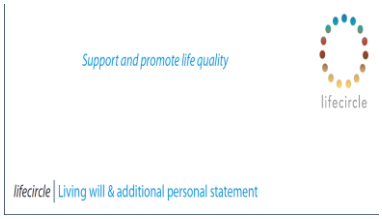

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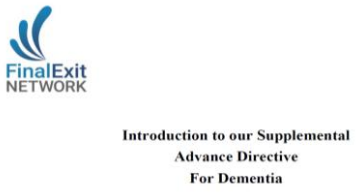

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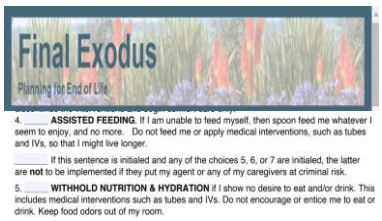

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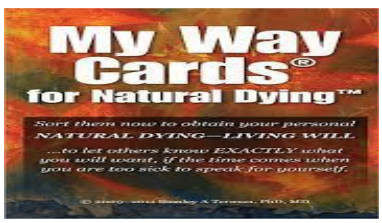

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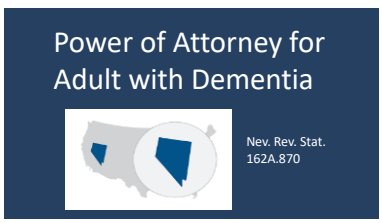

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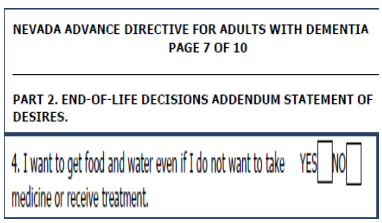

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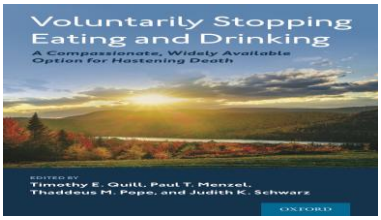

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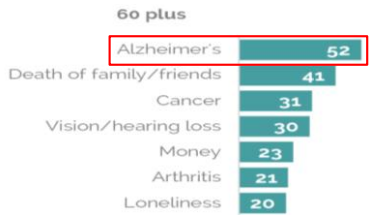
291

fear of **dementia**

292



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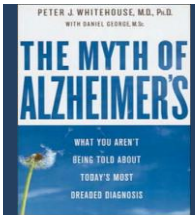
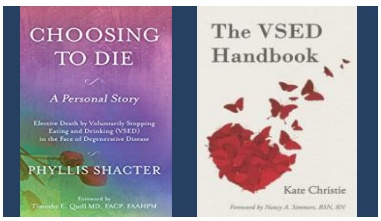


"**most** dreaded diagnosis"

294

many **used VSED** to avoid late-stage dementia

295



296

297

298

but

299

300

VSED while **still** have capacity

301

302

too **soon**

303

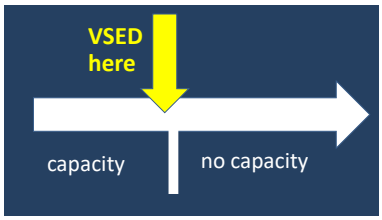
life **still** worthwhile

304

earliness problem

305

306



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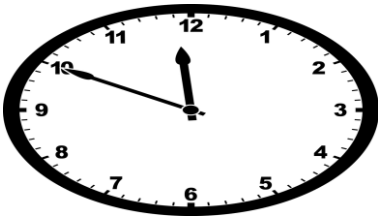


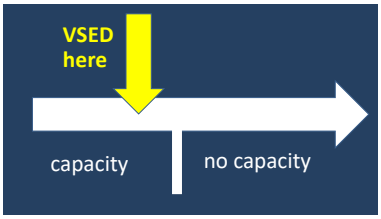
308

but

309

310

311



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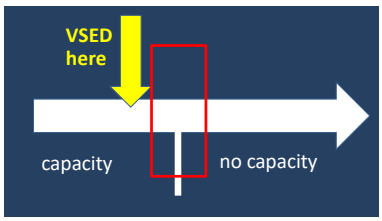


313

premature
dying

314

current situation
still acceptable

315

VSED **not** good option

316

at **this** time

317

not ready to die

318

concerned about **future** circumstances

319

lack capacity at future time

320

321

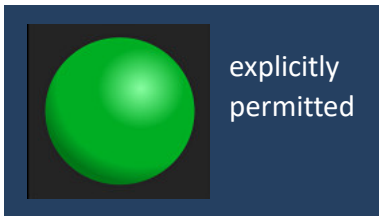
322

323

legality of **VSED** by **AD**

324

325



326

327

NEVADA ADVANCE DIRECTIVE FOR ADULTS WITH DEMENTIA
PAGE 7 OF 10

PART 2. END-OF-LIFE DECISIONS ADDENDUM STATEMENT OF DESIRES.

4. I want to get food and water even if I do not want to take medicine or receive treatment. YES ☐ NO ☐

328

Vermont

329

"health care"

"**personal circumstances**"

Vermont § 9702(a)(12)

330

"services to assist in **activities of daily living**"

Vermont §§ 9702(a)(5), 9701(12)

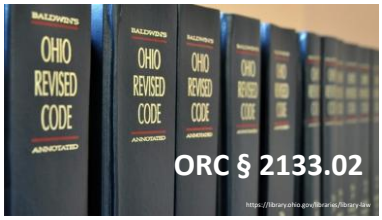
331

332

"circumstances
… **food & liquids**
… discontinued"

333

334



335

336

declaration

337

2 limitations

338

limit 1

339

apply **only** when Pt

permanently unconscious

or

terminal

340

permanently unconscious **?**

341

342

advanced dementia
≠
perm. unconscious

343

terminal ?

344

2 elements

345

"irreversible, incurable, and untreatable … disease"

346

"death is likely to occur within a **relatively short time**"

347

advanced dementia
≠
terminal

348

limit 2

349

may address only LST

350

ONH ≠ LST

351

advance directive

ONH

352

VSED
by SDM

353

most Pts
lack ADs
including VSED ADs

354

not patient asking VSED

355

substitute decision maker

356

is that legal

357

358

359

360

CHAPTER 144B

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Referred to in §142C.2, 142C.12B, 144A.7, 144D.4, 144F.1, 144F.2, 144F.6, 235B.2, 235B.19, 235E.1, 235F.1, 633.556, 705A.3, 726.24

144B.1 Definitions.
144B.2 Durable power of attorney for health care.
144B.3 Requirements.
144B.4 Individuals ineligible to be attorney in fact.
144B.5 Durable power of attorney for health care — form.
144B.6 Attorney in fact — priority to make decisions.
144B.7 Authority to review medical records.
144B.8 Revocation of durable power of attorney.
144B.9 Immunities and responsibilities.
144B.10 Emergency treatment.
144B.11 Prohibited practices.
144B.12 General provisions.

361

DPAHC / agent "make **health care** decisions"

362

"healthcare **does not include** … nutrition or hydration"

363

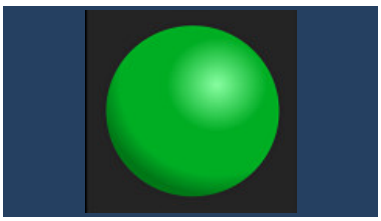
SO…

364

Iowa agents may **not** direct VSED

365

366



367

368

agent

369

appointed
by Pt in AD

370

371

"may make **health care** decisions … to the **same extent** as the principal"

372

VSED **is** a health care decision

373

374

Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

Nov. 2023

375

but

376

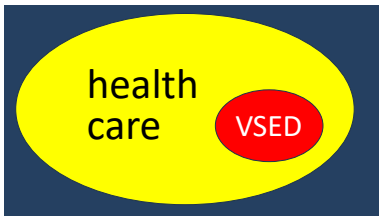
377

health care =

378

"**any care**, treatment, service, or procedure to maintain … or treat an individual's physical … condition or … health"

379



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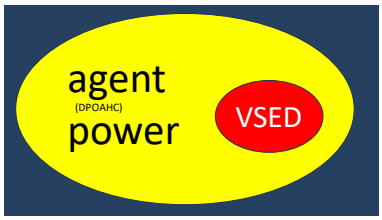


381

limits
to agent authority

382

cannot withdraw if Pt **pregnant**

383

LST
ANH

384

those limits do **not apply** to ONH

385

≠ LST
≠ ANH

386

SO…

387

clinicians **may (and should) follow** VSED requests from healthcare agents

388

"**consistent**[] with [patient] **desires** … or, if … unknown … **best interest**"

389

BIGGEST PROBLEM

390

conflict

391

prior self ***vs*** now self

392

patient **has** VSED AD

393

time to follow AD

394

but

395

396

397

whose wishes do we respect?

398

prior self
or
current self

399

now patient
or
then patient

400

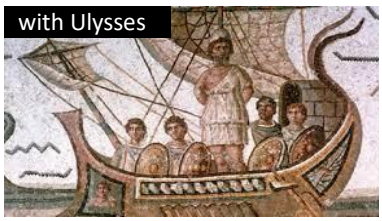
401

"**ignore** my future self"

402

"**stick** to VSED plan in my AD"

403



404

prior self prevails

405

but

406

407

408

409

410

no need for a Ulysses clause in the AD

411

incapacitated objections are **irrelevant**

412

1 MINNESOTA STATUTES 2022 145C.01

CHAPTER 145C

HEALTH CARE DIRECTIVES

145C.01	DEFINITIONS.	145C.10	PRESUMPTIONS.
145C.02	HEALTH CARE DIRECTIVE.	145C.11	IMMUNITIES.
145C.03	REQUIREMENTS.	145C.12	PROHIBITED PRACTICES.
145C.04	EXECUTED IN ANOTHER STATE.	145C.13	PENALTIES.
145C.05	SUGGESTED FORM; PROVISIONS THAT MAY BE INCLUDED.	145C.14	CERTAIN PRACTICES NOT CONDONED.
		145C.15	DUTY TO PROVIDE LIFE-SUSTAINING HEALTH CARE.
145C.06	WHEN EFFECTIVE.		
145C.07	AUTHORITY AND DUTIES OF HEALTH CARE AGENT.	145C.16	SUGGESTED FORM.
		145C.17	OPIOID INSTRUCTIONS ENTERED INTO HEALTH RECORD.
145C.08	AUTHORITY TO REVIEW MEDICAL RECORDS.		
145C.09	REVOCATION OF HEALTH CARE DIRECTIVE.		

413

"**remain in effect** until … principal … revokes"

414

"principal **with** … **capacity** … may revoke"

415

patient with late-stage dementia **lacks** capacity

416

so…

417

patient with late-stage dementia **cannot** revoke

418

so…

419

AD **remains** in force

420

clinicians may & should **follow** VSED directive

421

but

422

423

easy to revoke

424

"principal may so revoke at **any time** and in **any manner**"

425

deliberate

426

mental health AD

"may revoke … at any time the declarant has … **capacity**"

427

even if overcome **legal** problem → **practical** problem

428

429


JAMDA

journal homepage: www.jamda.com

Editorial

AMDA Updated Statement on Stopping Eating and Drinking by Advance Directives (SED by AD)

Board of Directors, Christopher E. Laxton CAE *

430


Journal of Social Work in End-of-Life & Palliative Care

"They Make the Will, But They Want the Food:" Staff Perspectives on Challenges in Implementing Dementia Advance Directives Related to Stopping Feeding

Meredith Levine & Mercedes Bern-Klug

431

so…

432

433

216 Journal of Pain and Symptom Management Vol. 69 No. 2 February 2025

Special Article

"Mr. Smith Has No Mealtimes": Minimal Comfort Feeding for Patients with Advanced Dementia

Hope A. Weckbin, MD, Paul T. Menzel, PhD, Elizabeth T. Loggers, MD, PhD, Robert C. Macauley, MD, Thaddeus M. Pope, JD, PhD, Peter L. Reagan, MD, and Timothy E. Quill, MD

434

minimal comfort feeding

435

Comfort Feeding Only (CFO)

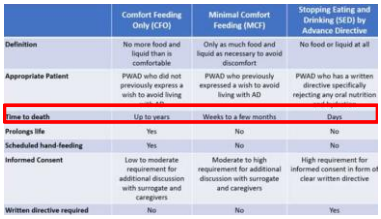
- no more food/water than is comfortable
- scheduled mealtimes
- nutritional goals prolong life

436

Minimal Comfort Feeding (MCF)

- only as much food/water to ensure comfort
- no scheduled mealtimes

437



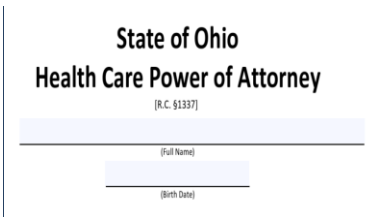
	Comfort Feeding Only (CFO)	Minimal Comfort Feeding (MCF)	Stopping Eating and Drinking (SED) by Advance Directive
Definition	No more food and liquid than is comfortable	Only as much food and liquid as necessary to avoid discomfort	No food or liquid at all
Appropriate Patient	PWAD who did not previously express a wish to avoid living	PWAD who previously expressed a wish to avoid living with AD	PWAD who has a written directive specifically rejecting any oral nutrition
Time to death	Up to years	Weeks to a few months	Days
Prolongs life	Yes	No	No
Scheduled hand-feeding	Yes	No	No
Informed Consent	Low to moderate requirement for additional discussion with surrogate and caregivers	Moderate to high requirement for additional discussion with surrogate and caregivers	High requirement for informed consent in form of clear written directive
Written directive required	No	No	Yes

438

example

439

440



State of Ohio
Health Care Power of Attorney
[R.C. §1337]

(Full Name)

(Birth Date)

441

Additional Instructions or Limitations. I may give additional instructions or impose additional limitations on the authority of my agent. Below are my specific instructions or limitations:

[If the space below is not sufficient, you may attach additional pages. If you do not have any additional instructions or limitations, write "None" below.]

do not feed me in advanced dementia

442

443

~~VSED~~

444

MCF

445

die in 20D rather than 10D

446

conclusion

447

VSED by CAP-PT

448

VSED by SDM

449

clinicians react **differently** to these 2 options

450

are you **confident** this patient wants VSED now

451

are you **comfortable** supporting VSED for this patient

452

453

454

455

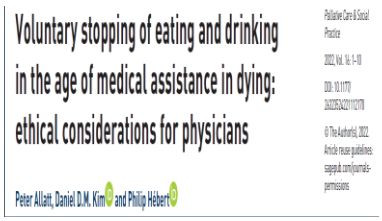

Voluntarily stopping eating and drinking—lack of guidance is failing patients and clinicians

Patients and physicians need clear information to navigate the complex processes in end-of-life care, say Linda Dykes and colleagues

Linda Dykes,[1] Simon Hodes,[2] Sarah Malik[3]

thebmj

456


Voluntary stopping of eating and drinking in the age of medical assistance in dying: ethical considerations for physicians

Peter Allatt, Daniel D.M. Kim and Philip Hébert

457

lack of guidance on VSED … **undermines** good clinical practice

458

develop and disseminate clear **guidance** for clinicians and the public

459

last 2 years

460

Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

Nov. 2023

461

Caring for People Who Stop Eating and Drinking to Hasten the End of Life

Jan. 2024

462

463

but

464

465

develop policies & procedures at **your** institution

466

Thank you!

467

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