FORDHAM

Graduate School of Social Service

1

2

Voluntarily Stopping Eating & Drinking

A Widely Available, Lesser-Known End-of-Life Option

3

Thaddeus Pope

December 11, 2025

4

course plan

5

completion of this class will result in receipt of two continuing education hours (**2 CEH**)

6

5:00-7:00 EST

7

course description

https://now.fordham.edu/event/continuing-education-voluntarily-stopping-eating-and-drinking-a-widely-available-lesser-known-end-of-life-option/

8

More patients are seeking to hasten their deaths by voluntarily stopping eating and drinking (VSED) than by medical aid in dying (MAID). There are two main reasons for this development. First, this end-of-life option has received significant media attention over the past few years (in books, journal articles, and obituaries). Second, MAID, which remains available in only twelve states, patients need not wait for their state legislature to authorize VSED. Patients in every U.S. jurisdiction have the right to refuse any bodily intervention, including oral nutrition and hydration.

While VSED is legal and totally within the control of the patient themselves, how should clinicians respond to requests to support the patient during this 8- to 14-day process? Which patients are eligible? Should clinicians apprise patients of this option without first being asked? And how exactly does VSED work?

This class addresses these issues as well as more complicated questions concerning VSED for incapacitated patients. Can patients request VSED in their advance directive? Can agents and surrogates request VSED for incapacitated patients without explicit direction from the patient herself? What if the incapacitated patient makes utterances or gestures indicating they now want water? How is VSED different from related approaches to nutrition and hydration such as Comfort Feed Only and Minimal Comfort Feeding?

9

course objectives

10

4 objectives

11

Social workers who take this class will be able to:

1. Understand voluntarily stopping eating and drinking (VSED).

2. Understand how VSED can be legally used to achieve a peaceful death for those with terminal and/or advanced illness.

12

3. Describe the purpose and nature of the rapidly growing use of dementia directives.

4. Appreciate major ethical challenges to VSED, especially for incapacitated patients.

13

course schedule

14

4 parts

15

5:00 - 5:40 VSED

5:40 - 6:00 Q&A

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6:00 - 6:40 VSED by AD

6:40 - 7:00 Q&A

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course instructor

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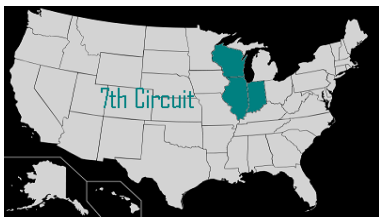

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26

27

28

29

I am a **law** professor

but I speak and write to **clinicians**

30

The NEW ENGLAND JOURNAL of MEDICINE

JAMA
The Journal of the American Medical Association

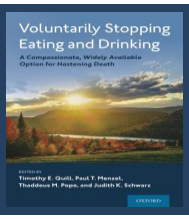
ATS

AMERICAN COLLEGE OF CHEST PHYSICIANS

31

nothing
to disclose

32



royalties
from Oxford
University Press

33

QUIZ TIME

34

what is **your** professional role

35

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36

37

2025

38

3,500,000

total deaths

39

210,000

NY

40

control

timing & manner

of their death

41

42

physical

suffering

43

pain

nausea

dyspnea

paralysis

44

existential

suffering

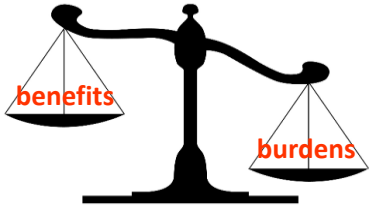
45

psychic pain
loss of control
anxiety
delirium
despair

46

control
timing & manner
of their death

47



48

lost ability to enjoy activities

49

fear illness related suffering

50

fear losing control & independence

51

52

53

control
timing & manner
of their death

54

how?

55

5 end-of-life options

56

1

57

State of New York

Advance Directive for Health Care

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decline

life-sustaining treatment

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dialysis
antibiotics
ANH
mech vent

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2

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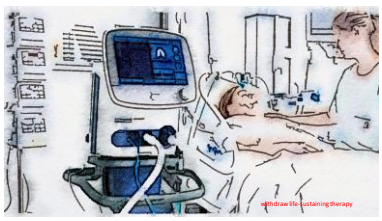

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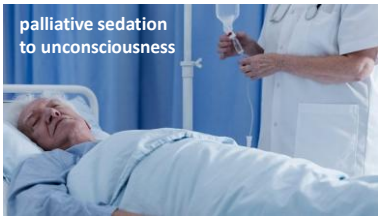

66

5

67

68

patients **already** use these 5 EOL options **in NY**

69

EVERY **SINGLE** DAY

70

+

71

72

make Nyers **aware** of their rights

73

control
timing & manner of their death

74

Palliative Care Information Act
Palliative Care Access Act
A.B. 8880 (July 2022)
A.B. 7872 (Nov. 2024)

75

76

value congruent care

77

NYer **get** Tx they want

78

avoid Tx they don't want

79

80

New Yorkers **already** have **5** EOL options

81

6th option

82

VSED

83

Voluntarily
Stopping
Eating &
Drinking

84

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local providers

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UNIVERSITY of ROCHESTER MEDICAL CENTER

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VNS Health

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testimony

New Yorkers

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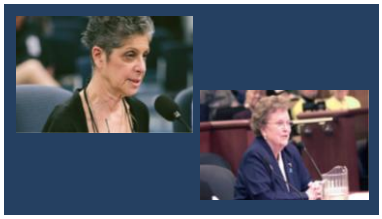

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professional societies

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books

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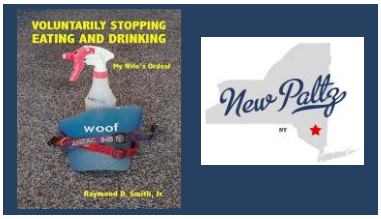

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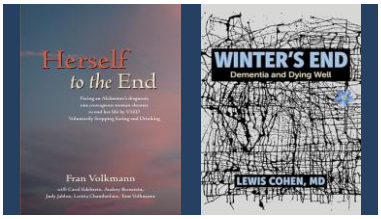

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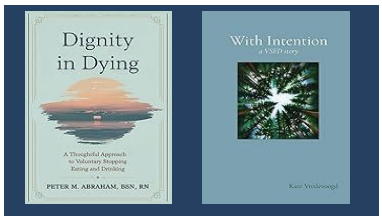

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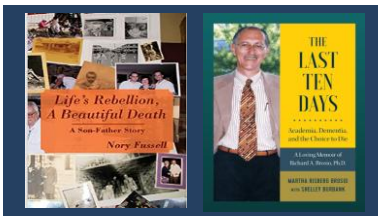

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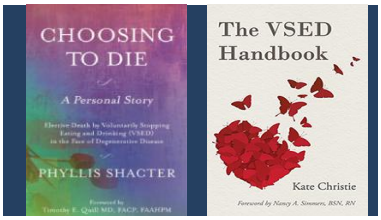

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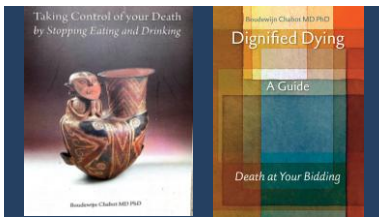

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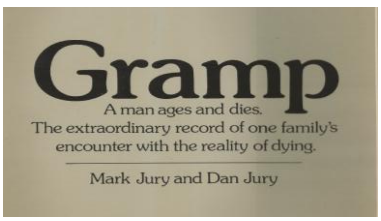

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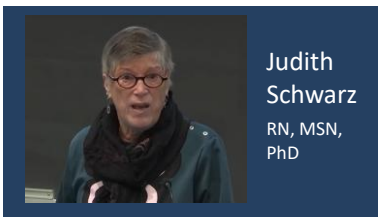
outreach

111

End of Life Choices New York

112



113

compassion & choices
Care and Choice at the End of Life

114

HEMLOCK SOCIETY of San Diego

115

116

RECAP

117

more using
more talking
more sharing

118

119

120

121

have you
heard of VSED

122

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Scan with your camera app

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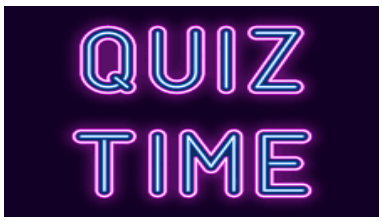

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have you **participated**
as clinician
as family member
other

126

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Join by QR code

Scan with your camera app

127

128

roadmap

129

10 parts

130

fear of dementia

131

limits MAID

132

what is VSED?

133

clinical status of VSED

134

VSED is legal

135

challenges
when facing
VSED requests

136

137

incapacitated
patients

138

may a New Yorker leave instructions, "**dehydrate me to death**" when I reach advanced dementia?

139

may / must clinicians **follow** such instructions?

140

VSED
by AD

141

VSED
by SDM

142

MCF by
AD or SDM

143

fear of
dementia

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patients use VSED for **many** reasons

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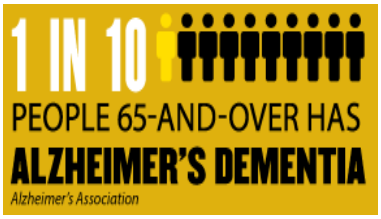

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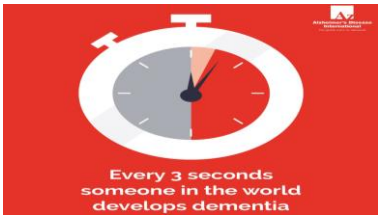

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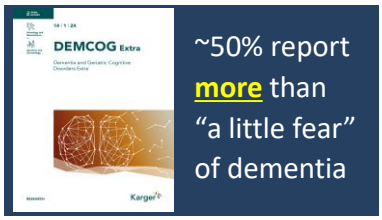

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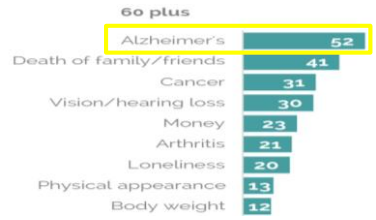

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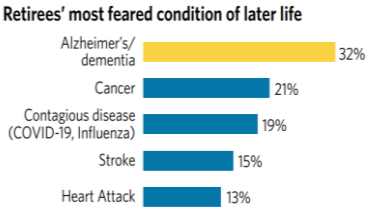

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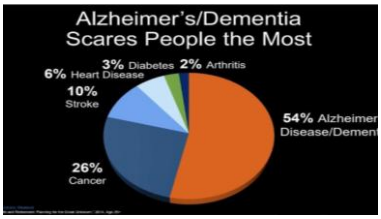
one-third fear Alzheimer’s **most**

11 points higher than cancer

158



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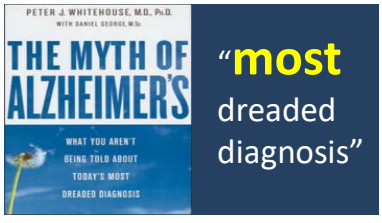

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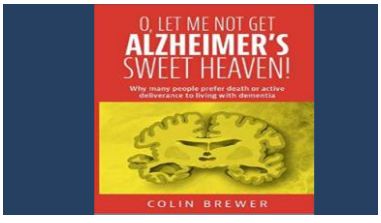

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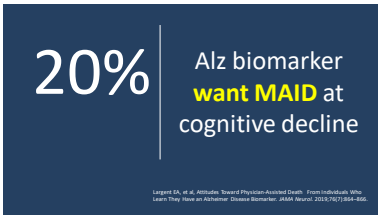

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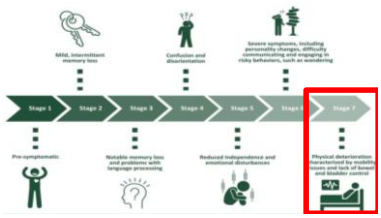


164

cannot **interact** with their environment

165

need **help** almost **all** ADLs

166

bowel & bladder **incontinent**

167

so …

168

169

hasten death to **avoid** late-stage dementia

170

but how?

171

non medical

172

June 1990

173

174

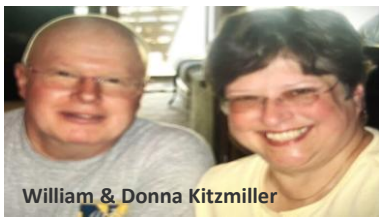
175

Janet Adkins

176

Oct. 2024

177



178

179

"I've given my wife a **merciful ending** from her Alzheimer's disease"

then shot himself

180

non medical

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182

legal options **in** healthcare

183

MAID

184

12 states

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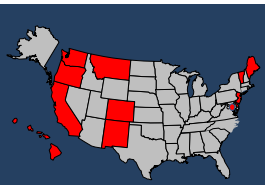

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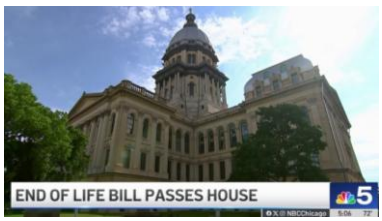

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188

Assembly Bill A136

2025-2026 Legislative Session

Relates to the medical aid in dying act

189

190

191

192

but

193

2 eligibility requirements

194

capacity

195

terminally ill

196

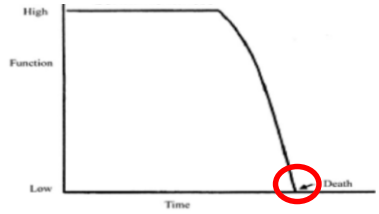
final stage of an **incurable & irreversible** physical medical condition

197

will cause death

< **6** months

198



199

can patients with dementia **qualify** for MAID

200

yes

201

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

202

stage 1 Alzheimer's

+

metastatic cancer

203

capacity (only stage 1) ✓

terminal illness (from Ca, not Alz) ✓

204

but

205

dementia

SUMC

206

207

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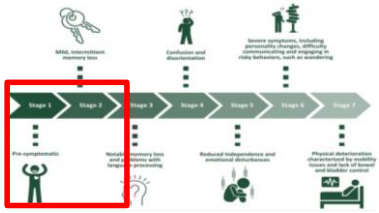

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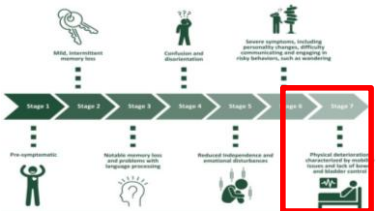
capacity →
no terminal illness

210



211

terminal illness →
no capacity

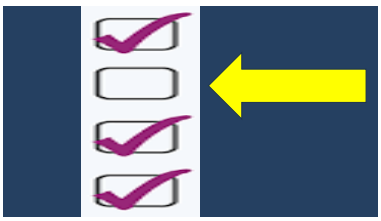
212

terminal illness →
no ability
self-ingest

213

dementia
SUMC

214



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New Yorkers with SUMC dementia can (**and do**) still get MAID

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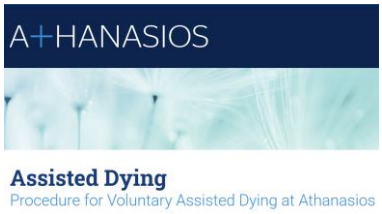

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225

VSED

226

what is VSED?

227

patient **with** capacity

228

not expected to die in next days to weeks

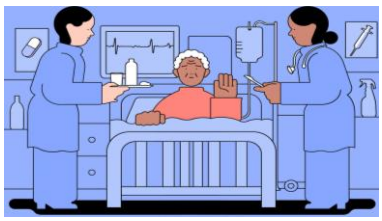
229

able to take food & fluid by mouth

230

voluntary **decision** to stop

231



232

≠ ANH

233

≠ natural loss appetite

234

≠ involuntary cachexia

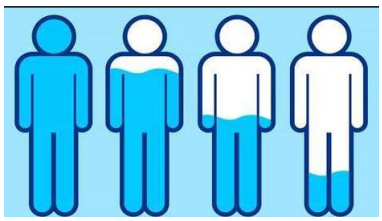
235

deliberate choice
stop fluids
by **mouth**

236

goal = death
from dehydration

237



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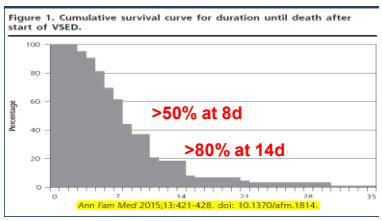


239

240

VSED

241

242

case example

243

76 year old woman in nursing home

pain from vertebral compression fractures and vulvodynia

reduced food and fluid intake for a week, then completely stopped

244

Day 1: Awake much of the day, showered independently.

Day 2: Spent half the day in bed and half out of bed, showered independently.

Day 3: Spent a lot of time in bed, showered independently. Very thirsty.

Day 4: Feeling unwell, somewhat drowsy. Showered independently. Little appetite, but very thirsty.

245

Day 5: Extremely thirsty, finding it difficult. Washed herself. Slept well.

Day 6: Extremely thirsty, showered independently.

Day 7: Slept peacefully.

Day 8: Slept well. More difficulty speaking words and sentences. Still very thirsty, finding the process very challenging. Prefers to sleep.

246

Day 10: Can no longer wash herself without assistance. Has back pain and is very thirsty. Speech is impaired, searching for words. Remains lucid.

Day 11: Sleeps a lot, but is lucid when awake. Still very thirsty. Receives morphine for pain.

Day 12: Slept poorly, was somewhat restless. Thirst is still strong, repeatedly asks for a drink.

Day 13: Slept well, still very thirsty. Lucid when awake. Experiences a lot of pain during the day. More restless, receives Haldol as needed.

247

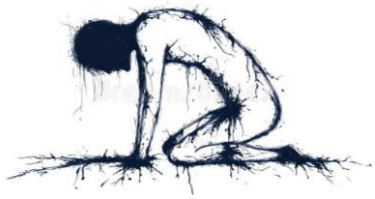
Day 14: Had a quiet night, sleeps a lot. Very lucid when awake. Struggles to find words and sometimes doesn't finish sentences. No longer complains about thirst.

Day 15: Dose of Midazolam increased, had a quiet night and slept deeply. More restless when awake.

Day 16: Had a quiet night, sleeps deeply.

Day 17: In a deep sleep. Passed away in the afternoon.

248



249

why on Earth is this EOL option so popular?

250

most would prefer **MAID**

251

but

252

reason **1**

253

MAID illegal

254

VSED **only** legal option

255

reason **2**

256

even if MAID legal

patient **ineligible**

257

6-month prognosis

258

259

Huntington's

Parkinson's

260

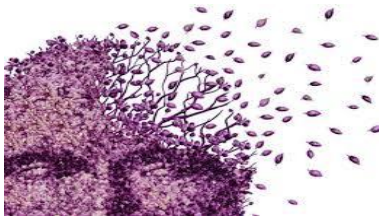
completed life

261

262

6mo →
no capacity
no self-ingestion

263



264

265

no MAID available → VSED

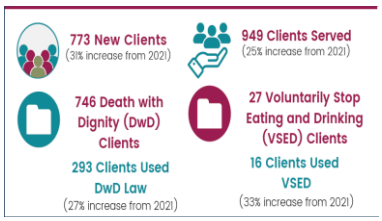
266

2.1%
of all deaths

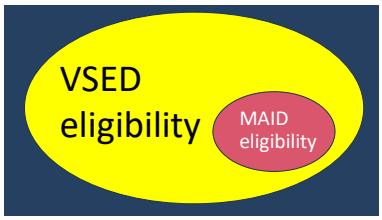
267

268

269



270



271

reason 3

272

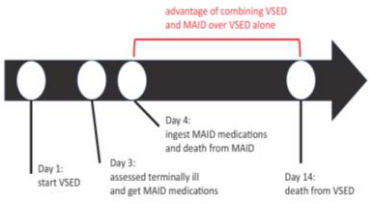
VSED can **make** patient eligible

273

VSED is not only an alternative

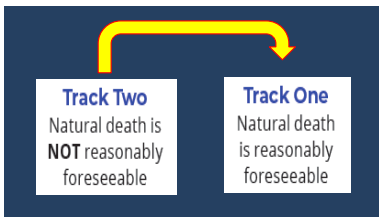
274

275



276

277



278

VSED **bridge** to MAID

279

reason **4**

280

MAID legal
patient eligible
not accessible

281

282

waiting periods

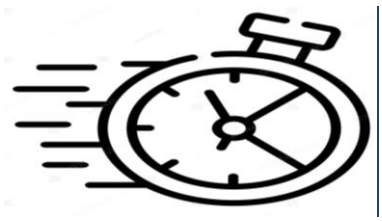
283

available clinician

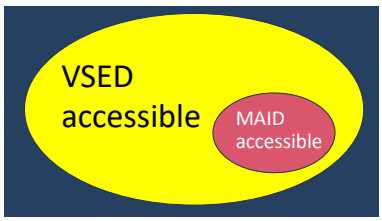
284

even if legally available, not **practically**

285



286



287

reason **5**

288

advance requests

289

even if MAID is legal

even if patient is eligible

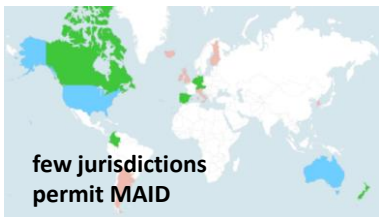
even if MAID is accessible

290

291

MAID while **still** have capacity

292



293

almost **none** permit advance requests

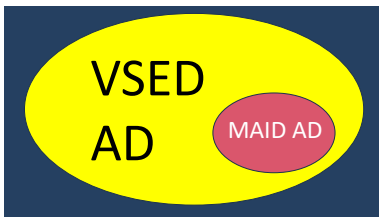
294

contrast VSED

295

VSED ADs **accepted**

296



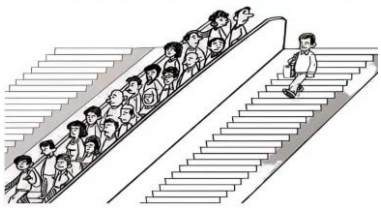
297

reason **6**

298

prefer VSED over MAID

299



300

301

"If assisted dying was available … I would have chosen it in a heartbeat"

302

but

303

304

305

time to say goodbye

consistent with with **morals**

306

307

even though MAID available, **"almost twice"** chose VSED

308

clinical status of VSED

309

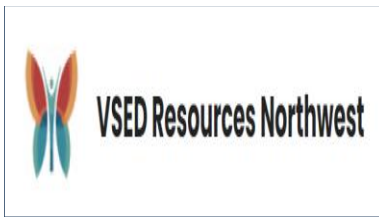
1st person narratives

310

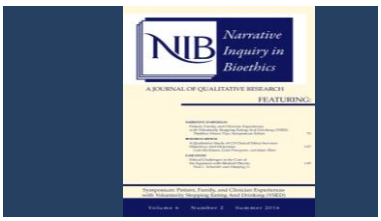
many cases

311

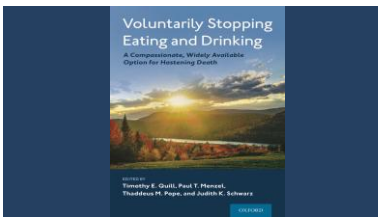
312



313



314



315

not only
1st person narratives

316

objective
evidence
patient experience

317

peaceful
comfortable

318


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.

319

100 Oregon **nurses** cared for VSED patients

320

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

321

322

Voluntarily Stopping Eating and Drinking: Systematic Review of Empirical Studies

doi.org/10.1089/jpm.2024.0206

323

17 empirical publications

324

who

325

80+

326

dementia

conditions ineligible MAID

327

VSED experience

328

mean time to death = **10** days

329

caregivers found preparation & emotional toll **challenging**

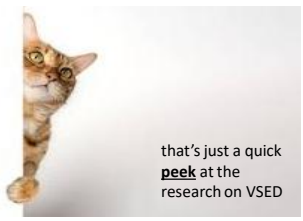
330

but

331

most experiences **satisfactory**

332



333

clinical experience

334

not just NY

not just USA

335

336

337

338

300 hospice & palliative care specialists

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

339

32%

experience with VSED

340

341

342

751 family physicians


Family physicians' perspective on voluntary stopping of eating and drinking: a cross-sectional study

343

33%

experience with VSED

344

345

700 family physicians

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

346

46%

experience with VSED

347

348

255 palliative care specialists

Hoekstra, N. L., Straub, M., & Simon, A. (2014). Bewertung des Verzichts auf Essen und Trinken durch in der palliativmedizinisch 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, 16*(02), 68–73. doi:10.1055/s-0034-1387571

349

61%

experience with VSED

350

SO…

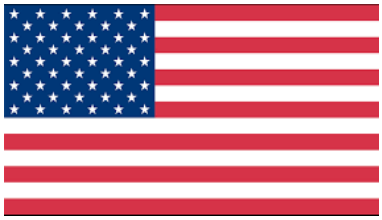
351

more clinical experience with VSED

352

professional society endorsements

353



354

POSITION STATEMENT

ANA AMERICAN NURSES ASSOCIATION

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

355

AMWA The Vision and Voice of Women in Medicine since 1915

American Medical Women's Association

356

Position Paper

aspen

Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper

Denise Baird Schwartz, MS, RD[1]; Albert Barrocas, MD[2];

Nutrition in Clinical Practice
Volume 0 Number 0
January 2021 1–34
© 2021 American Society for Parenteral and Enteral Nutrition
DOI: 10.1002/ncp.10623
wileyonlinelibrary.com

WILEY

357

amda THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

358

aahpm

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

359

aahpm AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

amda THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

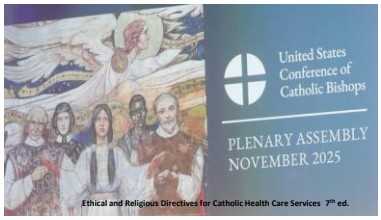
ANA AMERICAN NURSES ASSOCIATION

AMWA The Vision and Voice of Women in Medicine since 1915

American Medical Women's Association

360

361



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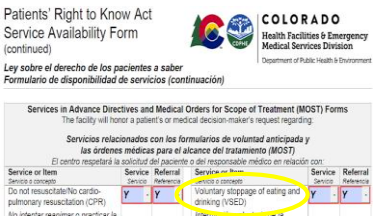


363

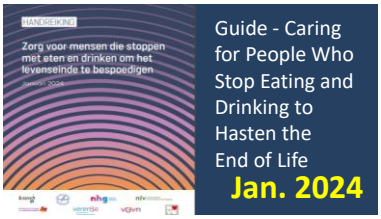
364

365

not just more professional society endorsements

366

367



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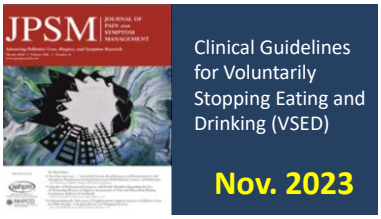


369

370

validated & comfortable EOL option

371

more clinical experience

more professional society statements

more clinical practice guidelines

372

VSED is legal

373

sizable, settled, and stable

consensus

374

Elizabeth Bouvia

375

26yo

paralyzed by cerebral palsy

severe degenerative arthritis

376

"I don't **want** to die"

"But I **don't** want continue living in this body"

377

wanted **VSED**

wanted hospital support

378

hospital

"we **cannot** support that"

379

380

yes

Elizabeth **has** that right

381

382

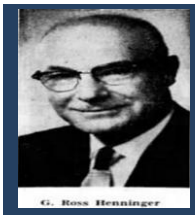
PBS

383

other cases **also** support VSED

384

385



85-year-old former college president

VSED in nursing home

NH sought declaration of rights & responsibilities

386

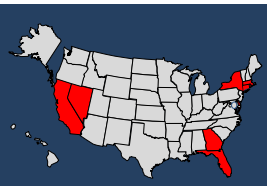
Plaza Health & Rehab Center v. Henninger (N.Y. Sup. Ct., Syracuse Feb. 2, 1984)

nursing home nursing home was neither obligated nor empowered to force-feed Henninger

387

multiple
appellate decisions

388



389

is VSED legal?

asked & answered

390

plus

391

do **not need** direct, explicit authority

392

already legal

existing rules

393

patients have **right to refuse** treatment

394

Mark RIVERS et al., Appellants,
v.
Stephen KATZ, as Commissioner of the New York State Office of Mental Health, et al., Respondents.

In the Matter of Florence GRASSI, Appellant,
v.
Wendy ACRISH, as Executive Director of the Harlem Valley Psychiatric Center, et al., Respondents.

Court of Appeals of New York.

June 10, 1986.

395

Sara MYERS et al., Plaintiffs,

and

Eric A. Seiff et al., Appellants,

v.

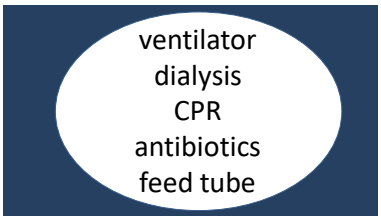
Eric SCHNEIDERMAN, in His Official Capacity as Attorney General of the State of New York, Respondent, et al., Defendants.

Court of Appeals of New York.

Sept. 7, 2017.

396

397



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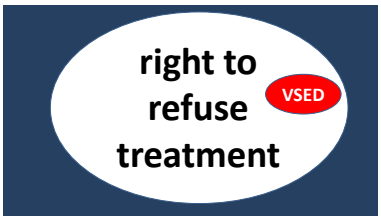

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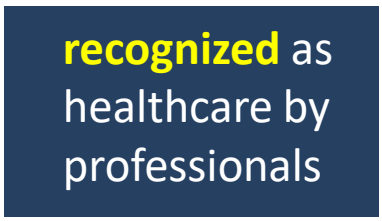

403

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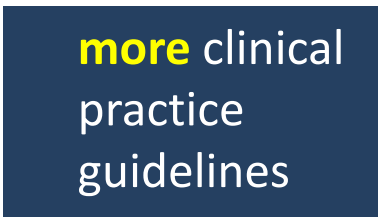


405

but

406

right to refuse treatment VSED

407

ONH = Tx

408

some **challenge** premise

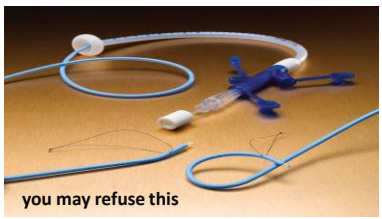
409

oral N&H ≠ “treatment”

410

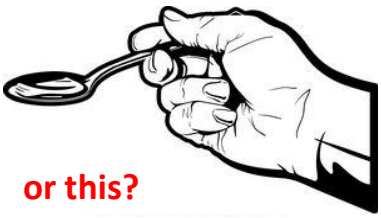
basic care

411



412

413



414

yes

415

right to refuse **any** intervention

416

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

417

right to refuse **any** intervention

418

medical **or not**

419

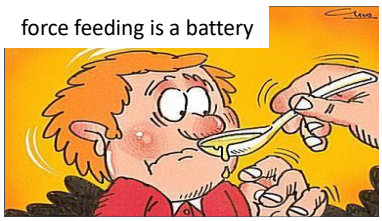
healthcare **or not**

420

right to refuse any **unwanted** contact

421

force feeding is a battery



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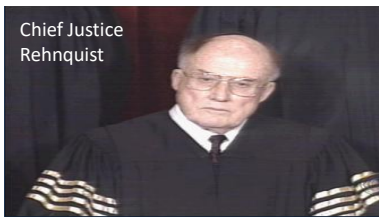


423

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

424

425

Medicare Conditions of Participation for Hospice

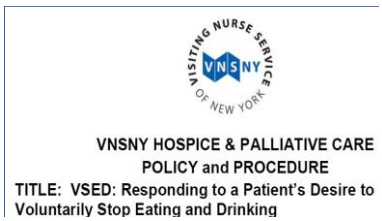
426

427

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

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

428



429

"ethical & **legal** option"

430

because

431

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

432

recap

433

VSED is legal

434

sizable, settled, and stable

consensus

435

but

436

437

uncertainty

reluctance

438

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

439

600 palliative care MDs

how do **you** perceive legal **risk**

440

Action that might be misperceived	*Mean rating of risk*
Total sedation (the application of pharmacotherapy to induce a state of decreased or absent awareness [unconsciousness] in order to reduce the burden of otherwise intractable suffering)	4.1
Stopping artificially delivered nutrition/ hydration	3.6
Stopping oral nutrition/hydration in a patient who can eat/drink when requested by the patient	3.3
Use of palliative and sedative medications in the process of discontinuing mechanical ventilation	3.2
Stopping dialysis	3.1
Use of barbiturates for symptom treatment	2.9
Use of opiates for symptom treatment	2.8
Use of benzodiazepines for symptom treatment	2.3

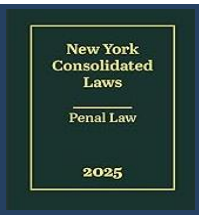
441

assisted suicide

442

443

444



445

N.Y. Penal Law § 120.30

446

"A person is guilty of [class E felony] when he intentionally causes or **aids another person to attempt suicide**"

447

N.Y. Penal Law § 125.15

448

"A person is guilty of manslaughter in the second degree [class C felony] when … he intentionally causes or **aids another person to commit suicide**"

449

450

New York State
EDUCATION DEPARTMENT
Office of the Professions

N.Y. Educ. Law § 6530

451

452

VSED = AS

AS = crime

➡ VSED = crime

453

WRONG

454

455

1

456

what does
aid mean

457

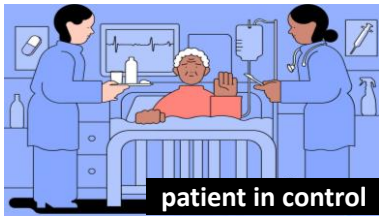
providing the
physical means

participating in
physical act

458

no aiding

459



460

461

clinician does
not cause death

462

clinician does
not intend death

463

The Role of the Physician in Caring for Patients Pursuing VSED: Challenging the Conventional Approach

Journal of the American Geriatrics Society

relies on ***patient's*** actions, not the clinician's

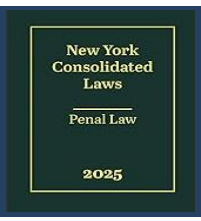
464

supporting VSED
not aiding

465

2

466



467

Safe Harbor

468

"this section does **not apply** to withholding or withdrawing medical treatment"

469

SO…

470

supporting VSED is **not** assisted suicide

471

3

472

473

Safe Harbor

474

palliative care ≠ assisted suicide

475

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

476

you **may provide** symptom relief

477

4

478

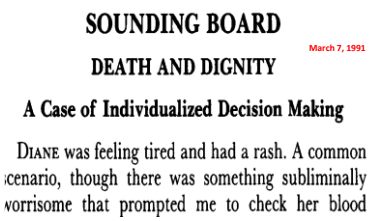
479

480

1991

481

482



SOUNDING BOARD

March 7, 1991

DEATH AND DIGNITY

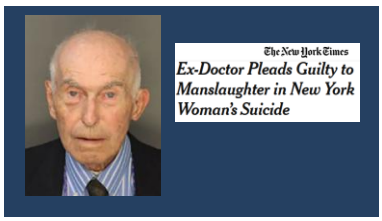
A Case of Individualized Decision Making

DIANE was feeling tired and had a rash. A common scenario, though there was something subliminally worrisome that prompted me to check her blood

483

2024

484



485

5

486

1000s of VSED deaths

487

no healthcare licensing board discipline

488

no criminal prosecutions

489

no medical malpractice

490

491

VSED ≠ AS

492

493

New York clinicians **may support** patients who VSED

494

hospice

495

496

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

497

2 types of cases

498

499

already on hospice
already eligible TI
→ begin VSED

500

501

not on hospice
not already eligible TI
→ begin VSED

502

does VSED **make** patient eligible?

503

504

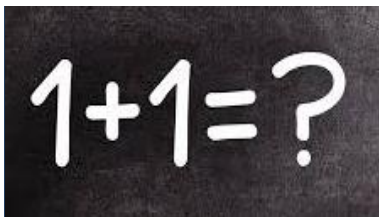
505

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

506

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

507



508

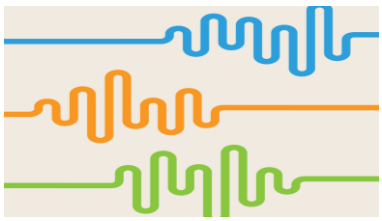
VSED → death
< 14 days

14 days **<** 6 months

509

but

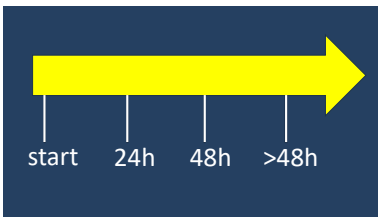
510



511

when does VSED make patient TI

512



513

not assessing symptoms

514

515

if Pt will **probably** continue VSED

then Pt **probably** dead <6 months

516

alternate basis for certification

517

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

→ later

518

519

inanition
+
underlying medical condition

520

521

F50.89
other specified eating disorder

522

challenges with VSED

523

clinical **&** ethical questions

524

1 eligibility

525

who is eligible for VSED

526

patient must have **capacity**

527

patient does **not** need terminal illness

528

but

529

does patient need a **serious** illness

530

what illnesses are serious **enough**

531

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

532

psychiatric consult

spiritual care evaluation

533

social work evaluation

ethics consult

534

535

one MN system puts VSED Pts in **3** categories

536

hospice eligible

prognosis < 6 mo

537

incurable disease

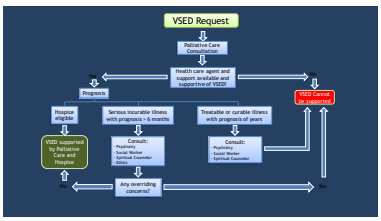
but **not** hospice eligible
prognosis > 6 mo

538

psychological & existential

prognosis > years

539



540

those are just some **eligibility** questions

541

in addition to **eligibility** questions …

542

2 MD-Pt discussion

543

how to **counsel** & advise

544

can you **raise** VSED as an option

or only **respond**

545

3 revocation

546

what if patient **asks** for water

547

capacity → give water

548

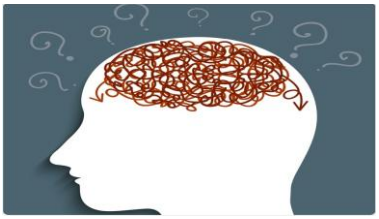
but

549

day 5

confused & delirious

550



551

reassess

mouth care

sprays & swabs

552

remind

patient of VSED plan

553

show

patient her own video

554

what if patient **persists** in requests?

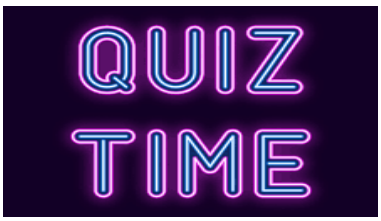
555

give water

or

stick to VSED

556



557

Join by Web

PollEv.com/thaddeuspope157

Join by Text

Send thaddeuspope157 and your message to 37607

Join by QR code

Scan with your camera app

558

559

those are just **some** of the issues

to address in policies & procedures

560

561

VSED by patient **with capacity**

562

563

564

VSED by AD

565

566

567

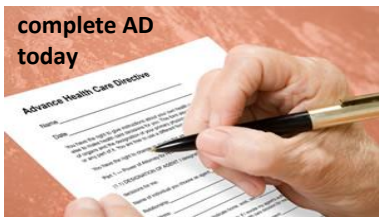
568

never wanted
to live like this

but **cannot** now
authorize VSED

569

570



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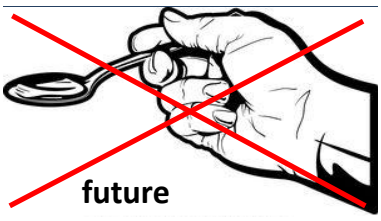


572

after patient
loses capacity

573

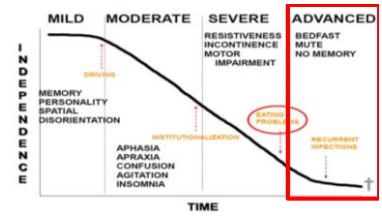
at **point**
Pt specifies

574

575

clinical
triggers

576



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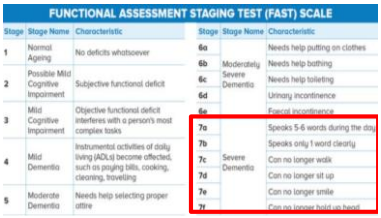

578

functional triggers

579

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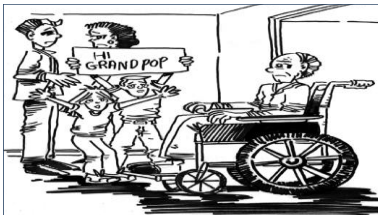

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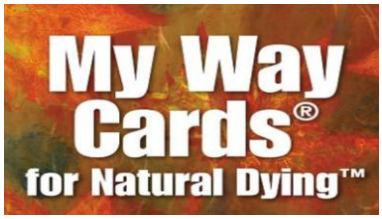

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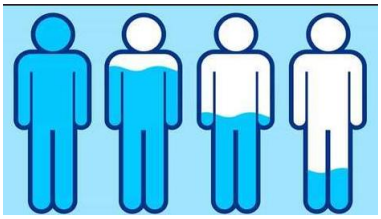

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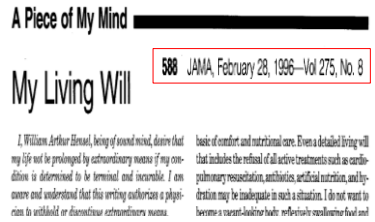
A Piece of My Mind

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

586

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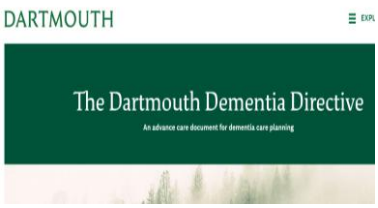

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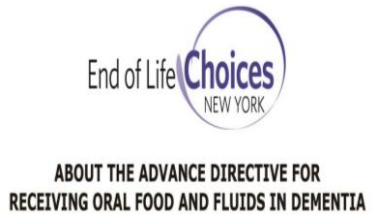

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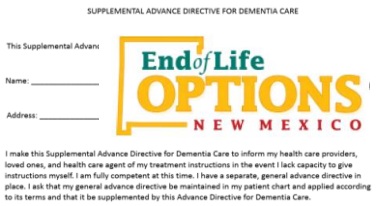

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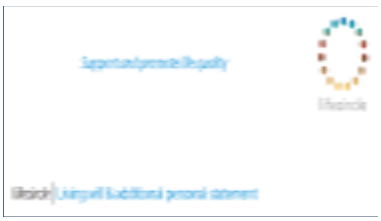

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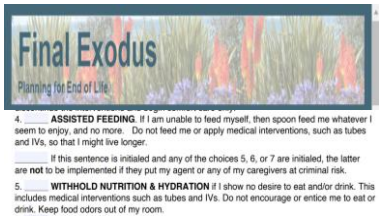

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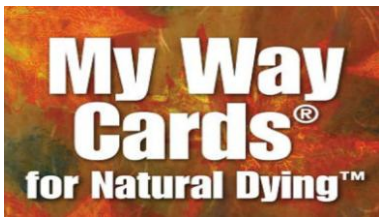

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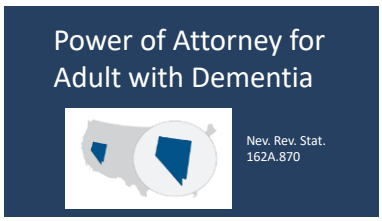

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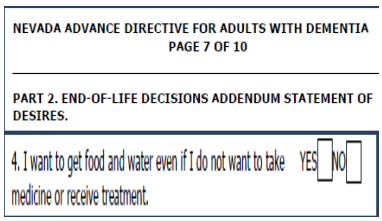

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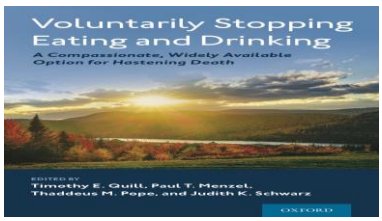

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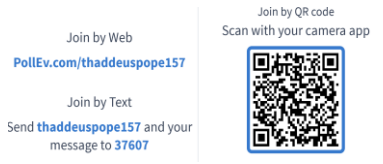

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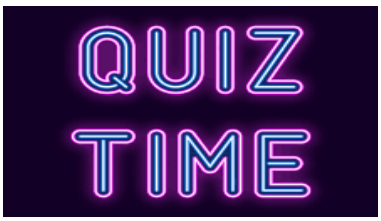

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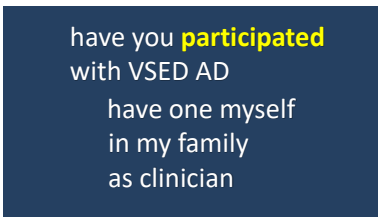

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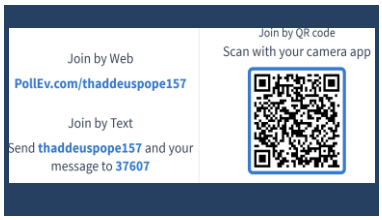


613

614

why growth
VSED by AD

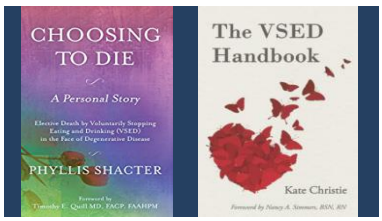
615

616

617

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

618



619

620

621

but

622

623

VSED while **still** have capacity

624

625

too **soon**

626

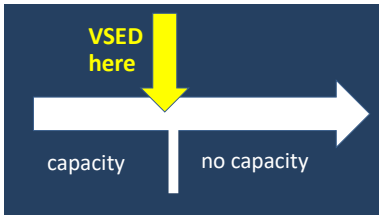
life **still** worthwhile

627

earliness problem

628

629



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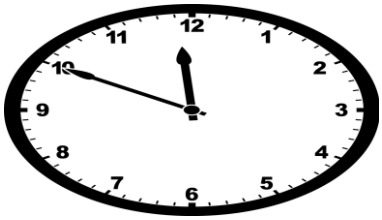


631

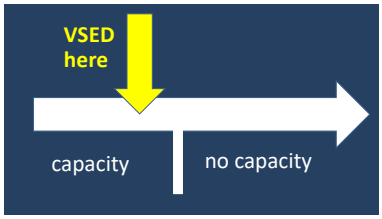
but

632

633

634

635



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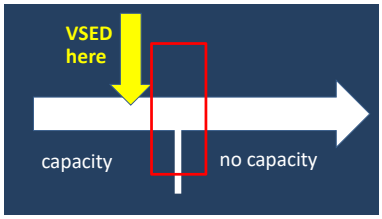


637

premature
dying

638

current situation
still acceptable

639

VSED **not** good option

640

at **this** time

641

not ready to die

642

concerned about **future** circumstances

643

lack capacity at future time

644

645

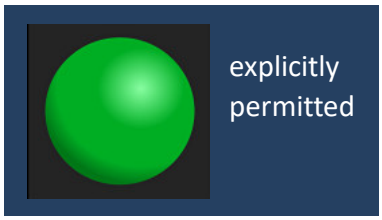
646

647

legality of VSED by AD

648

649



650

651

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 ☐

652

Vermont

653

"health care"

"**personal circumstances**"

Vermont § 9702(a)(12)

654

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

Vermont §§ 9702(a)(5), 9701(12)

655

656

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

657

658

advance directive

659

advance directive
ONH

660

NEW YORK STATE

661

[517] In the Matter of WESTCHESTER COUNTY MEDICAL CENTER, on Behalf of Mary O'CONNOR, Appellant.

Helen A. Hall et al., Respondents.

Court of Appeals of New York.

Oct. 14, 1988.

662

when you **lack** capacity to make your own decisions

663

3 ways make HC decisions for you

664

1. living will
2. agent
3. surrogate

665

VSED by **SDM**

666

not patient

asking VSED

667

substitute decision maker

668

is **that** legal

669

670

671

672

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.

673

DPAHC / agent

"make **health care** decisions"

674

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

675

SO…

676

Iowa agent may **not** direct VSED

677

678

679

"agent **may not consent** to … withholding … **orally** ingested nutrition or hydration"

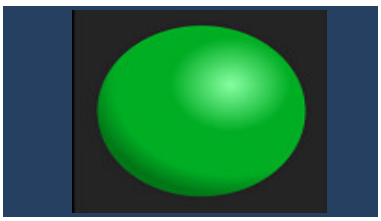
Wis. Stat. 155.20

680

but

681

682



683

patient advocate

684

appointed
by patient

685

Designation of
Patient Advocate Form

HONORING
Healthcare Choices

686

broad
powers

687

"powers concerning ... care, custody, **and** medical ... treatment"

Mich. Comp. L. Ann. § 700.5509

688

SO...

689

unlike WI or IA agents, a Michigan patient advocate **may consent** to withholding **oral** nutrition or hydration

690

Pt adv. power

VSED

691

NEW YORK STATE

692

default surrogates under FHCDA can make decisions about **health care**

693

"providing nutrition or hydration **orally**, without reliance on medical treatment, is **not** health care"

N.Y. Pub. Health L. 2994A(12)

694

SO…

695

default surrogates

cannot direct w/h ONH

cannot direct VSED

696

proxy law has no such limitation

N.Y. Pub. Health L. 2980(4)

697

"agent shall have the authority to make **any and all health care decisions** on the principal's behalf that the principal could make"

698

"**any** treatment, service or procedure to diagnose or treat an individual's physical or mental condition"

699

but … does not explicitly include

700

701

702

703

704

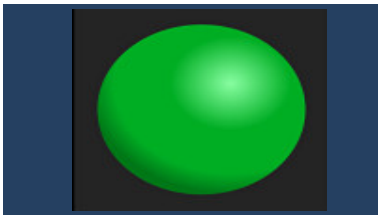
Pt has **wider** scope authority than any substitute decision maker

N.Y. Pub. Health L. 2982(1), 2989

705

request for VSED in living will

706

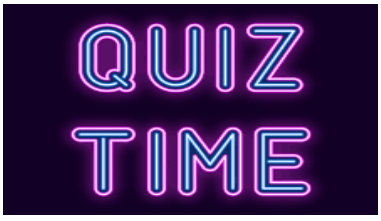


707

request for VSED by agent or surrogate

708

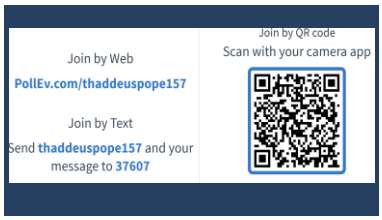
709



710

would **you** follow a VSED AD

711



712

713

714

conflict

715

prior self *vs* now self

716

717

Pt Adv directs VSED - per Pt instructions

718

VSED begins

719

but

720

721

722

whose wishes do we respect?

723

prior self
or
current self

724

now patient
or
then patient

725

726

727

"**ignore** my future self"

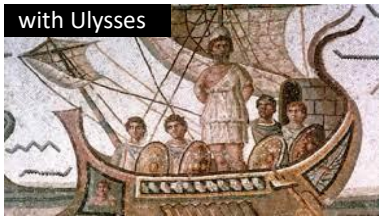
728

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

729

"no hand feeding **even if** I appear to cooperate by opening my mouth"

730



731

prior self prevails

732

but

733

734

no statute → → no Ulysses clause

735

736

no need for a Ulysses clause

737

incapacitated objections are **irrelevant**

738

remain in effect until revoked

739

only patients having **capacity** may revoke

740

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

741

SO…

742

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

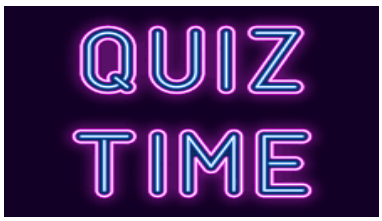
743

SO…

744

AD **remains** in force

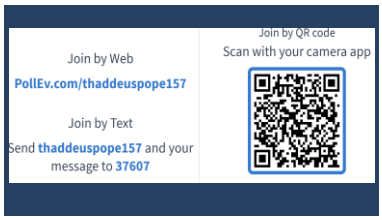
745



746

would you honor VSED AD **even** if Pt asks for water

747



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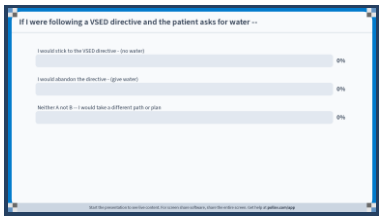


749

legal problem

750

practical problem

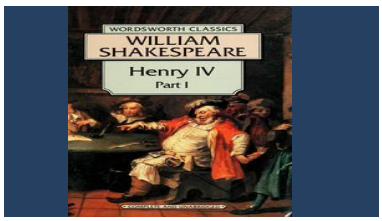
751

viable option?

752

can you leave VSED instructions in an AD?

753



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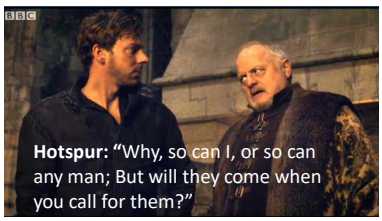


756

you can **write** anything you want in an AD

757

but . . . will it be **followed**

758

clinicians are **reluctant** to follow these ADs **even if** legally permitted

759

760

2019

761

duties to **current self** are primary

762

despite VSED directive

763

2023

764

follow AD despite current best interest assessment

765

VNSNY HOSPICE & PALLIATIVE CARE
POLICY and PROCEDURE
TITLE: VSED: Responding to a Patient's Desire to Voluntarily Stop Eating and Drinking

766

"where the patient **lacks** decision making capacity VSED **cannot** be initiated"

767

implementation & compliance problems persist

768

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

769

770

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 *

771

SO

772

to overcome **legal** obstacle in MI +

practical obstacle elsewhere

773

Seeking a Space

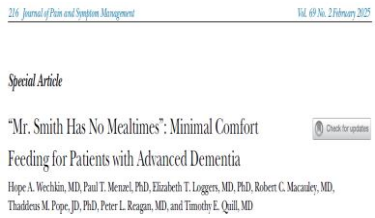
Are you in need of a space to die while you exercise your end of life choice with MAID or VSED.

Community deathcare in action.

REQUEST A ROOM

774

775



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. Wechkin, 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

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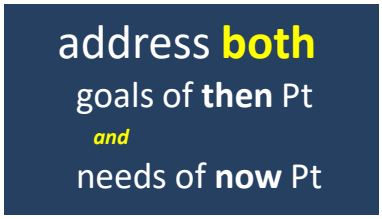

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VSED	MCF
10 days	2-3 **weeks**

785

contrast

786

comfort feeding only

787

CFO / **upper** limit

788

CFO

scheduled mealtimes

as much N&H until uncomfortable

789

CFO encourage coax even coerce

790

MCF / **lower** limit

791

MCF

no scheduled mealtimes

only as much N&H needed for comfort

792

minimal comfort feeding

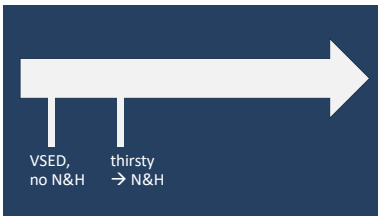
793

ONH

only for comfort

only responsive

794



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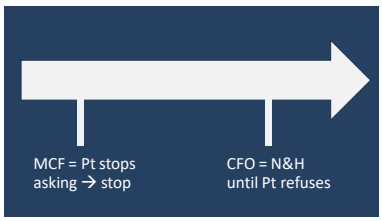

796

797

MCF	CFO
2-3 weeks	**years**

798

HPM clinicians

>**80%** support for MCF

ANNUAL ASSEMBLY HOSPICE & PALLIATIVE CARE

swhpn ANNUAL FORUM

799

example

800

801

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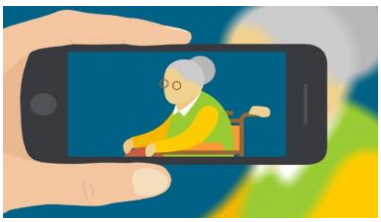


803

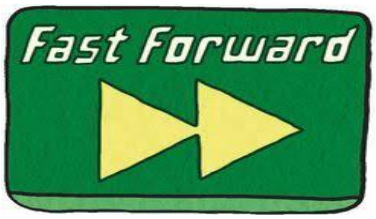
c. Additional Specific Instructions Regarding Care That I DO or DO NOT Want:

do not feed me by mouth when I reach advanced dementia

804

Dec. 11, 2025

805



806

2031

807

late-stage dementia

AD triggered

N&H stopped

808

809

~~VSED~~

810

MCF

811

give **only** enough N&H - to not be uncomfortable

812

die in 20D

rather than 10D

813

achieve Pt goal to avoid living into late-stage dementia

though - not as fast as VSED

814

and

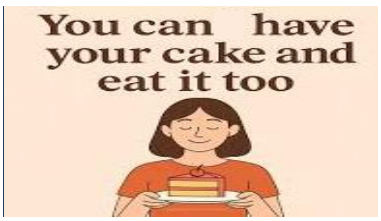
815

avoid staff moral distress - from unmet present suffering

816

MCF

817



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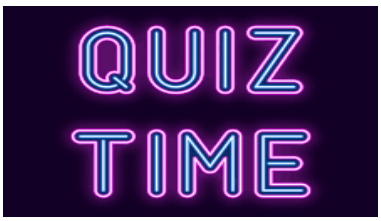
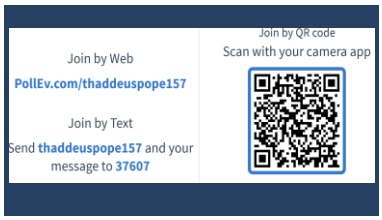


819

would you honor a MCF AD

820



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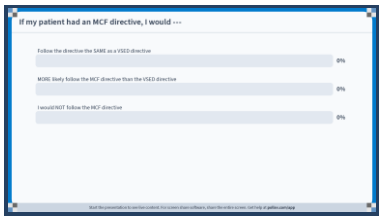

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823

conclusion

824

825

826

demand for VSED AD

827

828

but

829

830

little guidance

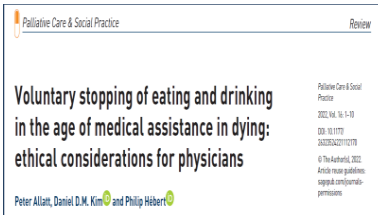
courts, regulators

831

few institutional

policies & procedures

832



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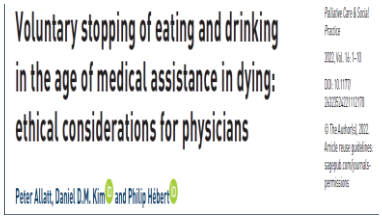
Voluntary stopping of eating and drinking in the age of medical assistance in dying: ethical considerations for physicians

Palliative Care & Social Practice

2022, Vol. 16: 1–10

DOI: 10.1177/26323524211071179

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

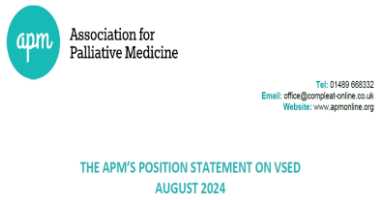
838

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

839

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

840


Association for Palliative Medicine

Tel: 01489 668332
Email: office@compleat-online.co.uk
Website: www.apmonline.org

THE APM'S POSITION STATEMENT ON VSED
AUGUST 2024

841

"nationally agreed information, advice, **guidance**"

842

"could **help** clinical teams navigate clinically and ethically"

843

2024

844

Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

845

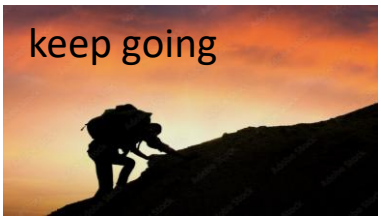
Caring for People Who Stop Eating and Drinking to Hasten the End of Life

846

847

but

848



849

develop policies & procedures at **your** institution

850

Thank you!

851

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resources

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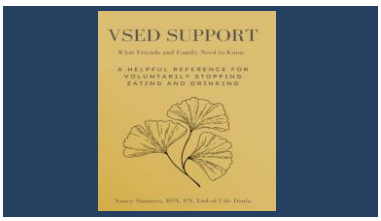

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drafting tips

858

859

1 “regular” AD

860

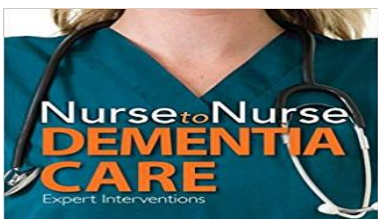
2 capacity at sign

861

3 clear on **what**

862

863



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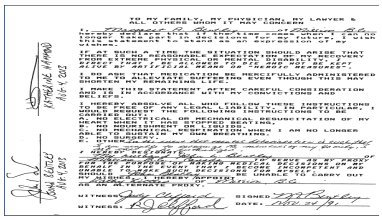

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NO NOURISHMENT OR LIQUIDS.

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867

868

family **lost**

869

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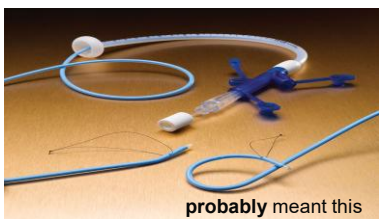

871

family **unable** to enforce AD

872

be specific

873

oral food & fluids

nutrition & hydration by **mouth**

hand- feeding

spoon- feeding

normal feeding

874

be clear on **what** you want

875

4 clear on **when**

876

FUNCTIONAL ASSESSMENT STAGING TEST (FAST) SCALE

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

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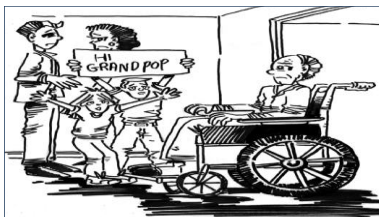

878

5 how **measure** when

879

6 clear on why

880

7 clear on where

881

8 show understand

882

9 Ulysses clause

883

10 discuss agent

884

11 copies & registry

885

12 

886