OU WB School of MEDICINE

1

thank you

2

VSED Increasingly Common among End-of-Life Options

Top 10 Things You Need to Know

3

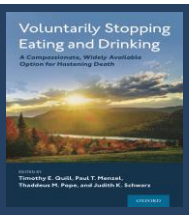
Thaddeus Pope

8th Annual Ernest & Sarah Krug Lecture in Biomedical Ethics
November 12, 2025

4

nothing to disclose

5



royalties from Oxford University Press

6

VSED

7

Voluntarily
Stopping
Eating &
Drinking

8

9

10

11

local providers

12

13

14

obituaries

Michiganders

15

J. Lindsley Foote

16

WESTERN MICHIGAN UNIVERSITY

17

Trisha White's father

18

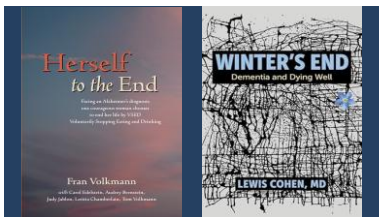
professional societies

19

20

books

21



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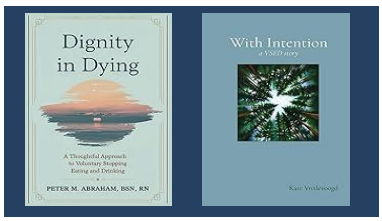

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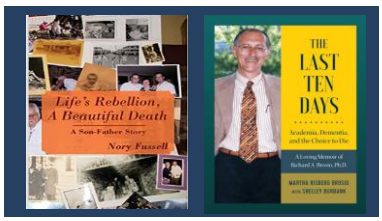

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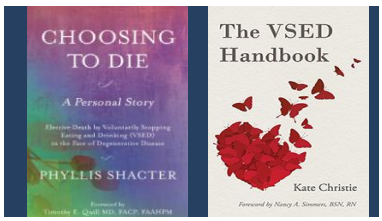

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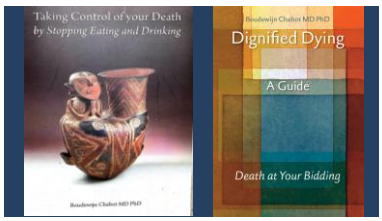


26

films

27

28

29

outreach

30

MICHIGAN DEATHCARE COLLABORATIVE

31

compassion & choices
Care and Choice at the End of Life

32

GOOD LIFE GOOD DEATH
HEMLOCK SOCIETY
of San Diego

33

34

GLORIA COLES
FLINT PUBLIC
LIBRARY

35

RECAP

36

more using
more talking
more sharing

37

38

39

QUIZ TIME

40

have you
heard of VSED

41

QUIZ TIME

42

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

43

roadmap

44

10 parts

45

fear of dementia

46

limits MAID

47

what is VSED?

48

clinical status of VSED

49

VSED is **legal**

50

challenges when facing VSED requests

51

52

incapacitated patients

53

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

54

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

55

VSED by AD

56

VSED by SDM

57

MCF by AD or SDM

58

fear of dementia

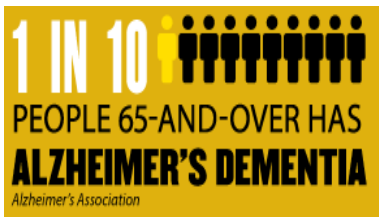
59

patients use VSED for **many** reasons

60

61

62



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64

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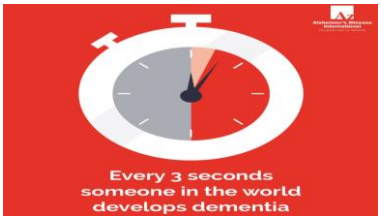

66

67

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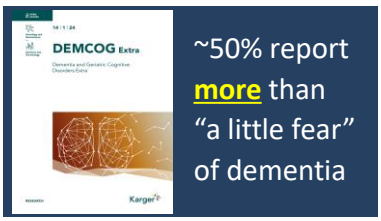

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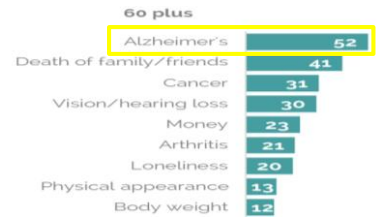

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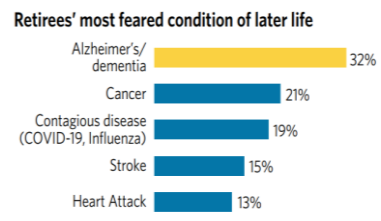
71

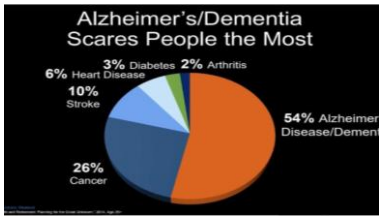


72

one-third fear Alzheimer's **most**

11 points higher than cancer

73



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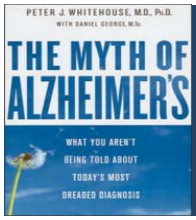
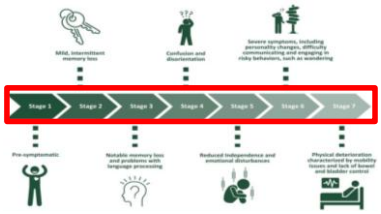


"**most** dreaded diagnosis"

75



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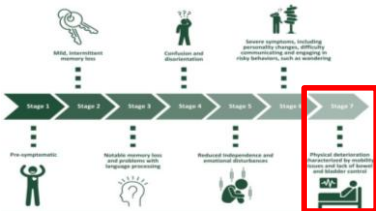


77

cannot **interact** with their environment

78

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

79

bowel & bladder **incontinent**

80

so …

81

82

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

83

but how?

84

85

non medical

86

OAKLAND COUNTY MICHIGAN

87

June 1990

88

89

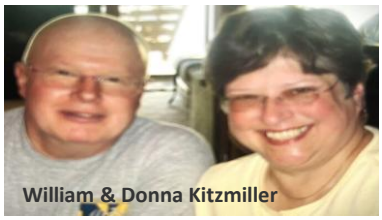
Janet Adkins

90

Oct. 2024

91

92



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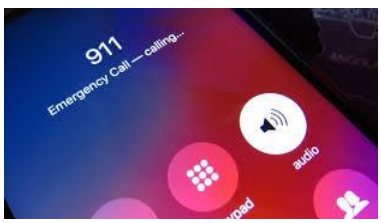


94

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

then shot himself

95

non medical

96

97

legal options **in** healthcare

98

MAID

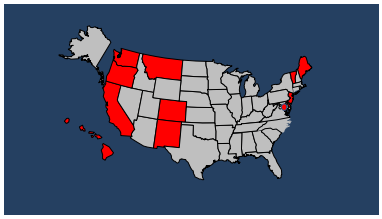
99

100

101

12 states

102



103

104

105

106

but

107

2 eligibility requirements

108

capacity

109

terminally ill

110

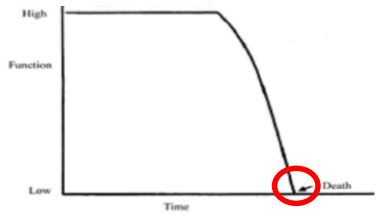
final stage of an **incurable & irreversible** physical medical condition

111

will cause death

< **6** months

112



113

can patients with dementia **qualify** for MAID

114

yes

115

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

116

stage 1 Alzheimer's

+

metastatic cancer

117

capacity (only stage 1) ✓

terminal illness (from Ca, not Alz) ✓

118

but

119

dementia

SUMC

120

121

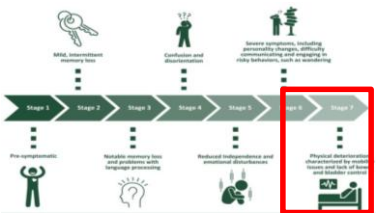
122

123

capacity →

no terminal illness

124



125

terminal illness →

no capacity

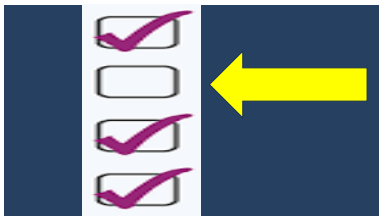
126

terminal illness →
no ability
self-ingest

127

dementia
SUMC

128



129

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

130

131

132

DIGNITAS
To live with dignity
To die with dignity

133

PEGASOS PEGASOS

134

A+HANASIOS

Assisted Dying
Procedure for Voluntary Assisted Dying at Athanasios

135

but

136

137

so…

138

different
EOL option

139

VSED

140

what is VSED?

141

patient **with** capacity

142

not expected to die in next days to weeks

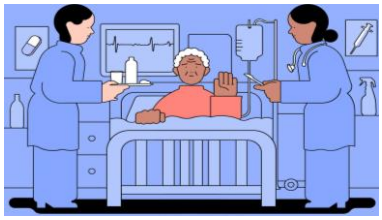
143

able to take food & fluid by mouth

144

voluntary
decision
to stop

145



146

≠ ANH

147

≠ natural loss appetite

148

≠ involuntary cachexia

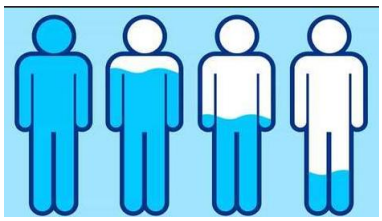
149

deliberate choice
stop fluids
by **mouth**

150

goal = death
from dehydration

151



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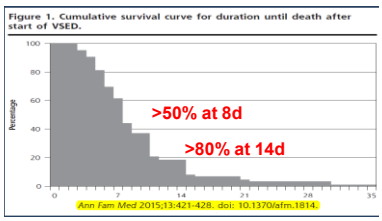


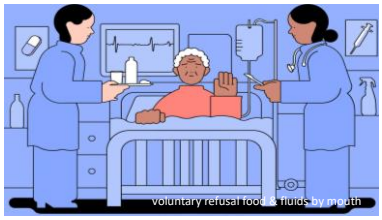
153

RECAP

154

VSED

155



156

clinical status of VSED

157

1st person narratives

158

many cases

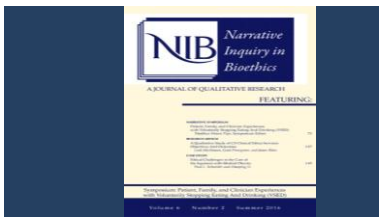
159

end of life WASHINGTON

160

VSED Resources Northwest

161



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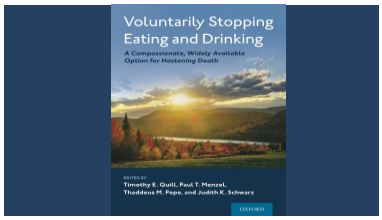


163

not only
1st person
narratives

164

objective
evidence
patient experience

165

peaceful
comfortable

166

167

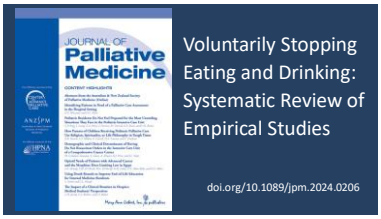
100 Oregon
nurses cared for
VSED patients

168

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

169

170



171

17 empirical publications

172

who

173

80+

174

dementia

conditions ineligible MAID

175

VSED experience

176

mean time to death = **10** days

177

caregivers found preparation & emotional toll **challenging**

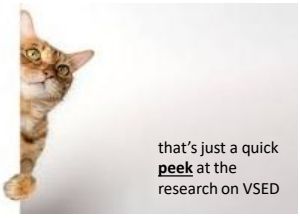
178

but

179

most experiences **satisfactory**

180



181

clinical
experience

182

not just MI

not just USA

183

184

185

186

300 hospice & palliative care specialists

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

187

32%

experience with VSED

188

189

190

751 family physicians

191

33%

experience with VSED

192

193

700 family physicians

194

46%

experience with VSED

195

196

255 palliative care specialists

197

61%

experience with VSED

198

SO…

199

more clinical experience with VSED

200

professional society endorsements

201

202

POSITION STATEMENT

ANA
AMERICAN NURSES ASSOCIATION

Nutrition and Hydration at the End of Life

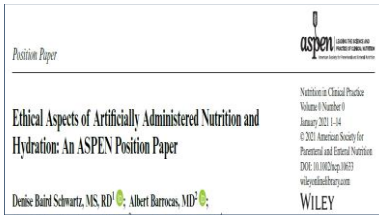
Effective Date:	2017
Status:	Revised Position Statement
Written by:	ANA Center for Ethics and Human Rights
Adopted by:	ANA Board of Directors

203

AMWA The Vision and Voice of Women in Medicine since 1915

American Medical Women's Association

204



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 1-14 © 2021 American Society for Parenteral and Enteral Nutrition DOI: 10.1002/ncp.10633 wileyonlinelibrary.com

WILEY

205

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

206

aahpm

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

207

208

209

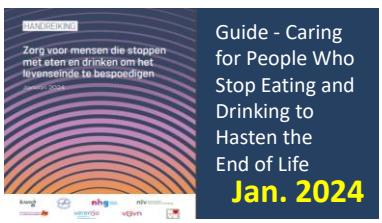
210

211

not just more professional society endorsements

212

213



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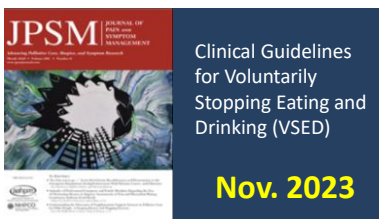


215

216

validated & comfortable EOL option

217

more clinical experience

more professional society statements

more clinical practice guidelines

218

VSED is legal

219

sizable, settled, and stable

consensus

220

Elizabeth Bouvia

221

26yo

paralyzed by cerebral palsy

severe degenerative arthritis

222

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

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

223

wanted **VSED**

wanted hospital support

224

hospital

"we **cannot** support that"

225

226

yes

Elizabeth **has** that right

227

228

PBS

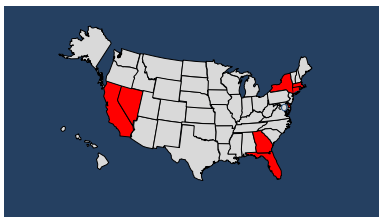
229

other cases **also** support VSED

230

multiple appellate decisions

231



232

is VSED legal?

asked & answered

233

plus

234

do **not need** direct, explicit authority

235

already legal

existing rules

236

patients have **right to refuse** treatment

237

Mary MARTIN, Guardian and Conservator of Michael Martin, Petitioner–Counter Respondent–Appellee,

v.

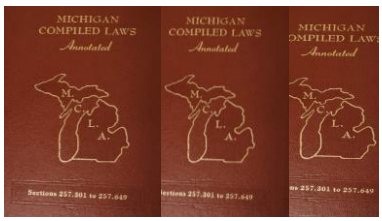
Leeta M. MARTIN and Patricia Major, Respondents–Counter Petitioners–Appellants.

Nos. 99699, 99700.
Calendar No. 10.

Supreme Court of Michigan.

Argued March 7, 1995.
Decided Aug. 22, 1995.

238



239

right to refuse treatment

240

ventilator
dialysis
CPR
antibiotics
feed tube

241

right to refuse treatment VSED

242

not DIY

243

part of a broader **treatment** plan

244

supervised by licensed healthcare professionals

245

recognized as healthcare by professionals

246

more position statements

247

more clinical practice guidelines

248

but

249

right to refuse treatment

250

ONH = Tx

251

some **challenge** premise

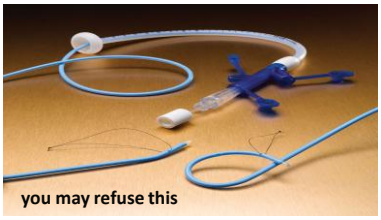
252

oral N&H ≠ "treatment"

253

basic care

254



255

256

257

yes

258

right to refuse **any** intervention

259

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

260

right to refuse **any** intervention

261

medical
or not

262

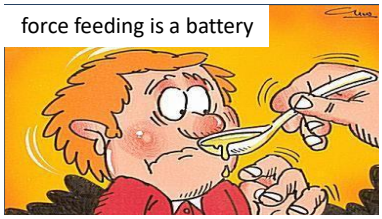
healthcare
or not

263

right to refuse
any
unwanted contact

264

force feeding is a battery



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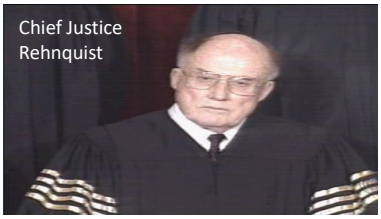


266

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

267

268

Medicare Conditions of Participation for Hospice

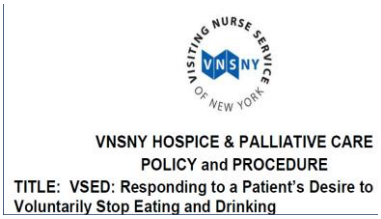
269

270

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

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

271



272

"ethical & **legal** option"

273

because

274

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

275

recap

276

VSED is legal

277

sizable, settled, and stable **consensus**

278

but

279

280

uncertainty

reluctance

281

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

282

600 palliative care MDs

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

283

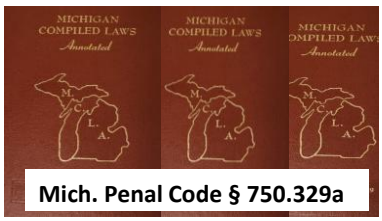
Action that might be misperceived	*Mean rating of risk*
Total sedation (the application of pharmacotherapy to induce a state of decreased or absent awareness [unconsciousness] in order to reduce the burden of otherwise intractable suffering)	4.1
Stopping artificially delivered nutrition/hydration	3.6
Stopping oral nutrition/hydration in a patient who can eat/drink when requested by the patient	3.2
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

284

assisted suicide

285

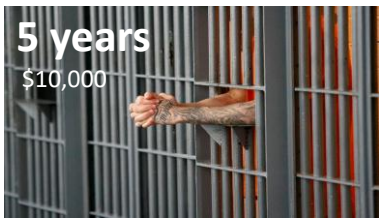
286



287

"person who … assists … individual … in killing himself … guilty of … **felony**"

288



289

290

VSED = AS

AS = crime

➡ VSED = crime

291

WRONG

292

293

1

294

what does **assist** mean

295

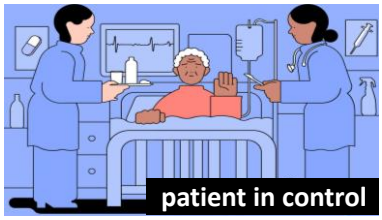
providing the **physical means**

participating in **physical act**

296

no assisting

297



298

299

clinician does
not cause death

300

clinician does
not intend death

301

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

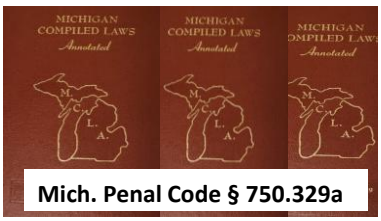
302

supporting VSED
not assisting

303

2

304



305

Safe Harbor

306

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

307

SO…

308

supporting VSED is **not** assisted suicide

309

3

310

311

Safe Harbor

312

palliative care ≠ assisted suicide

313

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

314

you **may provide** symptom relief

315

4

316

317

318

The Detroit News
SERVING MICHIGAN SINCE 1873

Suicidal man turns in Ann Arbor pharmacist who helped him

Francis X. Donnelly
The Detroit News
June 8, 2021, 11:43 p.m. ET

319

320

321

322

5

323

1000s of VSED deaths

324

no healthcare licensing board discipline

325

no criminal prosecutions

326

no medical malpractice

327

RECAP

328

VSED ≠ AS

329

Michigan clinicians **may support** patients who VSED

330

hospice

331

332

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

333

2 types of cases

334

335

already on hospice

already eligible TI

→ begin VSED

336

337

not on hospice

not already eligible TI

→ begin VSED

338

does VSED **make** patient eligible?

339

340

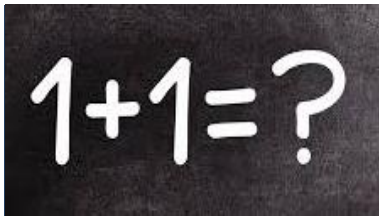
341

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

342

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

343



344

VSED → death

< 14 days

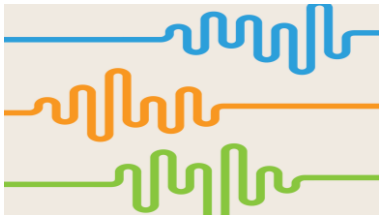
---

14 days **<** 6 months

345

but

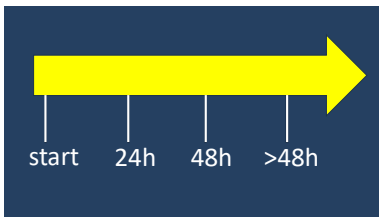
346



347

when does VSED make patient TI

348



349

not assessing symptoms

350

351

if Pt will **probably** continue VSED

then Pt **probably** dead <6 months

352

alternate basis for certification

353

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

→ later

354

355

inanition

+

underlying medical condition

356

357

F50.89

other specified eating disorder

358

challenges with VSED

359

clinical **&** ethical questions

360

1 eligibility

361

who is eligible for VSED

362

patient must have **capacity**

363

patient does **not** need terminal illness

364

but

365

does patient need a **serious** illness

366

what illnesses are serious **enough**

367

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

368

psychiatric consult

spiritual care evaluation

369

social work evaluation

ethics consult

370

371

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

372

hospice eligible

prognosis < 6 mo

373

incurable disease

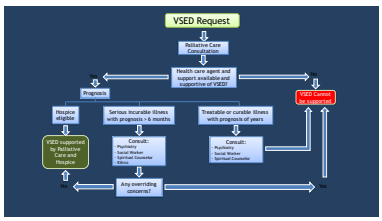
but **not** hospice eligible
prognosis > 6 mo

374

psychological & existential

prognosis > years

375



376

those are just some **eligibility** questions

377

in addition to **eligibility** questions …

378

2 MD-Pt discussion

379

how to **counsel** & advise

380

can you **raise** VSED as an option

or only **respond**

381

3 revocation

382

what if patient **asks** for water

383

capacity → give water

384

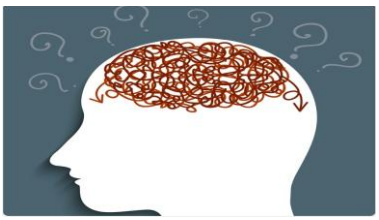
but

385

day 5

confused & delirious

386



387

reassess
mouth care
sprays & swabs

388

remind
patient of
VSED plan

389

show
patient her
own video

390

what if patient
persists in
requests?

391

give water
or
stick to VSED

392

those are just **some** of the issues

to address in policies & procedures

393

394

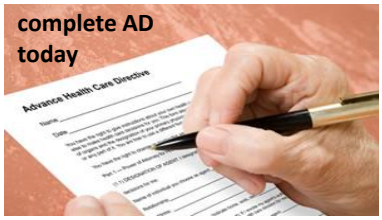
VSED by patient
with capacity

395

396

VSED by AD

397



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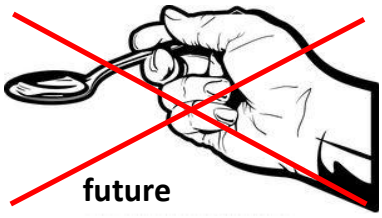


399

after patient loses capacity

400

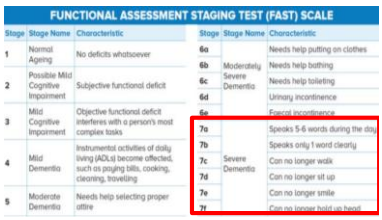
at **point** Pt specifies

401

402

clinical triggers

403

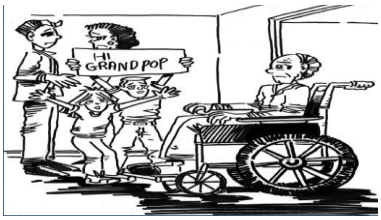


404

functional triggers

405

406



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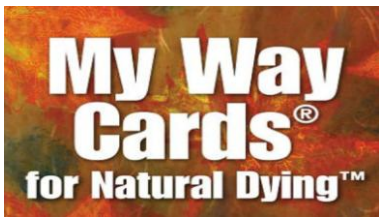

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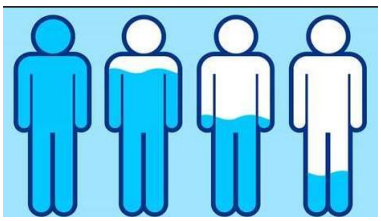

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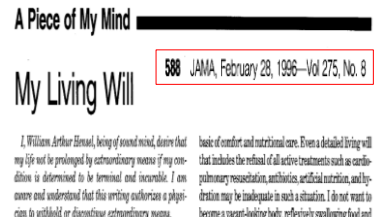

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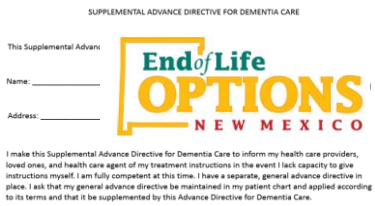

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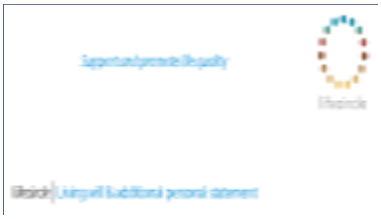

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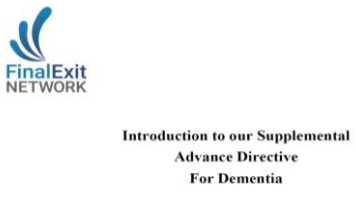

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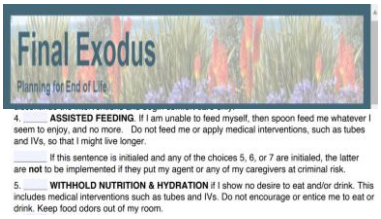

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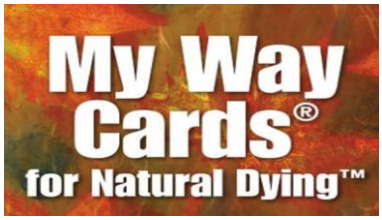

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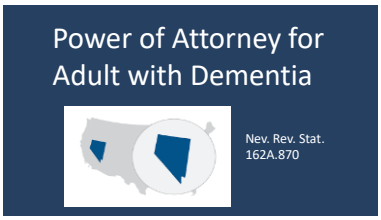

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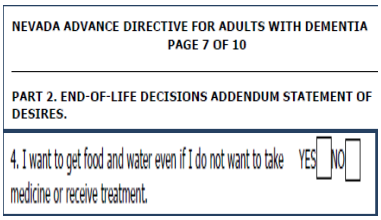

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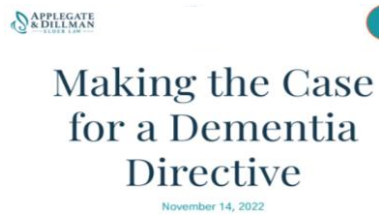

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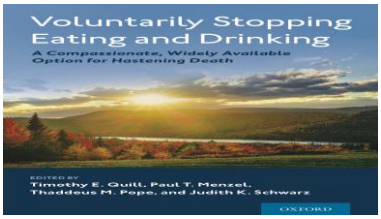


429

430

431

432

QUIZ TIME

433

have you **heard** of VSED ADs

434

have you **participated** with VSED AD
- have one myself
- in my family
- as clinician

435

why growth VSED by AD

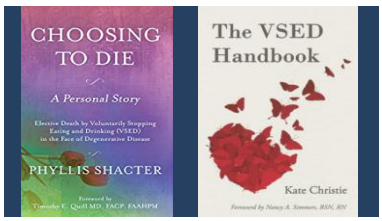
436

437

438

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

439



440

441

442

but

443

444

VSED while **still** have capacity

445

446

too **soon**

447

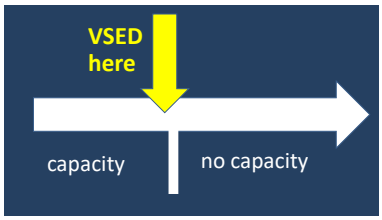
life **still** worthwhile

448

earliness problem

449

450



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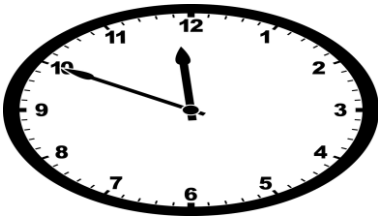


452

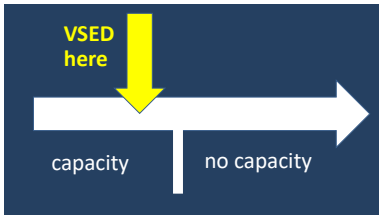
but

453

454

455

456



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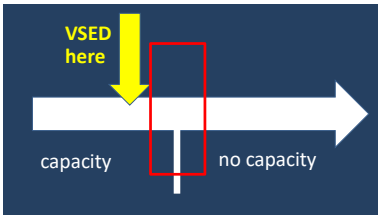


458

premature dying

459

current situation still acceptable

460

VSED **not** good option

461

at **this** time

462

not ready to die

463

concerned about **future** circumstances

464

lack capacity at future time

465

466

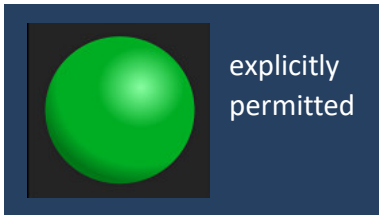
467

468

legality of VSED by AD

469

470



471

472

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 ☐

473

Vermont

474

"health care"

"**personal circumstances**"

Vermont § 9702(a)(12)

475

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

Vermont §§ 9702(a)(5), 9701(12)

476

477

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

478

479

~~advance directive~~

480

~~advance directive~~ ~~ONH~~

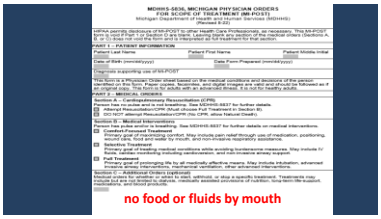
481

POLST

482

MI-POST

483



484

VSED
by **SDM**

485

not patient
asking VSED

486

substitute decision maker

487

is **that** legal

488

489

490

491

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, 707A.3, 726.24

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

492

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

493

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

494

SO…

495

Iowa agent may **not** direct VSED

496

497

498

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

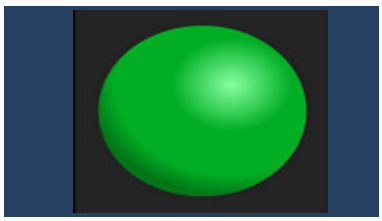
Wis. Stat. 155.20

499

but

500

501



502

patient advocate

503

appointed by patient

504

505

broad powers

506

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

Mich. Comp. L. Ann. § 700.5509

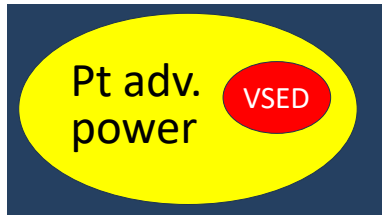
507

SO…

508

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

509



510

511

VSED not in **default** scope of patient advocate authority

512

explicit patient permission

513

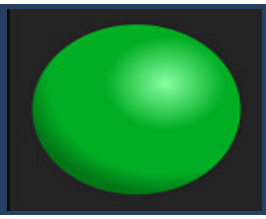
"patient advocate **may make** a decision to … allow a patient to die **only** if the patient has expressed in a **clear and convincing manner** that the patient advocate is authorized"

Mich. Comp. L. Ann. § 700.5509

514

515

516



517

patient advocate

518

~~default surrogate~~

519

2025 SB-482 / Michigan Medical Treatment Decisions Act

"**not** authorize … treatment … that … result … death"

520

521

conflict

522

prior self *vs* now self

523

524

Pt Adv directs VSED - per Pt instructions

525

VSED begins

526

but

527

528

529

whose wishes do we respect?

530

prior self *or* current self

531

now patient
or
then patient

532

533

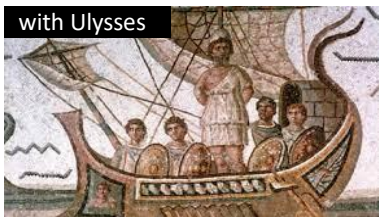
534

"**ignore** my future self"

535

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

536



537

prior self prevails

538

but

539

540

Ulysses clauses only for **mental** health treatment

541

542

incapacitated vetoes **count**

543

"**irrespective** of a previously expressed … desire, a **current** desire … is **binding** on the patient advocate"

Mich. Comp. L. Ann. § 700.5511

544

"**regardless** of … patient … inability … to participate in care … decisions"

545

legal problem

546

practical problem

547

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

548

549

550

551

so

552

to overcome **legal** obstacle in MI +

practical obstacle elsewhere

553

554

555

minimal comfort feeding

556

address **both** goals of **then** Pt

and

needs of **now** Pt

557

what is MCF

558

contrast

559

VSED

560

VSED / zero N&H

561

MCF / some N&H

562

563

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

564

contrast

565

comfort feeding only

566

CFO / upper limit

567

CFO

scheduled mealtimes

as much N&H until uncomfortable

568

MCF / **lower** limit

569

MCF

no scheduled mealtimes

only as much N&H needed for comfort

570

minimal comfort feeding

571

ONH

only for comfort

only responsive

572

573

MCF	CFO
2-3 weeks	**years**

574

HPM clinicians

>**80%** support for MCF

575

example

576

577

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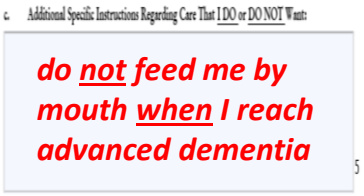

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Nov. 12, 2025

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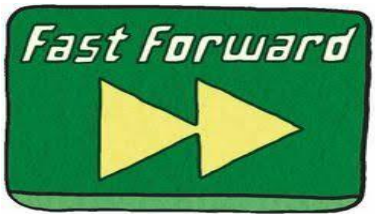

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2031

582

late-stage dementia
AD triggered
N&H stopped

583

584

585

MCF

586

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

587

die in 20D

rather than 10D

588

achieve Pt goal to avoid living into late-stage dementia

though - not as fast as VSED

589

and

590

avoid staff moral distress - from unmet present suffering

591

MCF

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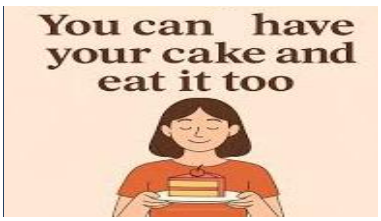

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conclusion

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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

598

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

Palliative Care & Social Practice

2022, Vol. 16: 1–10

DOI: 10.1177/...

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599

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

600

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

601

apm 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

602

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

603

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

604

2024

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Clinical Guidelines for Voluntarily Stopping Eating and Drinking (VSED)

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

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but

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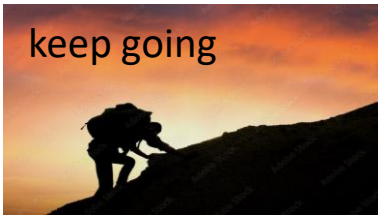

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develop policies & procedures at **your** institution

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Thank you!

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