Voluntary Stopping of Eating & Drinking (VSED)

C. WILLIAM DRONKOWSKI, MD

TRACY VILLARREAL, LCSW, CPHQ

Care Partners
an affiliate of the Oregon Nonprofit Hospice Alliance
ONHA

Practice Pointers

- VSED represents a unique self-initiated end-of-life option to hasten death in the setting of intolerable suffering or unacceptably prolonged dying due to a serious illness that is refractory to optimal palliative therapies.
- Evaluation should be ongoing, exploring the nature of the individual's physical, psychosocial, spiritual, and existential suffering.
- Thirst is the most commonly experienced symptom in individuals pursuing VSED and can be lessened with ointments, mouth swabs, and artificial saliva.
- In later stages, delirium can cause the individual to ask for food and drink, which needs to be anticipated and addressed in advance.
- Ethical and legal controversy is associated with VSED and should be navigated in shared decision-making between physician, individual, and family with input from the healthcare team.

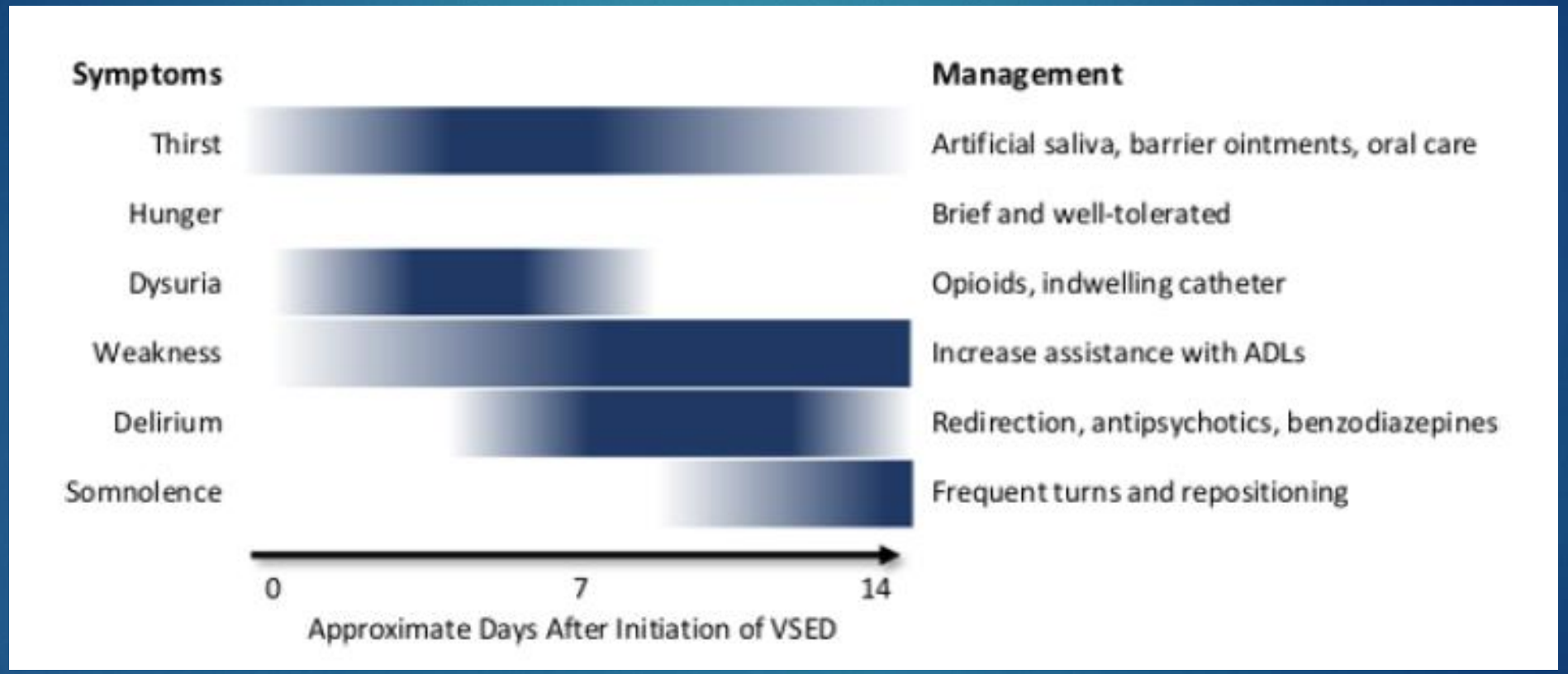
J Am Geriatr Soc 66:441-445, 2018

Table 1. Potential Candidates for Physician-Supported Voluntary Stopping of Eating and Drinking
1. Terminal or serious debilitating illness with intolerable suffering which remains after access to high-quality palliative care evaluation and support
2. Full decision-making capacity
3. Informed of risks/benefits and possible alternatives
4. Voluntary and free from coercion
5. Not influenced by mental illness or cognitive impairment
6. Support from main caregivers
7. The request for VSED is consistent with well-established patient values

Individual appropriateness for VSED

J AM GERIATR SOC 66:441-445, 2018

Approaches to general management of VSED-related symptoms



J Am Geriatr Soc 66:441-445, 2018

Palliation of thirst in the ICU patient

Key steps to assess and manage thirst in ICU patients:

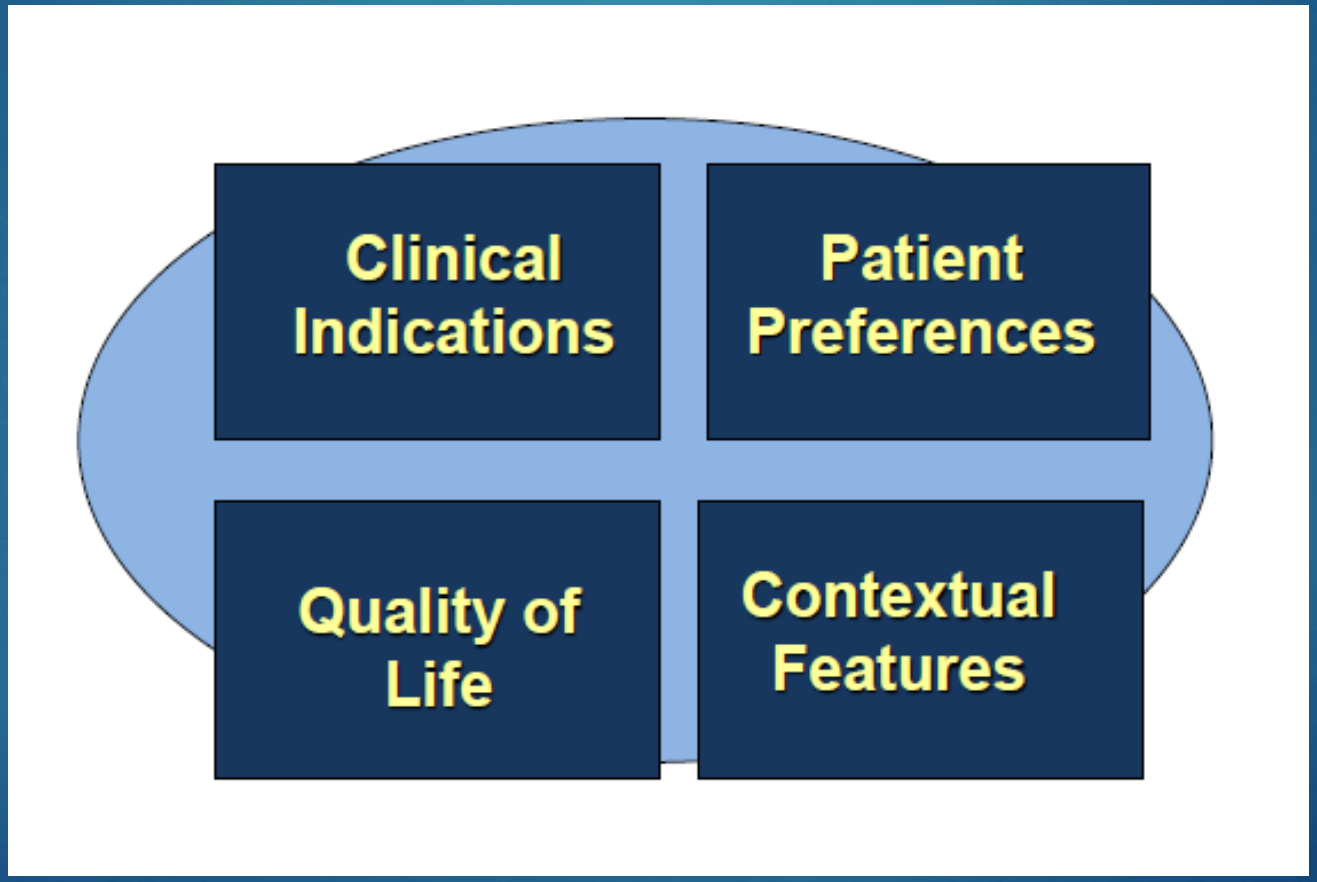
- Conduct regular thirst assessments in patients able to self-report
- Examine the mouth and tongue for dryness and cracking or infection, as indicators of thirst
- Recognize the risk profile for patient thirst including NPO status and administration of anticholinergic medications and opioids
- Assume that the patient is experiencing thirst
- Perform frequent mouth care
- Use water-soaked gauzes, water sprays and ice chips frequently when permissible
- Consider the use of artificial saliva
- Consider the use of heater-humidifiers in patients with high-flow O_2 therapy
- Evaluate and document the effectiveness of thirst interventions

Survival duration after the decision to forgo artificial nutrition and hydration

Duration	Absolute Number	Percent	Cumulative percent
0 to 2 days	50	28	28
3 to 7 days	56	31	59
1 to 2 weeks	28	16	75
2 to 6 weeks	17	10	85
Greater than 6 weeks	27	15	100

Source: Pasman HR et al., *Discomfort in nursing home patients with severe dementia in whom artificial nutrition and hydration is forgone*. Arch Intern Med 2005; 165:1729

Four principles of medical ethics



Situations that may arise under VSED

Situations That May Arise Under VSED

The following are examples of situations concerning VSED in which employees may find themselves involved.

Situation: A CP patient has requested information about VSED, but has not notified his/her family. How do staff members respond to questions from the family?
Response: As in any other situation, patient confidentiality must be maintained. Although the physician may request that the patient notifies his/her family, the patient is not required to do so. The patient is under no obligation to involve the family and employees need to respect the patient's choice. Educate family and offer Ethics Committee support.

Situation: A CP patient has requested to initiate VSED. How does staff take care of the patient?
Response: The staff continues caring for the patient as they would any other patient. CP policy states that no patient will be denied other medical care or treatment because of his/her participation in VSED.

Situations that may arise under VSED cont'd

Situation: A CP patient asks about VSED.
Response: VSED is brought up as an option to explore by many terminally ill people. Staff may continue care, in a neutral and nonjudgmental manner. Refer the patient to the attending physician if he/she requests specific information or indicates a desire to participate in VSED. Document the request in the medical record.

Situation: A terminally or chronically ill person who has expressed a desire to use VSED asks to be accepted into CP Hospice or Palliative Care program.
Response: The person will be accepted if they otherwise meet CP's admission criteria.

Situation: CP patient expresses a desire to use VSED.
Response: Staff may continue to help patients sort through their options in regards to hospice services. However, staff are not able to provide advice or specific information about VSED. Refer the patient to his/her physician. If the patient proceeds with initiating VSED, staff would continue to provide physical, emotional, or spiritual support for the person and family members, if requested, and if the staff members do not object. If the staff member has objections, he/she needs to request that another staff member be assigned to the patient.

Care Partners Policy

HOSPICE CARE FOR PATIENTS WHO CHOOSE TO HASTEN DEATH by VOLUNTARILY STOPPING EATING AND DRINKING

Policy Number: AD.P28
Page 1 of 2

Regulatory Citation(s): VSED-Journal of Hospice and Palliative Nursing 2014

POLICY STATEMENT: VSED, or Voluntarily Stopping Eating and Drinking, is a legal option for a terminally ill patient to hasten their death regardless of their comfort or pain levels. The following information provides guidelines for appropriate employee/volunteer responses in situations that may occur as a result of this action. The Ethics Committee is available to understand, evaluate and advise with respect to the wide range of ethical issues and problems that the staff may face in the provision of services to their clients, and will be available, as needed, on a semi-urgent basis to consult with staff where appropriate, when facing ethical dilemmas.

PHILOSOPHY: CP affirms the philosophy that dying is part of a natural process, and therefore, it seeks to neither hasten nor postpone the death of the patient. CP also affirms the philosophy that hospice does not abandon dying patients and their families. CP recognizes that there may be hospice patients who will wish to avail themselves of their legal rights under VSED. However, this policy also acknowledges that this is a decision that is to be made solely by the patient, and as a result, CP will continue to support patients who are choosing to make an informed decision that reflects their personal values and wishes.

Policy Cont'd

PROCEDURES:
Guidelines for Employee/Volunteer Interaction/Response:

All Patients should be encouraged to direct questions regarding VSED to their attending physician or IDG team member, who will respond within their professional boundaries.

1. In the course of their duties, CP employees and volunteers will not influence a patient's decision to end his/her life using this method.
2. No employee/volunteer will encourage or discourage a patient's request to participate in VSED, or make a value judgment about the patient's choices. Employees or volunteers who encounter this request should inform the rest of the IDG team.
3. Any employee/volunteer who is unable to be impartial in regards to a patient's decision may request reassignment. Reassignment will be handled in the usual manner.

Case Study – Mr. P

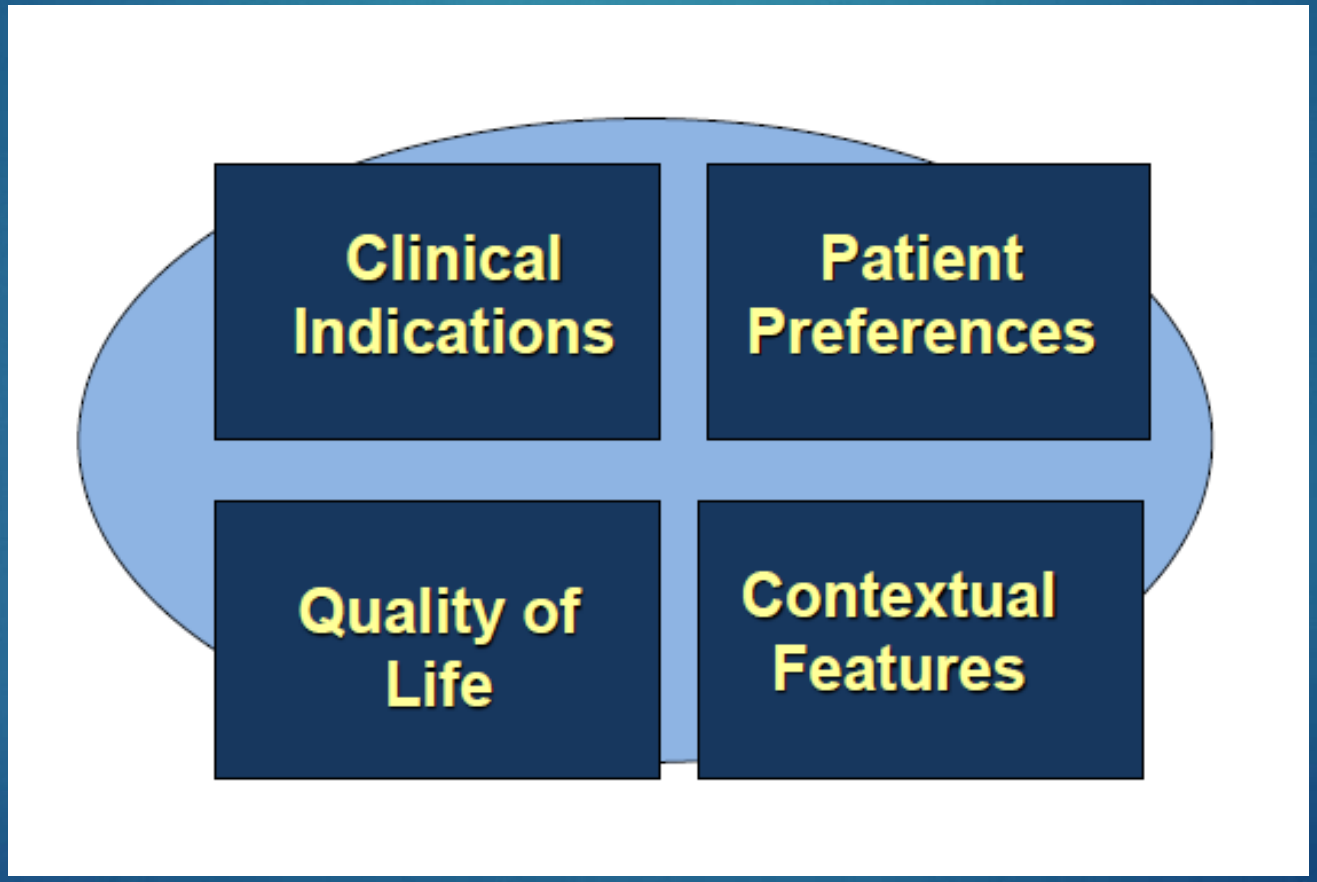
- 75 years old
- Living alone with a paid caregiver
- Daughter was designated as health care proxy
- Dx. not hospice-eligible, not considered terminally ill
- Plan to stop eating, then to stop drinking after 5 days of not eating
- When plan implemented, stopped drinking after 7 days
- Some medications given by caregiver to provide comfort
- Mr. P passed away 6 days after he stopped drinking

Principlist Biomedical Ethics

Autonomy	Respect for persons. Humans are a means unto themselves and not a means to an end. This encompasses the right to be free to make choices about your body.
Beneficence	Obligation to contribute to person's welfare. Interventions and provisions should provide benefit directly to the patient. This focuses on doing things that are of benefit to another. It requires positive steps to help, and not merely avoiding doing harm.
Nonmaleficence	Obligation not to inflict harm on other persons. Harm is to be avoided or minimized. Underlying tenet of medical professional mission statements (Hippocratic oath).
Justice	For health care, this is the distribution of health (and health care) in a fair and equitable manner. This requires attention to prioritization and rationing. There is no one just way to allocate resources, and most systems utilize several prioritization schemes in concert to attempt to achieve a just distribution.

- **The four principles are meant to be used in concert with each other and not in isolation. To use them one aims to uphold ALL of the principles for any issue. If one or more are violated, the violation needs to be minimal. Additionally, there is no hierarchy of principles – which principle is most important (or which two or three) is dependent on the context of the dilemma.**
- Principlist moral theory can be problematic in that there is no guidance for proceeding when the four principles cannot be balanced (or upheld). It also considers ONLY the four principles, although there are many other principles, considerations, and values to be considered and weighed into decision making in most ethical dilemmas.
- In western nations, such as USA, autonomy tends to have a higher emphasis than it may in other places.

Four principles of medical ethics



Questions?

THANK YOU!

To learn more about Care Partners palliative and hospice services

Visit our website at www.CarePartnersOR.org

Care Partners | ONHA
an affiliate of the Oregon Nonprofit Hospice Alliance