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Facing Dementia in the Community and the Clinic: New Challenges for Aging Societies

Thaddeus Mason Pope

JD, PhD, HEC-C

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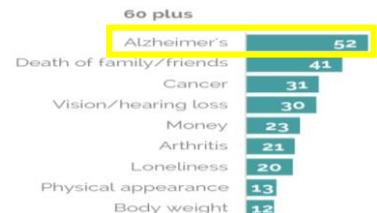
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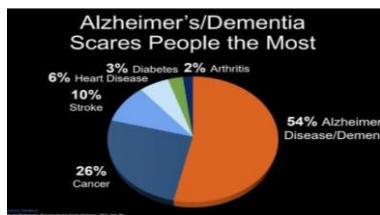
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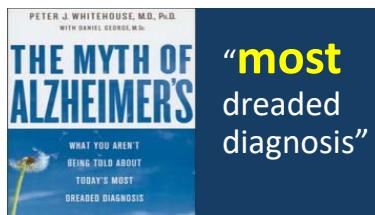
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8

**“most
dreaded
diagnosis”**

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

9

When People Facing Dementia Choose to Hasten Death:

The Landscape of Current Ethical, Legal, Medical, and Social Considerations in the United States

BY EMILY A. LARGENT, JANE LOWERS, THADDEUS MASON POPE,
TIMOTHY E. QUILL, AND MATTHEW K. WYNIA

10

Options for Hastening Death That Involve Medical Personnel	
Provider Refusing potentially life-sustaining interventions	Definition Decisions against or out of concern are potential life-sustaining interventions. These interventions commonly include cardiopulmonary resuscitation, mechanical ventilation and hydration, and potentially the administration of medications to relieve symptoms of pain or distress. Refusing life-sustaining treatment due to hasten death.
Voluntary stopping eating and drinking (VSED)	A decision to stop all food and fluid intake, including管饲, for the purpose of conserving life-sustaining interventions in advance directives or power of attorney documents. This may be done for months with the intention of hastening one's own death. A decision to start VSED is made by the patient, family members, or health care proxy, and must be done by mouth at some future point after leaving decision-making capacity.
Starving and drinking by advance directive, for which legal availability is U.S. jurisdiction is unclear	This involves the documentation of (and time reference to) an individual's preference to refuse food and fluids for a period of time. This is typically done by mouth at some future point after leaving decision-making capacity.
Medical aid in dying (MAID), in U.S. jurisdictions where legalized	This involves the prescription of a lethal dose of medication to a capable adult who has been diagnosed with a terminal illness and is in a primary diagnosis of dementia who meet the self-administration requirements of the law. MAID is available in Oregon, Washington, and the six-month prognosis requirement. Because all three require self-administration, MAID is not available for people with dementia.
Voluntary active euthanasia*	This entails physician administration of lethal medication via an injection or tube. It is illegal in all U.S. states except Oregon, Washington, and California. Euthanasia is illegal everywhere in the United States.
Euthanasia by advance directive*	This involves the documentation of a person's preference to receive physician administration of lethal medication via an injection or tube if a patient's explicit preference to receive physician administration of lethal

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FACT SHEET



Dementia and medical assistance in dying (MAID)

Can someone with dementia access MAID?

YES. In some cases, a person with dementia or another capacity-eroding condition can still make decisions about their care. If a person still has a person must have decision-making capacity during their eligibility assessments. If someone has already lost capacity and is no longer regaining that capacity, then MAID is no longer an option for them.

12

outside Canada
MAID is rarely
an option

13

VSED

14

roadmap

15

5 parts

16

what is VSED

17

what is VSED **by AD**

18

growingly
popular

19

legality of
VSED by AD

20

VSED by
surrogate

21

what is
VSED

22

Voluntarily
Stopping
Eating &
Drinking

23

patient **with**
capacity

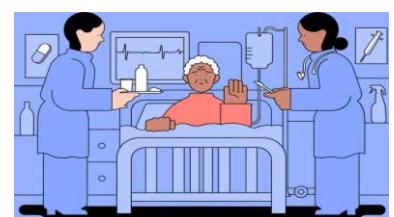
24

able to take food
& fluid by mouth

25

voluntary
decision
to stop

26



27

≠ ANH

28

≠

natural loss
appetite

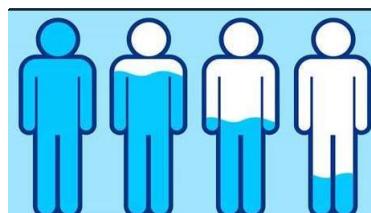
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deliberate choice
stop fluids
by **mouth**

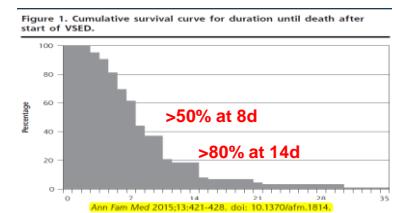
30

goal = death
from dehydration

31



32



33

**VSED is
legal**

34

sizable, settled,
and stable
consensus

35

**what is
VSED by AD**

36



37



38

after patient
loses capacity

39

at point
Pt specifies

clinical
triggers

40



41

42

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

43

functional
triggers

44



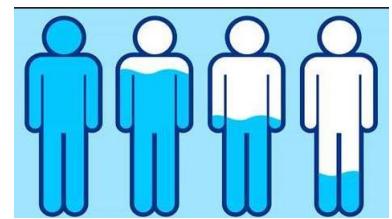
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46



47



48

prevalence VSED by AD

49



50

A Piece of My Mind

My Living Will

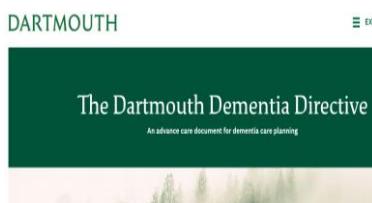
588 JAMA, February 28, 1996—Vol 275, No. 8

I, William Arthur Herrel, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and irreversible. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means, basic of comfort and nutritional care. Even a detailed living will that includes the refusal of all active treatments such as cardiopulmonary resuscitation, antibiotics, artificial nutrition, and hydration may be inadequate in such a situation. I do not want to become a vacant-looking body, reflexively swallowing food and water placed in my mouth, my eyes frozen inside while my life

51

>14 VSED
ADs

52



53



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

54



55

Dementia Provision Advance Directive Addendum



 The following document can be added to any advance directive to provide guidance regarding consent to or refusal of certain therapies. Once completed, signed and witnessed, it should be kept with the advance directive.



57

Support and promote life quality



lifecircle | Living will & additional personal statement

58

56

56



Introduction to our Supplemental Advance Directive For Dementia



4. **ASSISTED FEEDING** If I am unable to feed myself, then spoon feed me whatever I seem to enjoy, and no more. Do not feed me or apply medical interventions, such as tubes and IVs, so that I might live longer.

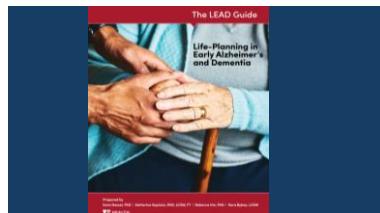
If this sentence is initiated and any of the choices 5, 6, or 7 are initiated, the latter are not to be implemented if they put my agent or any of my caregivers at criminal risk.

5. **WITHHOLD NUTRITION & HYDRATION** If I show no desire to eat and/or drink. This includes medical interventions such as tubes and IVs. Do not encourage or entice me to eat or drink. Keep food odors out of my room.

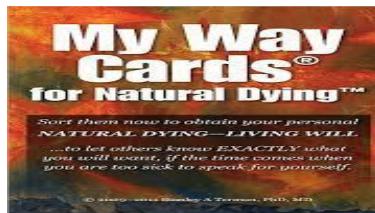
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61



62



Power of Attorney for Adult with Dementia



Nev. Rev. Stat.
162A.870

63

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 YES NO
medicine or receive treatment.

64



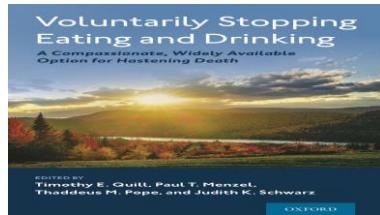
Making the Case for a Dementia Directive

November 14, 2022

65



66



67



68

WashingtonLawHelp.org



Legal Topics • Legal Directory • Self-Help Forms • Get Legal Help • Eviction Help • About Us

Name • All Topics • Planning Ahead/Seniors Search for Your Issue

[Planning Ahead / Seniors](#)

69



70



71



72



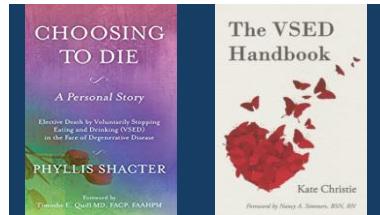
73



74

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

75



76

but



78

VSED while
still have
capacity

79



80

too soon

81

life **still**
worthwhile

82

earliness
problem

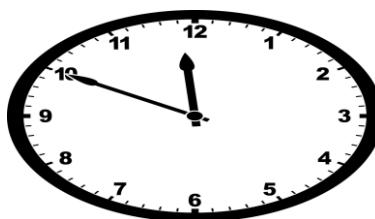
83



84



85



86

but

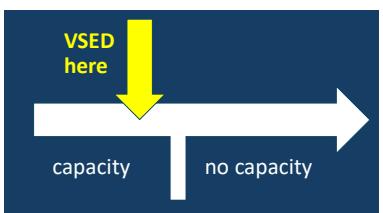
87



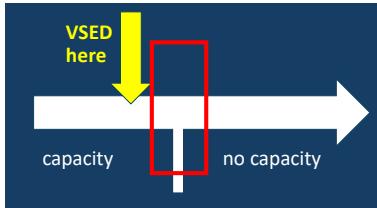
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89



90



91

premature
dying

92

current situation
still acceptable

93

VSED **not** a
good option

94

at **this** time

95

not ready
to die yet

96

concerned
about **future**
circumstances

97

lack capacity
at future time

98



99



100



101



102



103



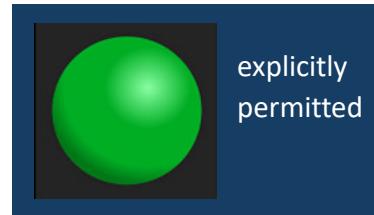
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105



106



107



108

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 YES NO
medicine or receive treatment.

109



110



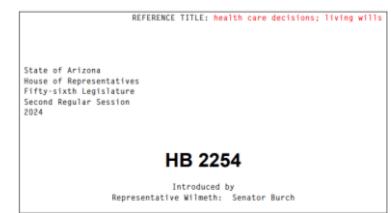
111

"adult may prepare a ...
living will **to control the**
health care treatment
decisions that can be made
on that person's behalf"

112



113



114



115

control health
care treatment
decisions ...

116

"**including** ... under
what circumstances ...
ingestion of **food and**
liquids may be limited
or discontinued"

117

Vermont



118

“health care”
“personal
circumstances”

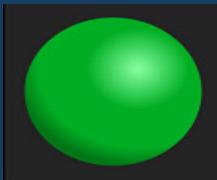
Vermont § 9702(a)(12)

“services to assist
in **activities of**
daily living”

Vermont §§ 9702(a)(5), 9701(12)

119

120



121



122

explicitly
prohibited

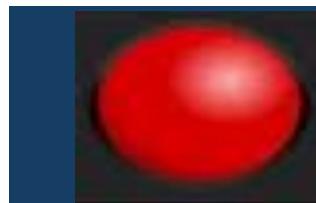


123

ADs only for **HC**
ONH ≠ HC

ADs **not** for ONH

124



125



no explicit
permission
no explicit
prohibition

126

right to refuse
health care
treatment in AD

127

but

128



129

ventilator
dialysis
CPR
antibiotics
feed tube

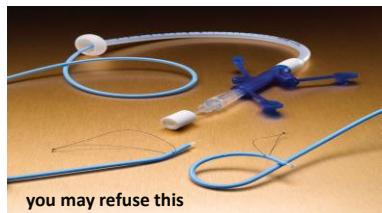
130

oral N&H =
“treatment”

131

basic care

132



133



134



135

not explicit
and direct
like NV AZ VT

136

that's okay

137

AD laws do not
separately address
ICD, MV, dialysis,
antibiotics...

138



139

MINNESOTA STATUTES 2022		145C.01	
CHAPTER 145C			
HEALTH CARE DIRECTIVES			
145C.01	DEFINITIONS.	145C.10	PRESUMPTIONS.
145C.02	HEALTH CARE DIRECTIVE.	145C.11	IMMUNITIES.
145C.03	REQUIREMENTS.	145C.12	PROHIBITED PRACTICES.
145C.04	EXECUTED IN ANOTHER STATE.	145C.13	PENALTIES.
145C.05	SUGGESTED FORM, PROVISIONS THAT MAY BE	145C.14	PROHIBITED PRACTICES NOT CONDONED.
145C.06	WHEN EFFECTIVE.	145C.15	DUTY TO PROVIDE LIFE-SUSTAINING HEALTH CARE.
145C.07	AUTHORITY AND DUTIES OF HEALTH CARE AGENT.	145C.16	SUGGESTED FORM.
145C.08	AUTHORITY TO REVIEW MEDICAL RECORDS.	145C.17	OPPRESSED INSTRUCTIONS ENTERED INTO HEALTH RECORD.
145C.09	REVOCATION OF HEALTH CARE DIRECTIVE.		

140

your AD can
address
health care

141

145C defines
“health care”
broadly

142

“**any care**, treatment,
service, or procedure
to ... affect a person's
physical ... condition”

143

“health care”
includes food
& fluids

144

SO ...

145

MN ADs **may**
direct VSED

146

and ...

147

clinicians may
& should
honor them

148

**BIGGEST
PROBLEM**

149

t

150

prior **vs** now
self self

151

patient **has**
VSED AD

152

time to
honor AD

153

but

154



155

whose wishes
do we respect?

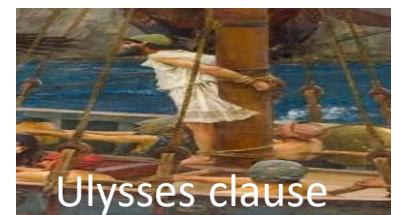
156

prior self
or
current self

157

now patient
or
then patient

158



159

ignore my
future self

160

stick to VSED
plan in the AD

161



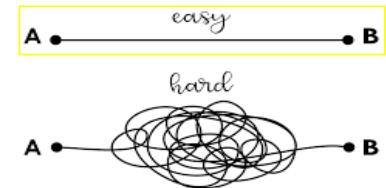
162

**prior self
prevails**

163



164



165

**no need for a
Ulysses clause
in the AD**

166

incapacitated
objections are
already legally
irrelevant

167

MINNESOTA STATUTES 2022		145C.01
CHAPTER 145C		
HEALTH CARE DIRECTIVES		
145C.01 DEFINITIONS.	145C.10 PRESUMPTIONS.	
145C.02 HEALTH CARE DIRECTIVE.	145C.11 IMMUNITIES.	
145C.03 REQUIREMENTS.	145C.12 PROHIBITED PRACTICES.	
145C.04 EXECUTED IN ANOTHER STATE.	145C.13 PENALTIES.	
145C.05 SUGGESTED FORM; PROVISIONS THAT MAY BE	145C.14 PRACTICES NOT CONDONED.	
REMOVED.	145C.15 DUTY TO PROVIDE LIFE-SUSTAINING HEALTH	
145C.06 WHEN EFFECTIVE.	CARE.	
145C.07 AUTHORITY AND DUTIES OF HEALTH CARE	145C.16 SUGGESTED FORM.	
AGENT.	145C.17 OPIOID INSTRUCTIONS ENTERED INTO HEALTH	
145C.08 AUTHORITY TO REVIEW MEDICAL RECORDS.	RECORD.	
145C.09 REVOCATION OF HEALTH CARE DIRECTIVE.		

168

“health care directive
... **remain in effect**
until the principal
modifies or revokes”

169

“principal
with ... capacity
... may revoke”

170

patient with late-
stage dementia
cannot revoke

171

SO...

172

clinicians may and
should **follow** her
VSED directive

173

-O-O-O-O-O-O-O-O-
in ALIGNMENT
-O-O-O-O-O-O-O-O-
out of ALIGNMENT

174



175

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

2019

176

duties to
current self
are primary

177

give water to
LTC resident

178

despite
VSED directive

179

but

180

2023

181



182

honor the VSED AD

183

VSED by surrogate

184



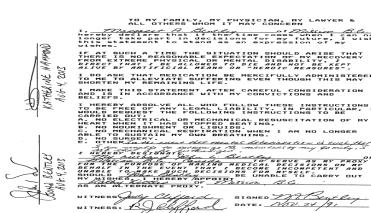
185

incomplete vague

186



187



188

NO NOURISHMENT OR LIQUIDS.

189

oral food & fluids
nutrition & hydration by **mouth**
hand- feeding
spoon- feeding
normal feeding

190

or

191

not completed
at all

192

patient **not**
requesting VSED
for themselves

193

surrogate requests
VSED for Pt

194

Legal

Permitted by law
by law, allowed, recogni-
or not in violation of law
in conformity with statu-
regulations, principles,

195

surrogates may
often make the
same decisions
as patients

196

but

197



198



199



200



201



202

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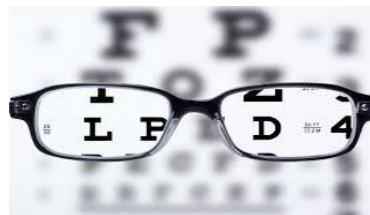
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When People Facing Dementia
Choose to Hasten Death:

210



211



212

*Thank
you!*

213



214



215