

# **Under-examined End-of-Life Option: Hastening Death by Voluntarily Stopping Eating and Drinking (VSED)**

**Dying in the Americas**

**Henderson, NV - Mar. 24, 2018**

**Thaddeus Mason Pope, JD, PhD**

**Mitchell Hamline Health Law Institute**

**who**

**am I?**

I am a law  
professor

Who else?





# Saint Paul, MN







Since

2012

Before  
that:





Pittsburgh, PA



# Georgetown bioethics

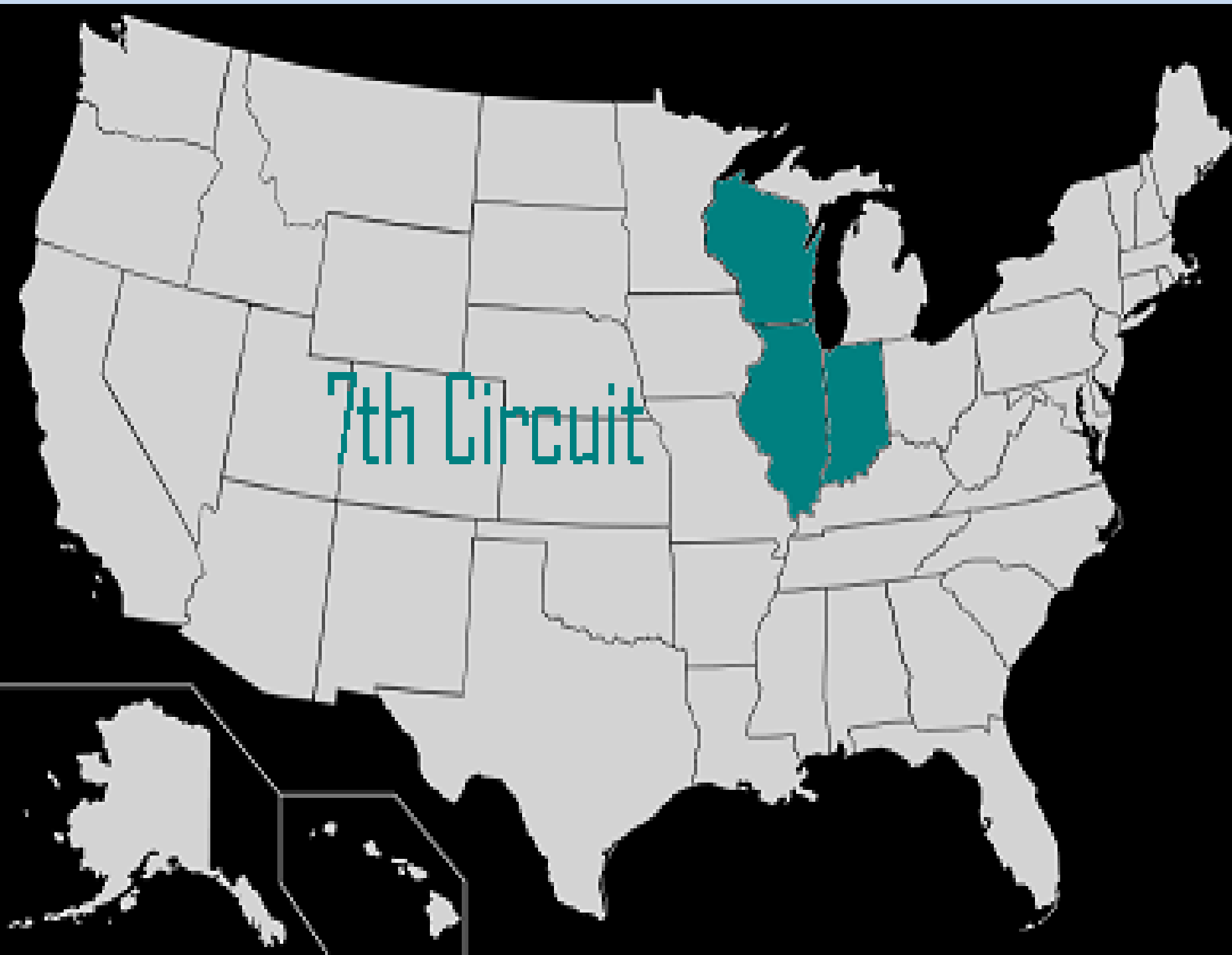






Georgetown Law





7th Circuit



# Los Angeles





THE UNIVERSITY OF  
**MEMPHIS**®







Philadelphia



I am a **law** professor.

But I often speak and  
write directly to

**clinicians**





# The NEW ENGLAND JOURNAL of MEDICINE

# JAMA<sup>®</sup>

The Journal of the American Medical Association



A M E R I C A N C O L L E G E O F



# C H E S T

P H Y S I C I A N S<sup>®</sup>

VOLUME 9 | ISSUE 1 | JANUARY 25, 2018

James O. Armitage, MD  
*Editor-in-Chief*

# The ASCO® Post

NEWS AND VIEWS FROM THE WORLD OF CLINICAL ONCOLOGY AND HEMATOLOGY

New Oncology Drugs and

Preserving Sexual Function

NSCLC Guidelines



Advance Directives & POLST

Hastening Death – VSED

Hastening Death - MAID

Medical Futility

Surrogate Decision Making

Right to Die & UMT

Brain Death & Organ Donation

Conscience Based Objections

Healthcare Ethics Committees

# **THE RIGHT TO DIE**

## **The Law of End-of-Life Decisionmaking**

**Third Edition**

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**Alan Meisel  
Kathy L. Cerminara  
Thaddeus M. Pope**



**Medical**

**Futility Blog**

4 million pageviews

# Introduction

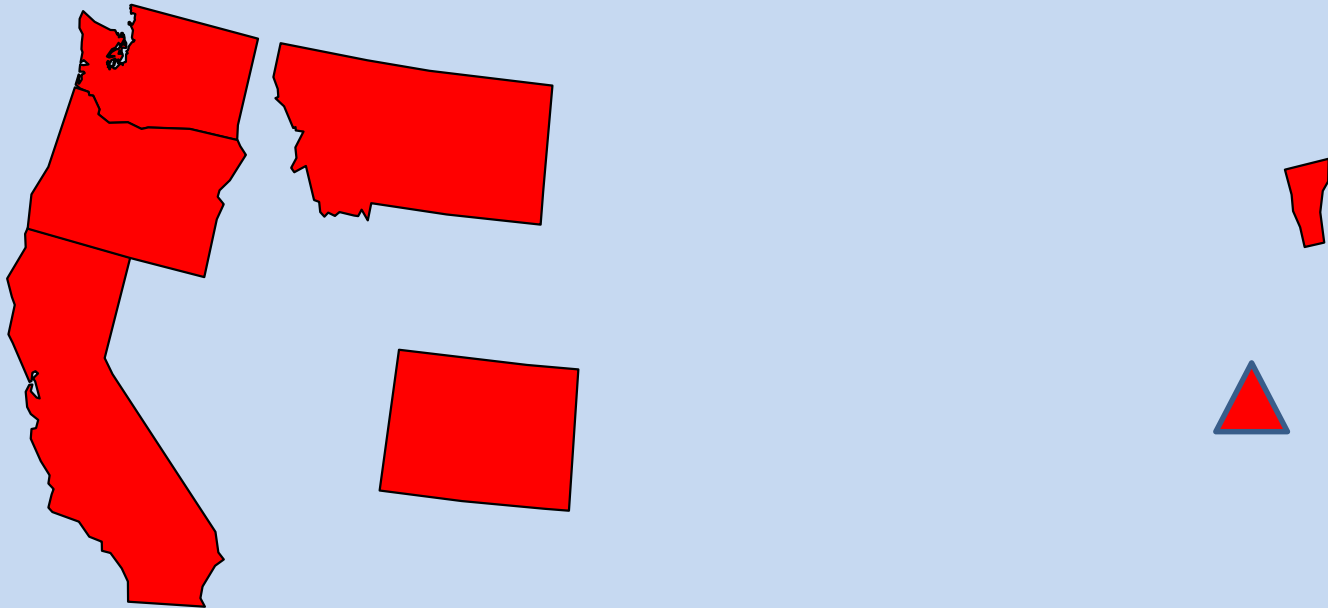
More & more  
jurisdictions  
**expanding**  
EOL liberty

Most VISIBLE exit option

Medical  
aid in dying



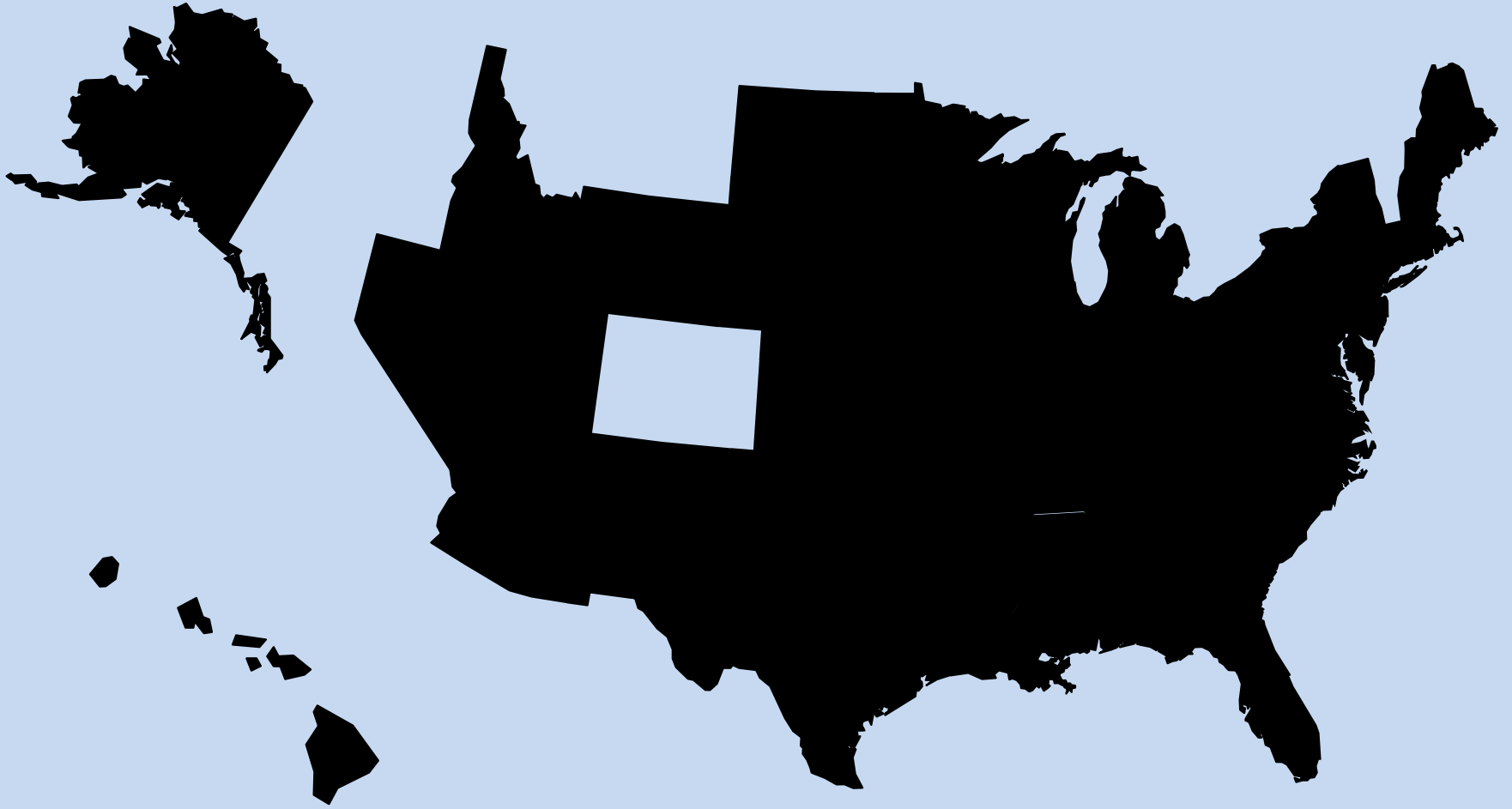
# MAID legal in 7 US states



Maybe soon 9



MAID illegal in 49



**SO:**

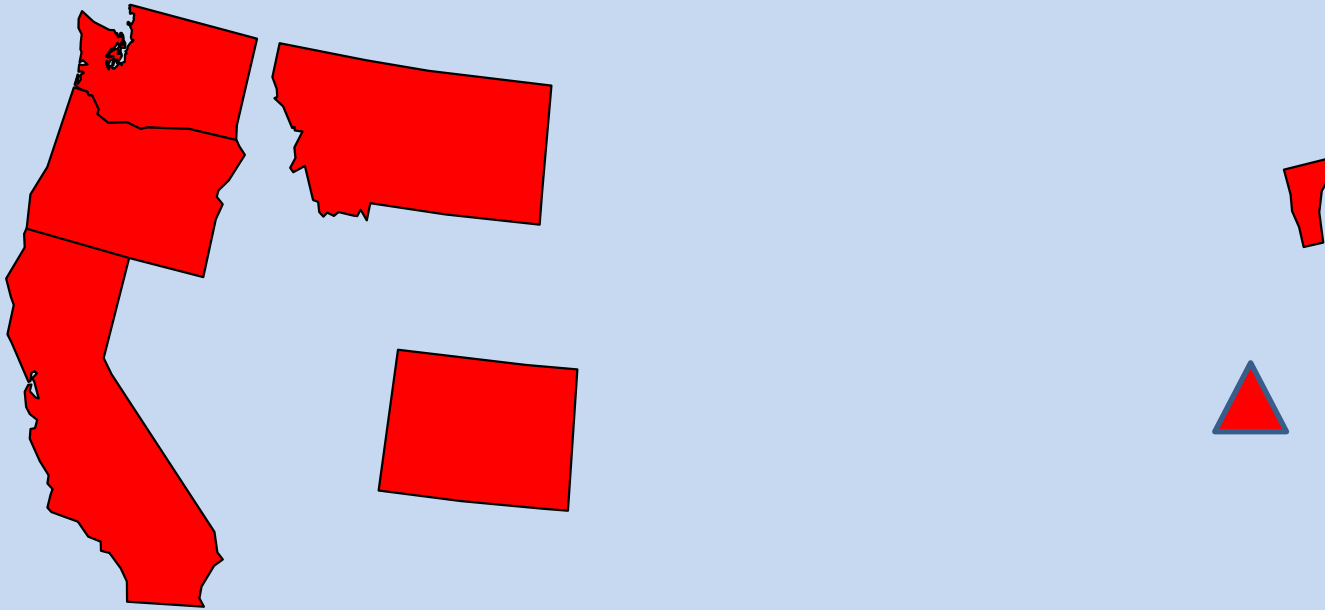
**Other** exit

options

# Dementia challenge

raised **repeatedly**

Challenge even in  
these states





**Cannot** satisfy

2 conditions

at same time

**1**

Terminal  
illness

“incurable and  
irreversible . . .  
condition . . .  
death within  
**six months.”**

2

Capacity

“solely and directly  
by the individual . . .

**not . . . advance**

**directive”**



**BU T**

Capacity →

not terminal

Terminal →

no capacity



American College of Physicians  
Leading Internal Medicine, Improving Lives

**Arbitrary discrimination**



S P E C T A C U L A R  
A L A S K A

Kevin Sampson

2001

U N I V E R S E





Canada 

Dec. 2018





At least 10 years away

# Benelux



Netherlands



Belgium



Luxembourg

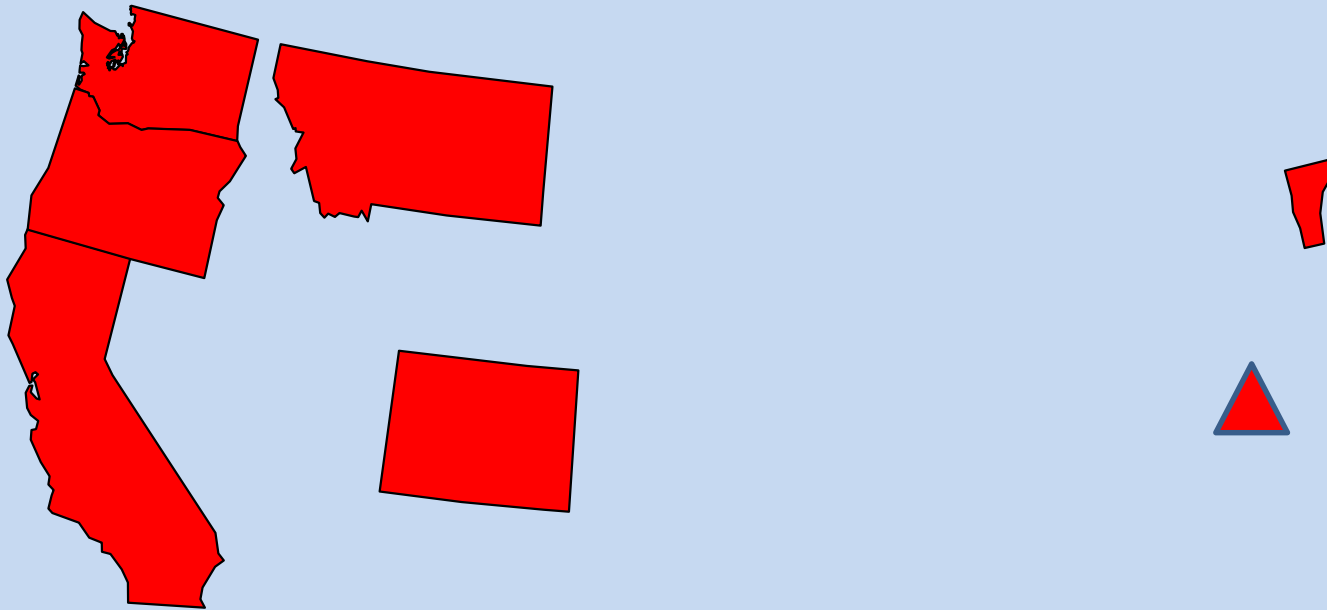


**No** “advance”

MAID in the

Americas

# No help for dementia even here



**SO:**



again

**Other** exit

options

**VSEED**

**V**oluntarily

**S**topping

**E**ating &

**D**inking

MAID gets

massive

attention



**neglected in academic & policy circles**



**Define**

**VSED**

3

Physiologically  
**able** to take food  
& fluid by mouth

Voluntary,

**deliberate**

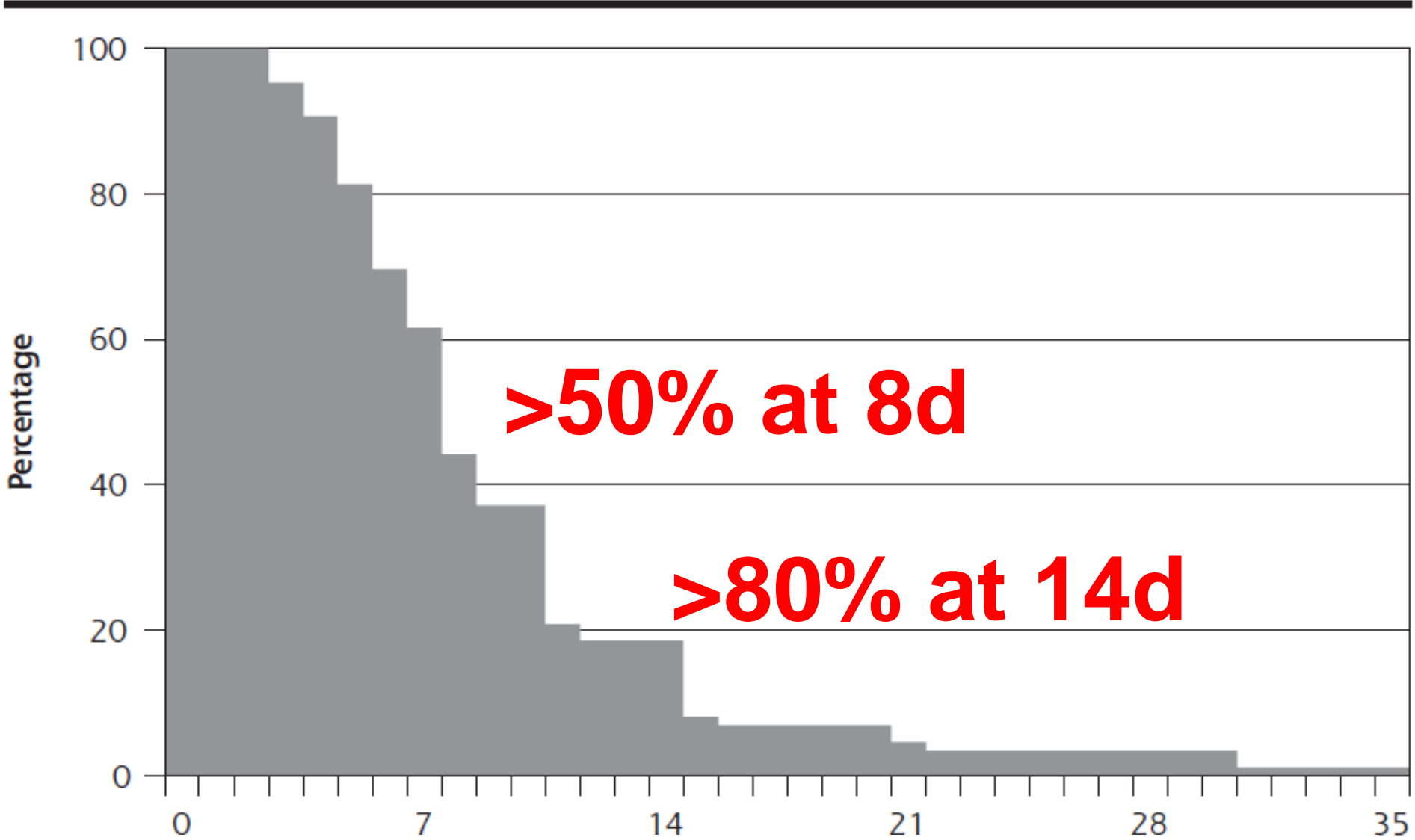
decision to stop

**Intent:** death

from dehydration



Figure 1. Cumulative survival curve for duration until death after start of VSED.



**Bad**

**rap**



“Must legalize  
MAID . . . or  
else . . . VSED”

**Actually**

**Peaceful**

**Comfortable**



**1**

**1<sup>st</sup> person**

**narratives**



*Narrative  
Inquiry in  
Bioethics*

A JOURNAL OF QUALITATIVE RESEARCH

FEATURING:

**NARRATIVE SYMPOSIUM**

Patient, Family, and Clinician Experiences  
with Voluntarily Stopping Eating And Drinking (VSED)  
*Thaddeus Mason Pope, Symposium Editor*

75

**RESEARCH ARTICLE**

A Qualitative Study of US Clinical Ethics Services:  
Objectives And Outcomes  
*Leah McClimans, Geah Pressgrove, and James Rhea*

127

**CASE STUDY**

Ethical Challenges in the Care of  
the Inpatient with Morbid Obesity  
*Paul L. Schneider and Zhaoping Li*

145

Symposium: Patient, Family, and Clinician Experiences  
with Voluntarily Stopping Eating And Drinking (VSED)

Volume 6

Number 2

Summer 2016

A woman with short, curly white hair, wearing a bright pink long-sleeved top and dark pants, stands on a stage. She is gesturing with her hands as if speaking. To her right is a large, three-dimensional red 'X' structure. In front of the 'X' is a wooden chair with a black seat. To her left is a small table with a blue and white patterned tissue box. The background is dark with some stage lighting equipment visible.

Phyllis  
Schacter





Frank Tugend and his grandson, Dan Jury, 1954.



Dan Jury and his grandfather, Frank Tugend, 1974.

2



# Medical journals

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.

>100 Oregon

nurses cared for

VSED patients

Most deaths:

“**peaceful**, with  
little suffering”

“opportunity for  
reflection, family  
interaction, and  
mourning”

**Not** for

everyone



NATIONAL BESTSELLER

# *On My Own*

---

*Diane Rehm*

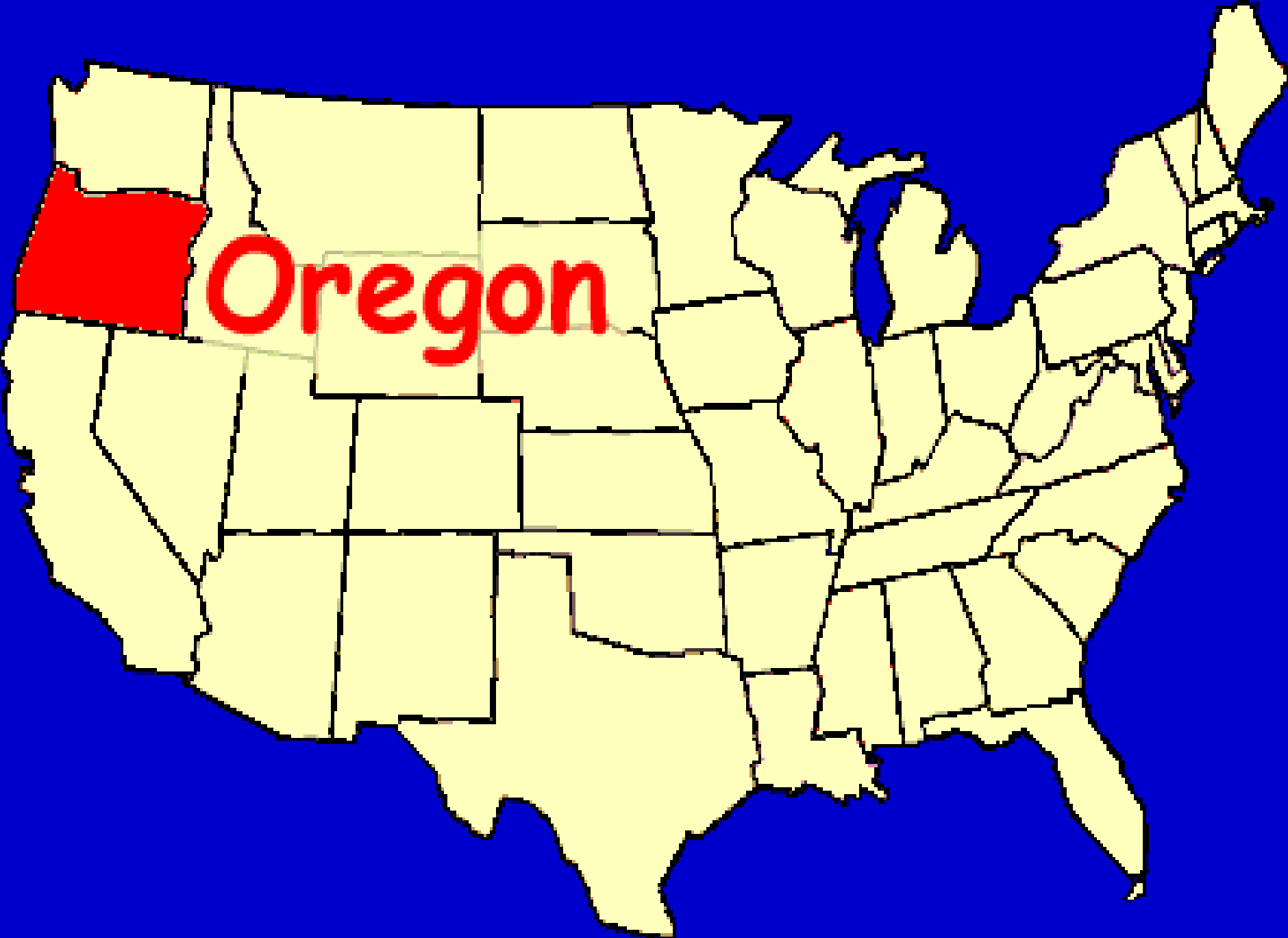
"Clear, moving and completely honest. . . . Diane Rehm has again found her voice, and, as she has always done, she speaks passionately and courageously about issues that concern us all."

—*The Washington Post*



**Preferred**

by many



Oregon

Even though MAID  
available, “almost  
twice” chose VSED

**Good**

**option**

# Voluntarily Stopping Eating and Drinking Among Patients With Serious Advanced Illness— Clinical, Ethical, and Legal Aspects

Timothy E. Quill, MD; Linda Ganzini, MD, MPH; Robert D. Truog, MD; Thaddeus Mason Pope, JD, PhD



# Journal of the American Geriatrics Society



Leading Change. Improving Care for Older Adults.

**SPECIAL ARTICLE:  
PALLIATIVE PRACTICE POINTERS**

## Voluntary Stopping Eating and Drinking

*John W. Wax, MD, Amy W. An, MD, Nicole Kosier, MD, and Timothy E. Quill, MD*

3

**Growing**

professional

society

endorsements

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# POSITION STATEMENT



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## 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

JOURNAL OF PALLIATIVE MEDICINE

Volume 20, Number 1, 2017

Mary Ann Liebert, Inc.

DOI: 10.1089/jpm.2016.0290

# Position Statement

## International Association for Hospice and Palliative Care Position Statement: Euthanasia and Physician-Assisted Suicide

Wien Med Wochenschr

<https://doi.org/10.1007/s10354-018-0629-z>



CrossMark

**wmw**  
Wiener Medizinische Wochenschrift

## Freiwilliger Verzicht auf Nahrung und Flüssigkeit um das Sterben zu beschleunigen

Eine Stellungnahme der österreichischen Palliativgesellschaft (OPG)

Angelika Feichtner · Dietmar Weixler · Alois Birklbauer

Eingegangen: 6. September 2017 / Angenommen: 7. Februar 2018

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**Legal**

**concerns**





**Clinician  
involvement  
very important**

**BUT**

# Uncertainty & reluctance

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

> 600 palliative  
care physicians

<i>Action that might be misperceived</i>	<i>Mean rating of risk</i>	<i>SD</i>	<i>Actual number of physicians who were accused based on this action</i>
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	1.1	2
Stopping artificially delivered nutrition/hydration	3.6	1.1	0
Stopping oral nutrition/hydration in a patient who can eat/drink when requested by the patient	3.3	1.2	0
Use of palliative and sedative medications in the process of discontinuing mechanical ventilation	3.2	1.3	6
Stopping dialysis	3.1	1.2	0
Use of barbiturates for symptom treatment	2.9	1.1	2
Use of opiates for symptom treatment	2.8	1.2	13
Use of benzodiazepines for symptom treatment	2.3	1.0	1
Other	N/A	N/A	6



Prohibited

Unsure

Permitted

Almost never: express prohibition

A close-up photograph of a standard octagonal stop sign. The sign is red with a white border and the word "STOP" in white, bold, sans-serif capital letters in the center. The sign is mounted on a dark, textured post. The background is dark and out of focus.

STOP



No U.S.

jurisdiction

expressly

prohibits VSED

# BUT

Absence of a red light

**not** good enough

Clinicians want **express** permission

GO

No **statutory**

permission

No **judicial**

precedent

No red lights

No green lights

**Lack** of clarity &  
guidance





**neglected in academic & policy circles**







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Toll Free: 1-800-461-3008 (in BC)  
Fax: 604-733-3503

## **FINAL DISPOSITION REPORT OF THE INQUIRY COMMITTEE**

**February 13, 2018**

**CPS File No: IC 2017-0836**

**Complainant: Internal (referral from BC Coroners Service)**

**Subject Physician(s):           Dr. Ellen Wiebe**

---





Providers

ask

Is VSED

legal?

Is VSED

illegal?

**Wrong**

questions





Law is rarely binary

Risk

assessment

Measure

Mitigate

2

case

types

**1**

VSED **now**

by patient

with capacity

2



Advance  
directive for  
VSED **later**

(when Pt lacks capacity)

**VSED now,  
patient with  
capacity**

# Extremely

# low risk

of sanctions – criminal, civil, regulatory

4

Arguments

**1**

**Right to  
refuse  
medical  
measures**

Well established

> 4 decades

**Right to  
refuse  
medical**



Vent

Dialysis

CPR

Antibiotics

Feed tube



Vent

Dialysis

CPR

Antibiotics

Feed tube



**VSED**

Unclear





**Vent**

**Dialysis**

**CPR**

**Antibiotics**

**Feed tube**

**ICD**

**VSED**

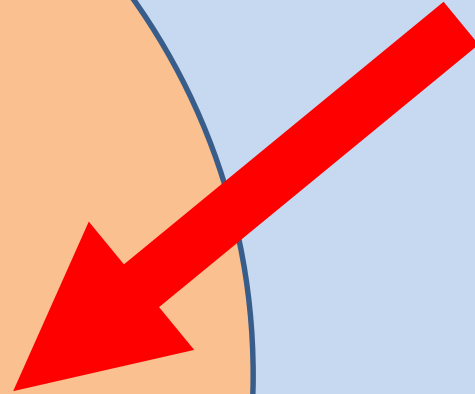
**Vent**

**Dialysis**

**CPR**

**Antibiotics**

**Feed tube**



**Not DIY**

Part of a broader  
**treatment** plan

**Supervised** by  
licensed healthcare  
professionals





# Harvard CEC

# **PAVUSED**

**Palliated & Assisted**

Voluntarily Stopping

Eating and Drinking

# PAVSED

Highlights **medical role** in  
palliating symptoms

Highlights the **direct care staff**  
role in providing assistance

**Recognized** as  
healthcare by  
medical  
profession

**More** position

statements

(e.g. ANA,

IAHPC)

**More** clinical  
practice  
guidelines

## Caring for people who consciously choose not to eat and drink so as to hasten the end of life





COLLÈGE DES MÉDECINS  
DU QUÉBEC



**Recap**

ONH =

“treatment”

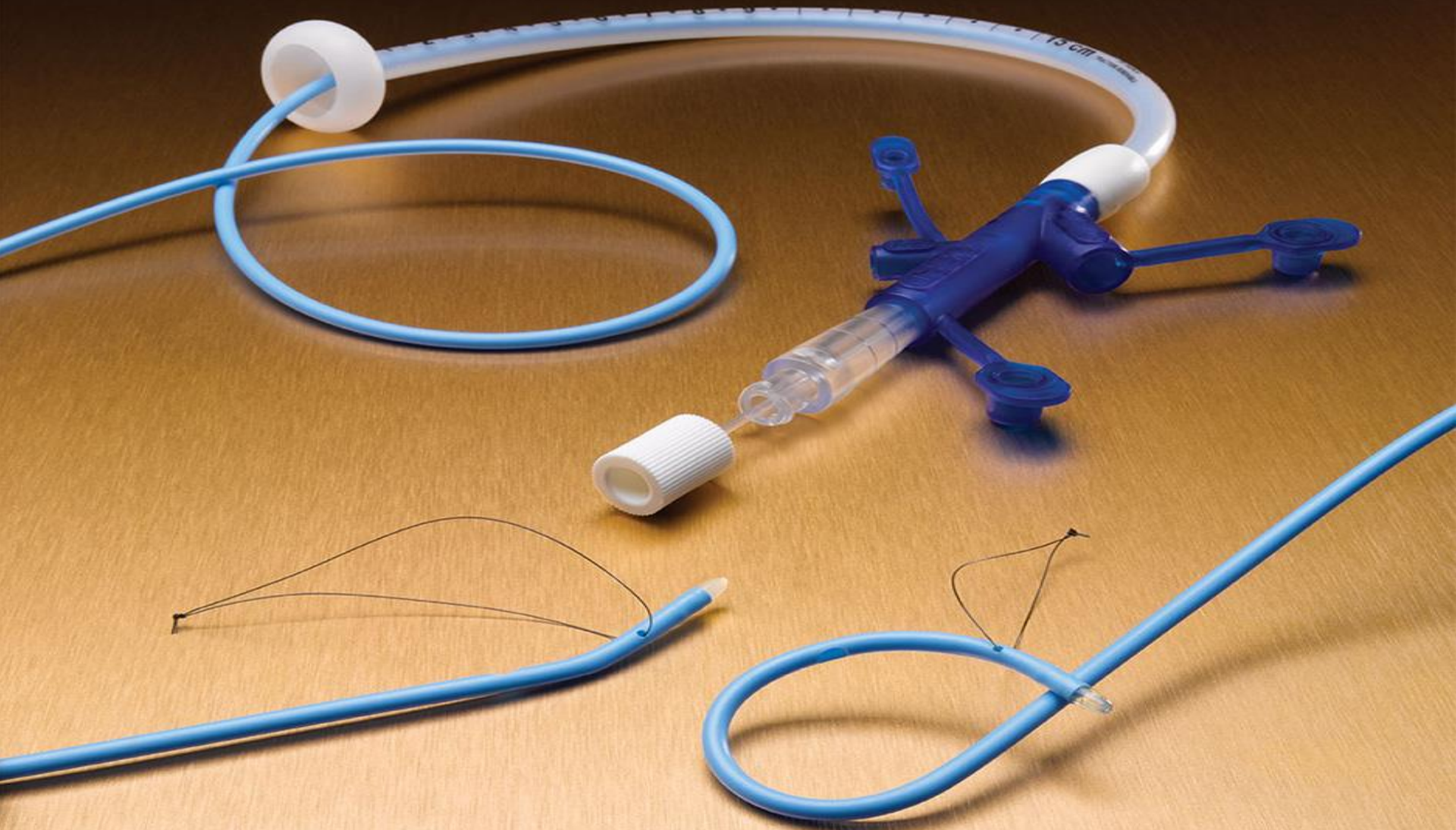
**Right to  
refuse  
medical**

**VSED**

**BU T**



**Barely** established  
ANH = medical treatment

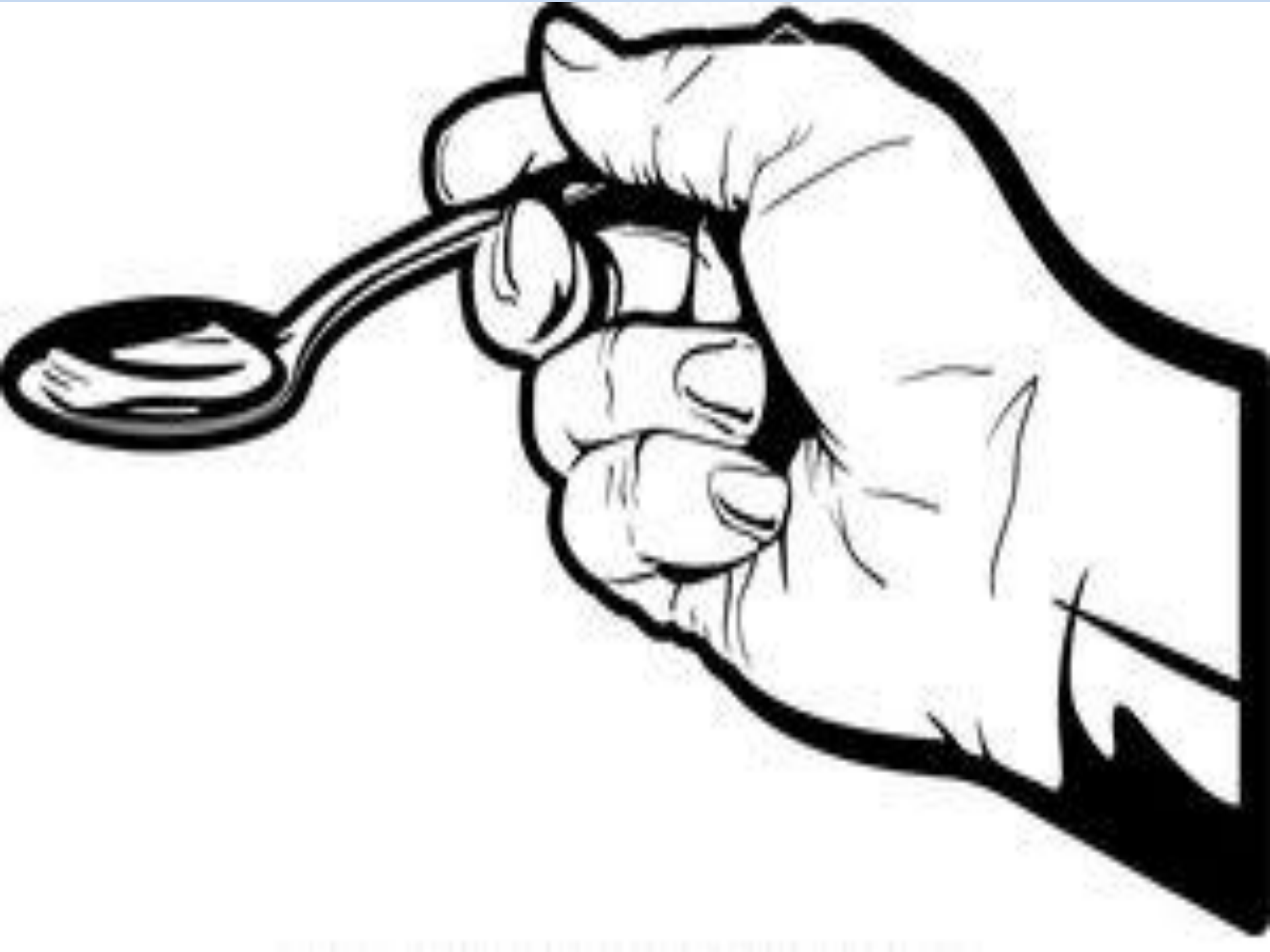


Medical b/c not “typical human”



Implies  
ONH is  
not  
medical







ONH  $\neq$

“treatment”

**VSED**

**Right to  
refuse  
medical**

**2**

**Right to**

**refuse**

**unwanted**

**measures**

Does **not** matter  
whether food &  
fluid is “medical  
treatment”

Right to refuse  
any intervention  
(medical **or not**)

Unwanted contact

**Even if** clinically

beneficial

**Battery**



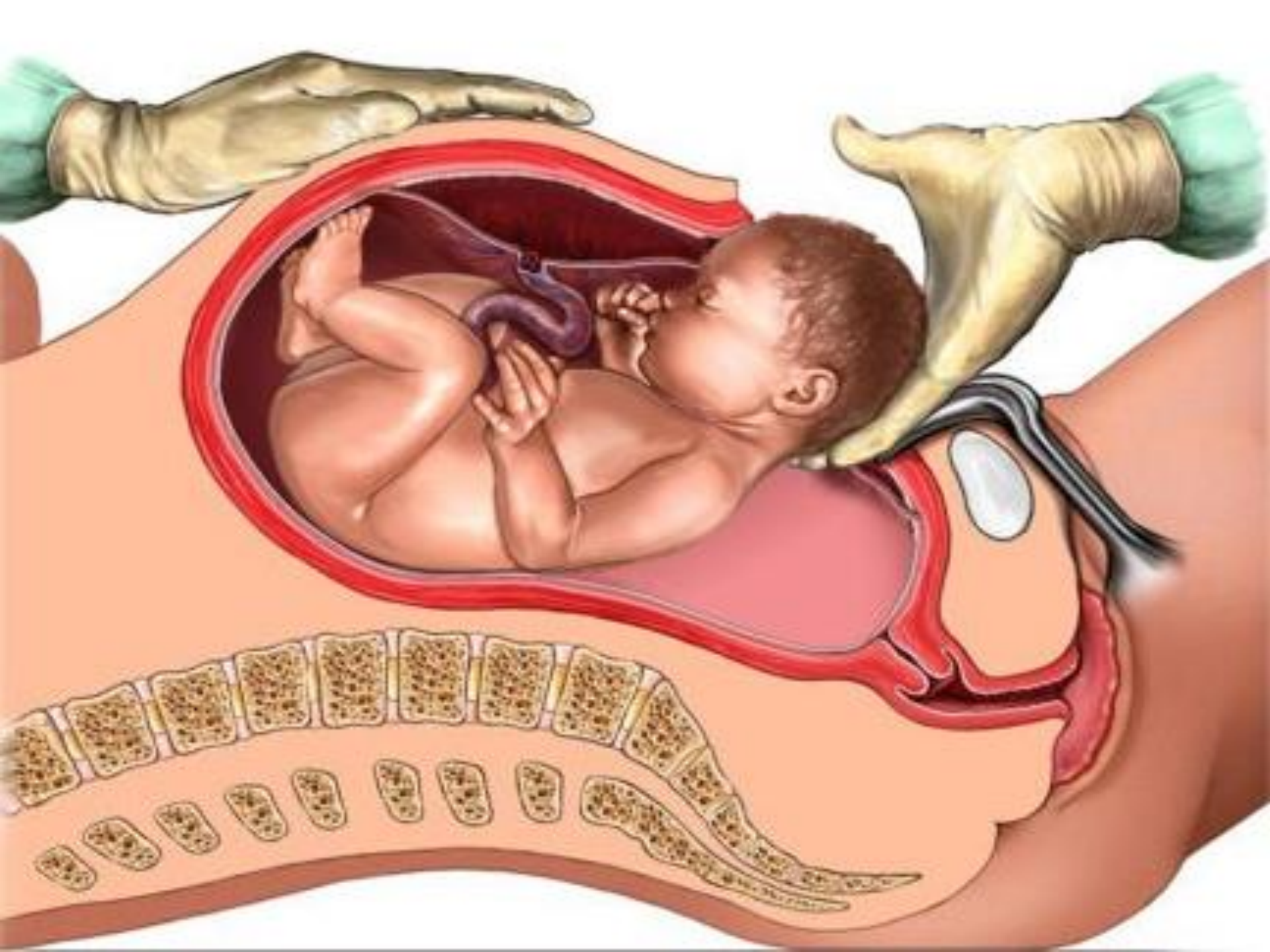
Patient  
consented  
to left ear



Physician  
operated  
on right ear

**Mohr v. Williams (Minn. 1905)**



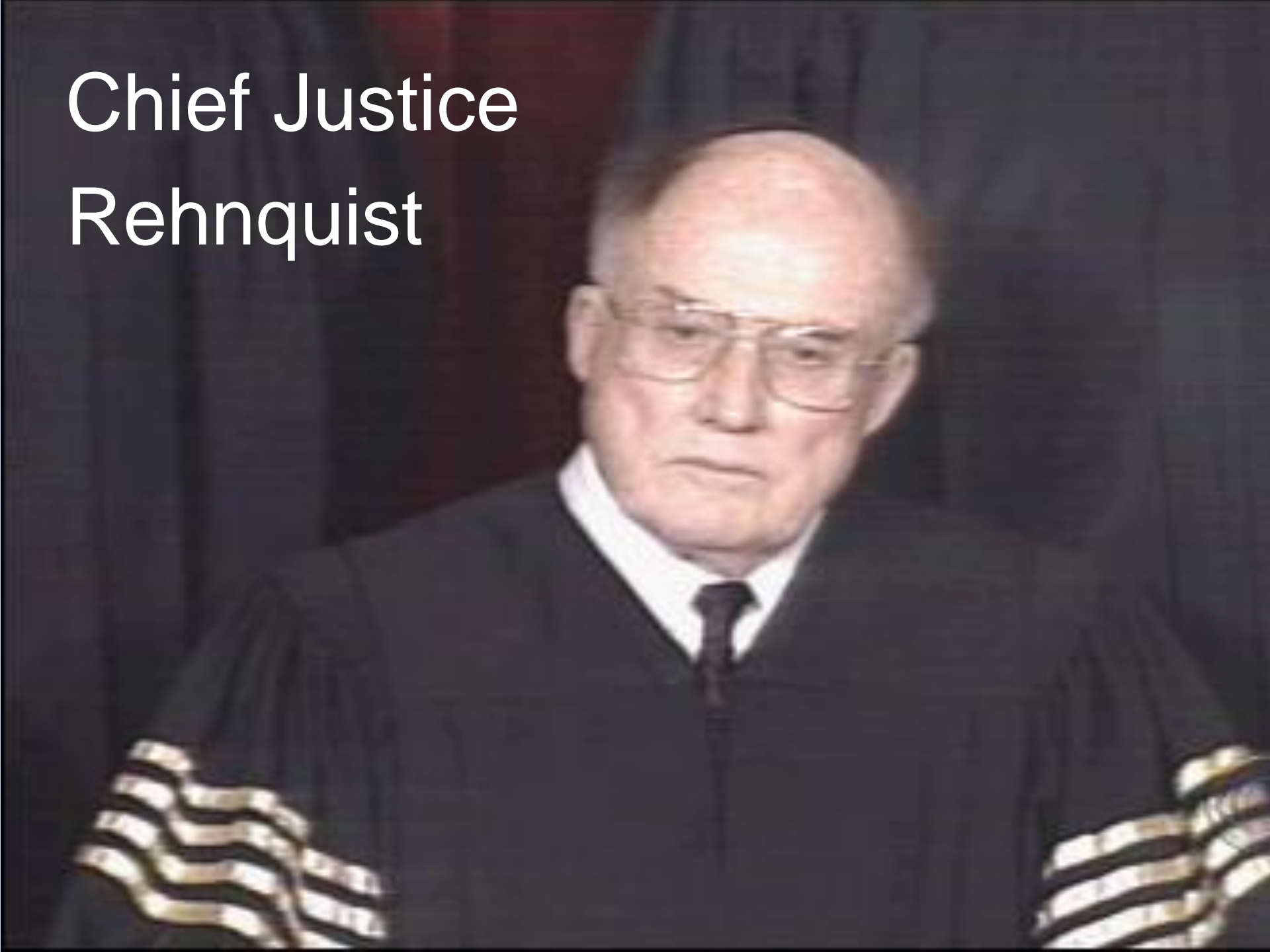


# Force feeding is a battery





# Chief Justice Rehnquist



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

**Move** from legal  
bases, grounds  
for right

Respond to  
2 main legal  
concerns

**3**

**VSED**

**is not**

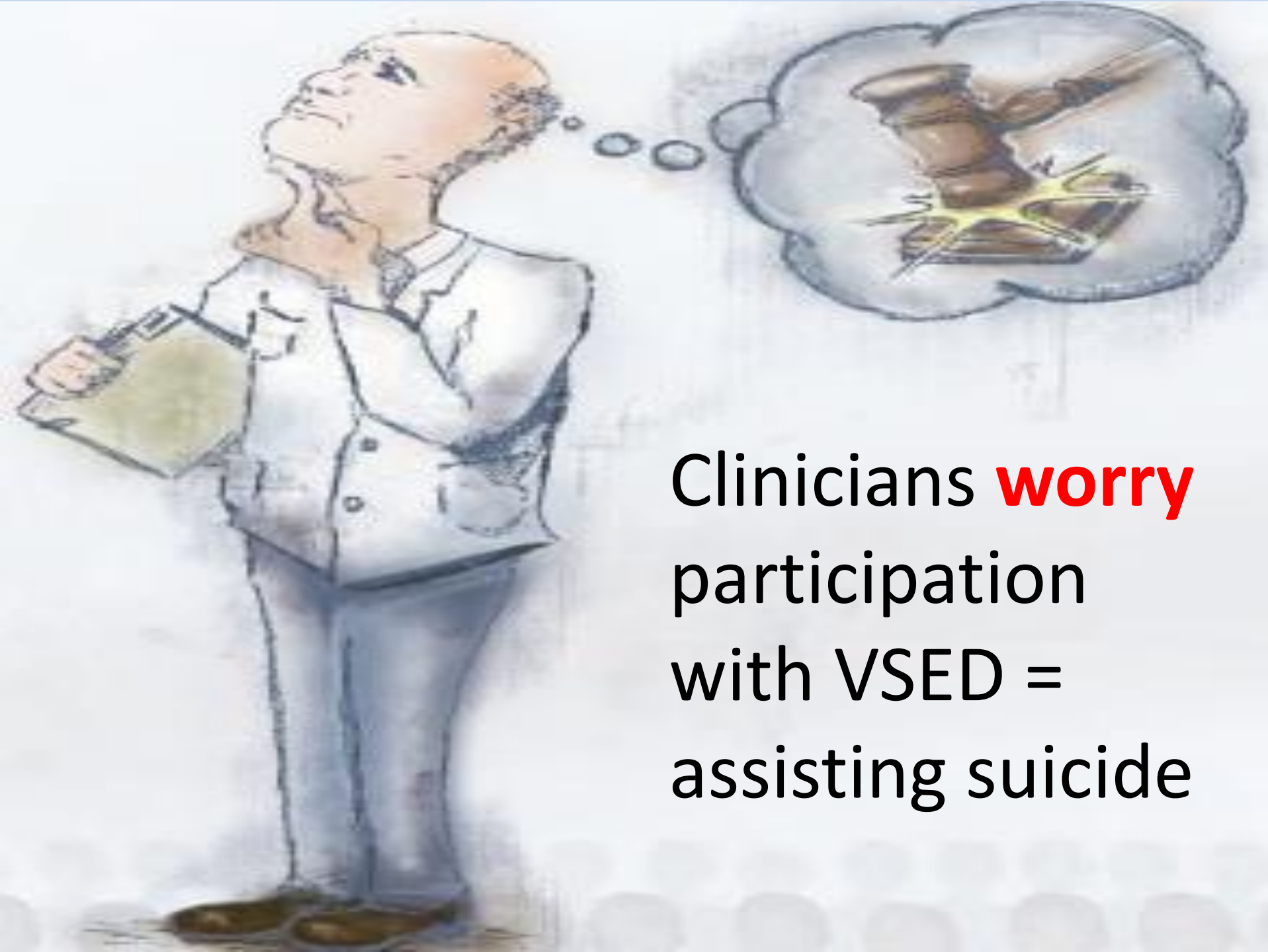
**assisted**

**suicide**

# 56 US jurisdictions

“Every person . . . aids, or advises, or encourages another to commit suicide, is guilty of a **felony**.”

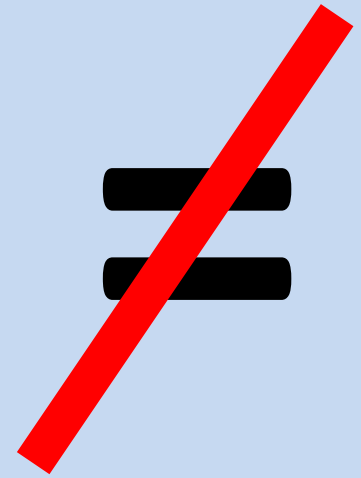




Clinicians **worry**  
participation  
with VSED =  
assisting suicide

**BUT**

VSE D



AS

Active

Passive

AS statutes

target **active**

conduct



Normally:

“Providing the **physical means** by which the other person commits . . . suicide”

VSED entails

only **passive**

conduct



**Plus**

**Even if** otherwise  
within scope

**Exception**

“Nothing . . . prohibit or  
preclude . . . prescribing . .  
. administering, . . .  
purpose of diminishing . . .  
**pain or discomfort”**

Everything  
clinician does in  
VSED expressly  
**exempted** from  
AS statute

0

cases

**4**

**VSED**

**is not**

**abuse /**

**neglect**

Alleged

risk

“The facility must provide each resident with **sufficient fluid intake** to maintain proper hydration and health.”

42 C.F.R. 483.25(j)

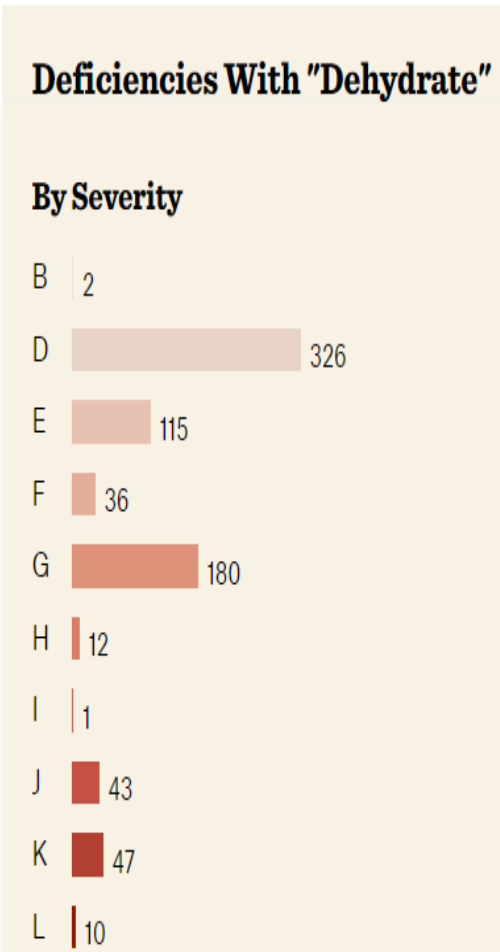
Tag F0327



(773 Deficiencies)

The number and severity of deficiencies shown below relate only to the search terms, not necessarily all deficiencies against the home. **Important:** If you searched for a city or home name, results for that home may be spread over several pages. To improve results, select a state and sort by city.

Date	Nursing Home	City	State	Def.	Severity Range
Sept. 22, 2015	<b>THE BROADMOOR AT CREEKSIDE PARK (REPORT)</b> <i>Home Info</i>	The Woodlands	Tex.	2	K to L
April 28, 2015	<b>BRIARCLIFF HEALTH CENTER (REPORT)</b> <i>Home Info</i>	Tyler	Tex.	2	L
Aug. 7, 2013	<b>KINDRED TRANSITIONAL CARE AND REHABILITATION-RIDGM (REPORT)</b> <i>Home Info</i>	Fort Worth	Tex.	4	L
May 29, 2015	<b>PALMA REAL (REPORT)</b>	Mathis	Tex.	3	L



**BUT**

I agree

I disagree



# Tag 242

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-12-25

Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

**Over**-treatment

just as risky as

under-treatment

Risk  $\approx$  0

~~Risk = 0~~







Safe Harbor®

VSED now,  
patient with  
capacity

**Advance**

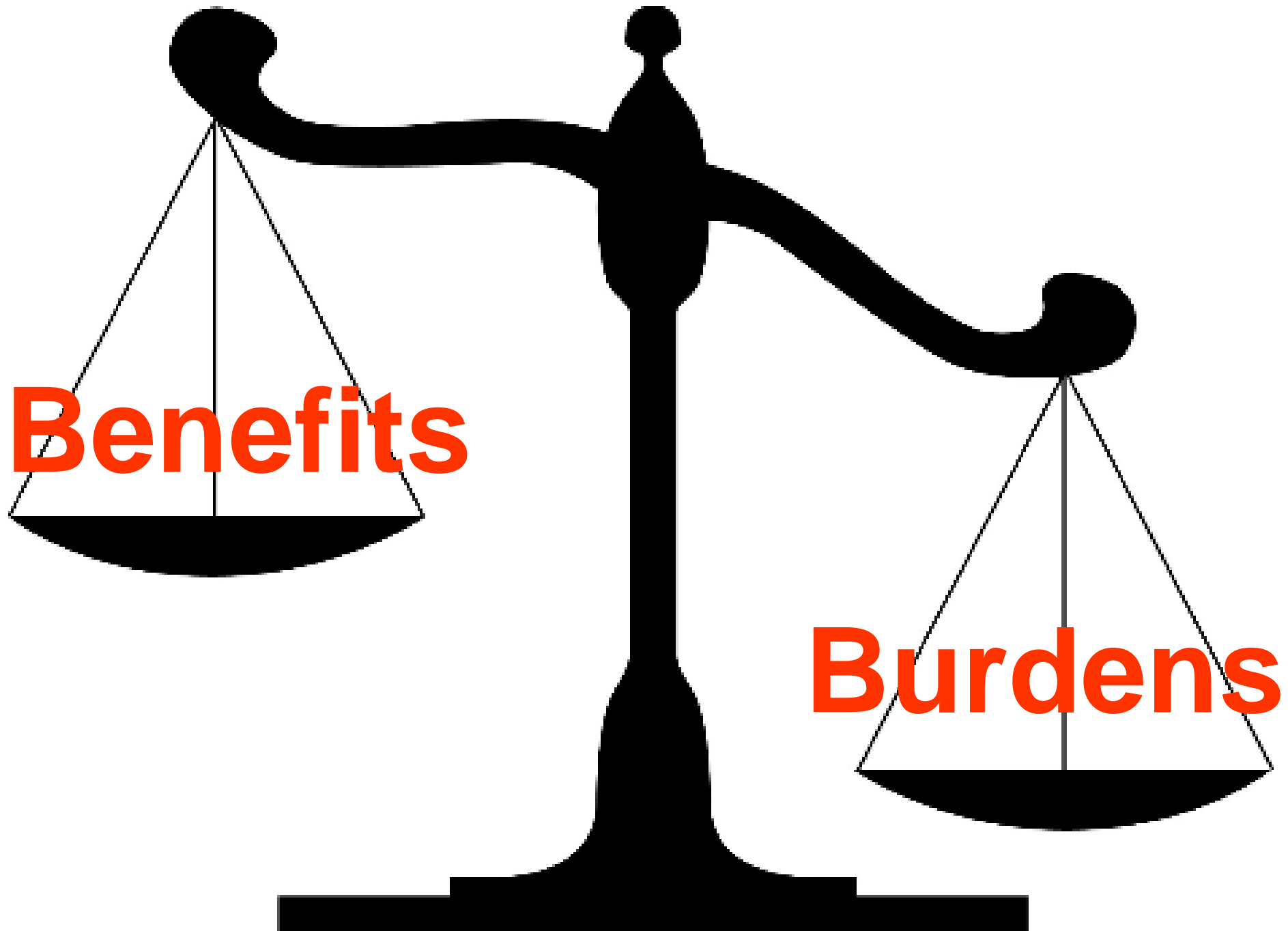
**directive for**

**VSED later**

**(when Pt lacks capacity)**

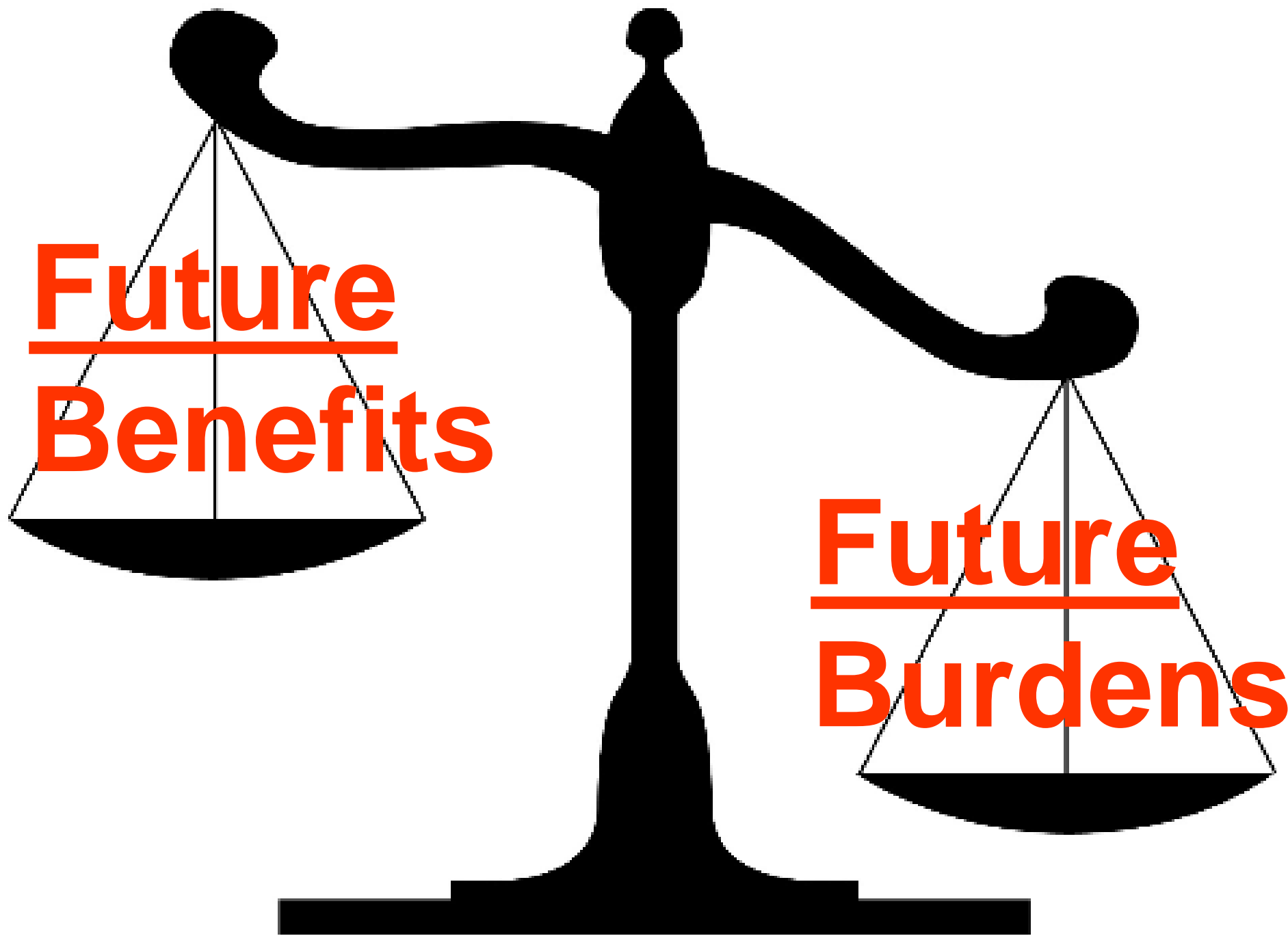
why

do it



**Benefits**

**Burdens**



Future  
Benefits

Future  
Burdens

what

is it

1



# Complete AD, today

## Advance Health Care Directive

Name \_\_\_\_\_

Date \_\_\_\_\_

You have the right to give instructions about your health care to make health care decisions for you. You have the right to accept or refuse medical treatment or to make decisions about the disposition of your organs, tissues or any part of a body. You are free to make a different health care decision at any time.

You have the right to choose a health care agent to make decisions for you if you are unable to do so.

Part 1 - Power of Attorney for Health Care

Section 1 - I, \_\_\_\_\_, do hereby designate \_\_\_\_\_ as my health care agent.

Name of individual you choose as agent \_\_\_\_\_

Address \_\_\_\_\_

I, \_\_\_\_\_, hereby designate \_\_\_\_\_ as my health care agent.

2

Direct VSED

in **future**

3

**When** reach point  
that **you** define  
as intolerable

4

You **lack**

capacity at

that time

That is

“advance

VSED”



**Viabile**

**option?**

**Can** you leave

VSED

instructions

in an AD?


WORDSWORTH CLASSICS

WILLIAM  
SHAKESPEARE

Henry IV  
Part I

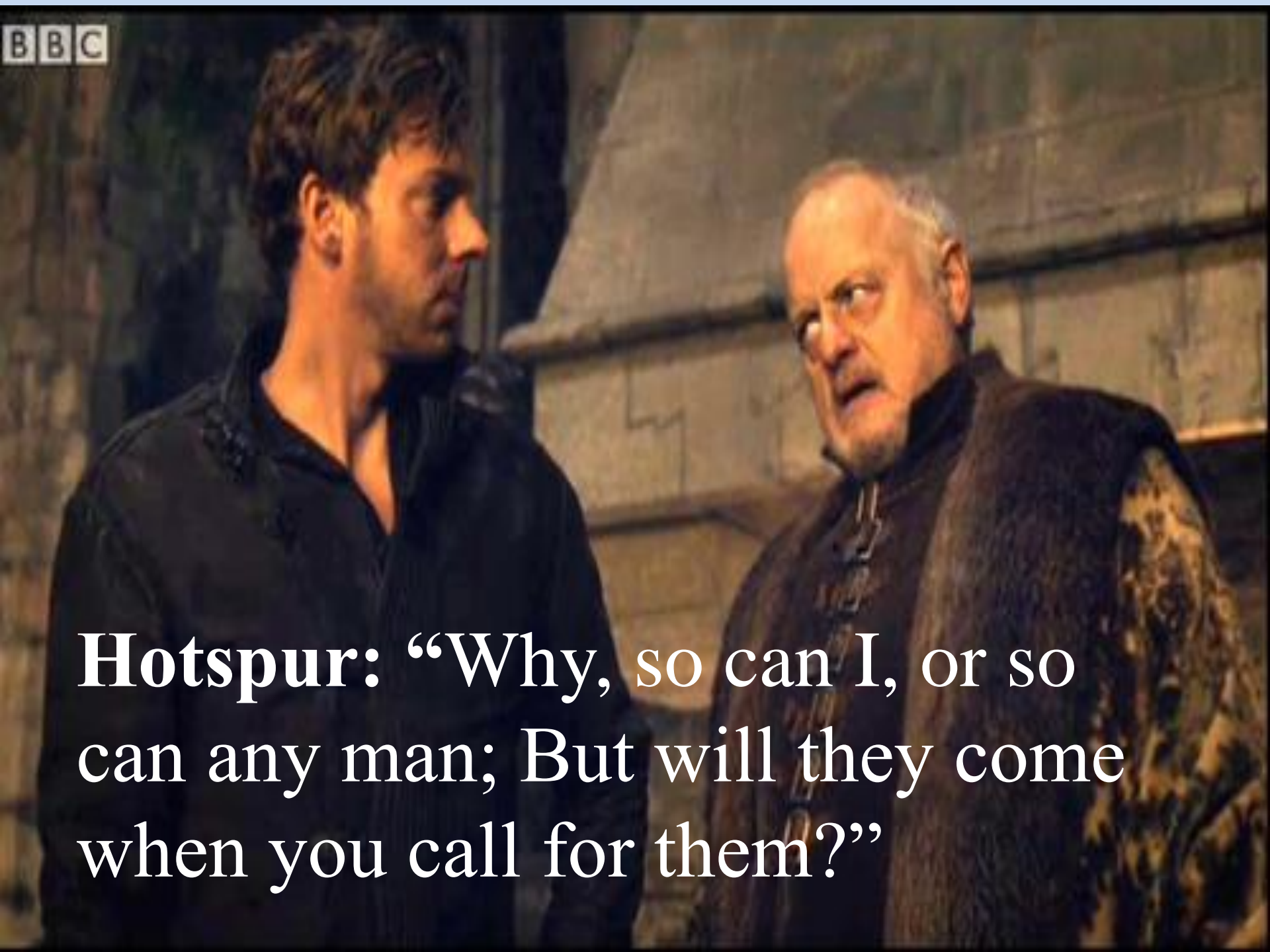


© 2000 THE BRITISH LIBRARY

A scene from the BBC television series 'Merlin'. On the left, Merlin (Colin Morgan) is shown in profile, looking towards the right. He has dark, wavy hair and is wearing a dark, textured tunic. On the right, an older man with white hair and a goatee (likely a priest or noble) is looking back at Merlin. He is wearing a dark, heavy medieval-style tunic with a fur collar and a patterned sleeve. The background is a stone wall with a window or doorway. The lighting is dramatic, with strong shadows.

**Glendower:** “I can call spirits from the vasty deep.”





**Hotspur:** “Why, so can I, or so can any man; But will they come when you call for them?”

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

But . . . will it be  
**honored**



Prohibited

Unsure

Permitted

GO



No specific  
permission  
for VSED

**STOP**

Sometimes,  
advance VSED is  
**prohibited**

# Wis. Stat. 155.20

“A health care agent **may not consent** to the withholding or withdrawal of **orally** ingested nutrition or hydration . . .”

“Providing nutrition or  
hydration **orally** . . . is  
**not** health care”

NY Pub Health Code 2994-a



**Autonomy**

The image features a large light blue background. In the center, there is a large, light orange oval with a thin dark blue border. Inside this orange oval, at the top, is the word "Autonomy" in a bold, grey, sans-serif font. Below it, there is a smaller, red oval, also with a thin dark blue border. Inside the red oval, the words "Prospective" and "autonomy" are written in a bold, white, sans-serif font, stacked vertically. This visual arrangement indicates that prospective autonomy is a specific type or subset of the broader concept of autonomy.

**Autonomy**

**Prospective  
autonomy**

No green (yet)

Some red





Is advance

VSED request

enforceable?

**2 recent**

**cases**

# Case 1



SUB-  
NATURAL  
BRITISH  
COLUMBIA  
4-CANADA



**British  
Columbia**



**Margot Bentley**



TO MY FAMILY, MY PHYSICIAN, MY LAWYER &  
ALL OTHERS WHOM IT MAY CONCERN

I, Maureen A. Bentley of Mission B.C.  
hereby declare that if the time comes when I can no  
longer take part in decisions for my future, I wish  
this statement to stand as an expression of my  
wishes.

IF AT SUCH A TIME THE SITUATION SHOULD ARISE THAT  
THERE IS NO REASONABLE EXPECTATION OF MY RECOVERY  
FROM EXTREME PHYSICAL OR MENTAL DISABILITY, I  
DIRECT THAT I BE ALLOWED TO DIE AND NOT BE KEPT  
ALIVE BY ARTIFICIAL MEANS OR "HEROIC MEASURES".

I DO ASK THAT MEDICATION BE MERCIFULLY ADMINISTERED  
TO ME TO ALLEVIATE SUFFERING EVEN THOUGH THIS MAY  
SHORTEN MY REMAINING LIFE.

I MAKE THIS STATEMENT AFTER CAREFUL CONSIDERATION  
AND IS IN ACCORDANCE WITH MY CONVICTIONS AND  
BELIEFS.

I HEREBY ABSOLVE ALL WHO FOLLOW THESE INSTRUCTIONS  
TO BE FREE OF ANY LEGAL LIABILITY. IN PARTICULAR, I  
WOULD REQUEST THE FOLLOWING INSTRUCTIONS TO BE  
CARRIED OUT:

- A. NO ELECTRICAL OR MECHANICAL RESUSCITATION OF MY  
HEART WHEN IT HAS STOPPED BEATING,
- B. NO NOURISHMENT OR LIQUIDS.
- C. NO MECHANICAL RESPIRATION WHEN I AM NO LONGER  
ABLE TO SUSTAIN MY OWN BREATHING.
- D. NO SURGERY.
- E. OTHER In the event that mental deterioration is such that

I am unable to recognize the members of my family, I  
ask that I be authorized.  
I HEREBY DESIGNATE

My husband John A. Bentley OF  
Mission B.C., Canada TO SERVE AS MY PROXY  
FOR THE PURPOSE OF MAKING MEDICAL DECISIONS ON MY  
BEHALF IN THE EVENT THAT I BECOME INCOMPETENT AND  
UNABLE TO MAKE SUCH DECISIONS FOR MYSELF.  
SHOULD John Bentley BE UNABLE TO CARRY OUT  
MY WISHES, I HEREBY APPOINT  
Kathy Kitter OF Mission, B.C.  
AS AN ALTERNATE PROXY.

WITNESS: Judy Clifford

SIGNED: M.A. Bentley

WITNESS: RJ Clifford

DATE: Nov. 24/91

KATHERINE HAMMOND  
AUG. 4, 2013

JOHN BENTLEY  
AUG. 4, 2013

DIRECT THAT I BE ALLOWED TO DIE AND NOT BE KEPT  
ALIVE BY ARTIFICIAL MEANS OR "HEROIC MEASURES".

B. NO NOURISHMENT OR LIQUIDS.





Facility refuses to honor



Margot  
Bentley





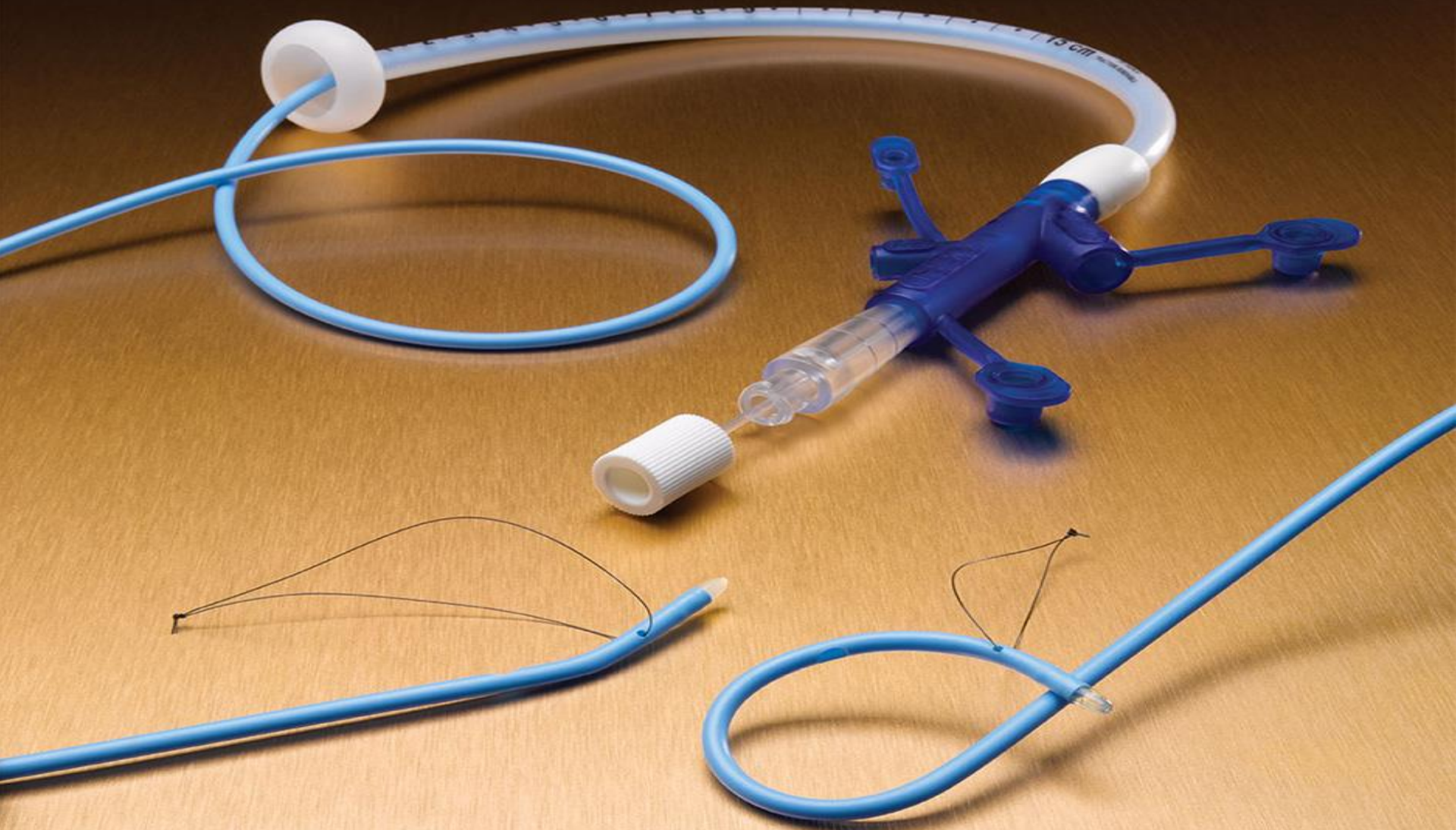
The Law Courts

Family loses

DIRECT THAT I BE ALLOWED TO DIE AND NOT BE KEPT  
ALIVE BY ARTIFICIAL MEANS OR "HEROIC MEASURES".

B. NO NOURISHMENT OR LIQUIDS.





**Probably meant this**

Take home  
lesson

If you mean  
hand feeding,  
**say** “hand  
feeding”






# Case 2

# Oregon



## POPULATED PLACES

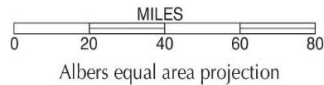
- 500,000 – 999,999 ● **Portland**
- 100,000 – 499,999 ● **Eugene**
- 25,000 – 99,999 ● **Springfield**
- 24,999 and less ● Grants Pass
- State capital ★ **Salem**

## TRANSPORTATION

- Interstate; limited access highway 
- Other principal highway 
- Railroad 

## PHYSICAL FEATURES

- Streams: perennial; intermittent 
- Lakes: perennial; intermittent 
- Highest elevation in state (feet) +11239
- Other elevations (feet) +10497
- The lowest elevation in Oregon is sea level (Pacific Ocean).







**Nora Harris**

## PART I: POWER OF ATTORNEY FOR HEALTH CARE

I revoke all prior advance health care directives and durable powers of attorney for health care signed by me. This document shall not be affected by my subsequent incapacity. I am not a patient in a skilled nursing facility, and I am not a conservatee.

**1.1 NAME AND ADDRESS OF PRINCIPAL.** My name and address are:

Nora R. Harris, 83 Arnold Drive, Novato, CA 94949

## PART 2: INSTRUCTIONS FOR HEALTH CARE

**2.1 END-OF-LIFE DECISIONS.** I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

*nrh* a. I Choose **NOT To Prolong Life**. If I initial this line, I do not want my life to be prolonged and I do not want life-sustaining treatment to be provided or continued if any of the following conditions apply:

...state which two qualified physicians who

Take home  
lesson

If you mean  
hand feeding,  
**say** “hand  
feeding”

Would better

ADs have helped

MB or NH?

**HEALTH** | THE NEW OLD AGE

# Complexities of Choosing an End Game for Dementia

By PAULA SPAN    JAN. 19, 2015



# Practical tips



Evidence

Unusual



Be very

**specific** on

the when

Be very

**specific** on

the what

**Tool 1**



**STANLEY A. TERMAN, PhD, MD**



# My Way Cards<sup>®</sup> for Natural Dying<sup>™</sup>

*Sort them now to obtain your personal  
**NATURAL DYING—LIVING WILL***

*...to let others know **EXACTLY** what  
you will want, if the time comes when  
you are too sick to speak for yourself.*



(Loss of personal identity.)

**I do not seem  
to know it is me  
when I look in  
the mirror.  
I cannot tell  
others anything  
about me.[1.1]**



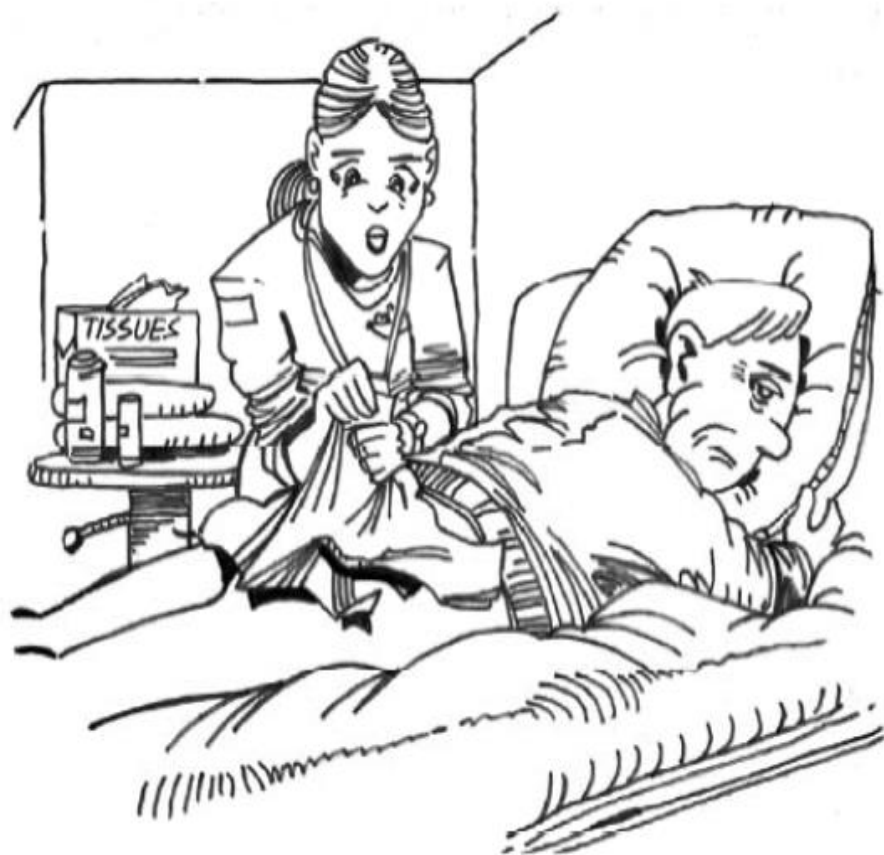
**When I see  
people in my  
close family or  
see my best  
friends, I do not  
know who they  
are.**

**[3.1]**



(This patient is both incontinent and dependent on others to change his diapers.)

**I do not use  
bathrooms. I  
let my clothes  
get wet and  
dirty. Others  
must change  
my diapers  
(nappies). [4.5]**





(Leaving bad memories of yourself.)

**The way I act  
now is hurtful or  
shameful.**

**I may yell  
insulting words  
or take off my  
clothes in front  
of strangers.**

**[4.6]**



**I cannot  
remember the  
important  
events of my  
life.  
If reminded,  
I don't know  
why they are  
important. [1.2]**



**I have severe  
pain. But I  
cannot say what  
bothers me.**

**Doctors don't  
see my pain.  
They do not  
treat my pain.**

**[2.6]**



**Tool 2**

End of Life

**Choices**

NEW YORK



Advance  
Directive for  
Receiving Oral  
Food and Fluids  
in Dementia

Clear  
definitions  
and prompts

**Tool 3**



end of life

WASHINGTON

Your life. Your death. Your choice.

# MY INSTRUCTIONS FOR ORAL FEEDING AND DRINKING

**Few** other

tools

# **Voluntarily Stopping Eating and Drinking**

**Conclusion**

VSED is  
important  
EOL option



Need **more**

education &

planning tools

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