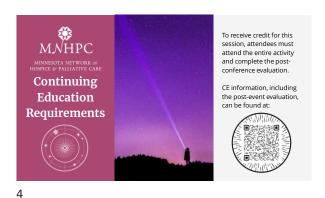




2









5 6

VSED Eligibility in Dementia

"Dementia is Incompatible with Who I Am"

1:15-2:15 - Lakes C



9

June 2019

Alzheimer's Dx

not want to live with late-stage dementia

10

SO...

June 2023 VSED

11 12

4/2/2025

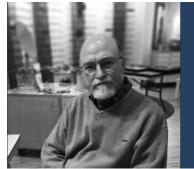








15



Dr. Sandler addressed clinical aspects

17



18





20

VSED by AD VSED by SDM

22

vsed is legal

sizable, settled, and stable consensus

24

23

court precedent

25

27

multiple appellate decisions

26

is VSED legal? asked & answered

plus

28

do not need direct, explicit authority

already legal existing rules

29 30



Combined Minnesota and Federal Hospice Bill of Rights

MINNESOTA HOSPICE BILL OF RIGHTS PER MINNESOTA STATUTES, SECTION 144A.751

31

"patients ... have ... right to refuse ... treatment"

32

In the Matter of the CONSERVATOR-SHIP OF Rudolfo TORRES, Conservatee.

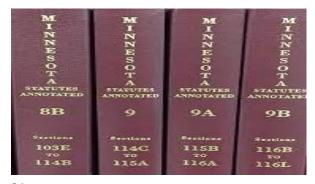
No. C1-84-761.

Supreme Court of Minnesota.

Nov. 2, 1984.

33

35



34

right to refuse treatment

36

ventilator dialysis CPR antibiotics feed tube



not DIY

38

part of a broader treatment plan

39

supervised by licensed healthcare professionals

40

recognized as healthcare by professionals

more position statements

41 42





Nutrition and Hydration at the End of Life

Effective Date:

2017

Revised Position Statement Status:

Written by: Adopted by:

ANA Board of Directors

ANA Center for Ethics and Human Rights

43



American Medical Women's Association





46





47 48

more clinical practice guidelines

Zorg voor mensen die stoppen met eten en drinken om het levenseinde te bespoedigen

James 20024

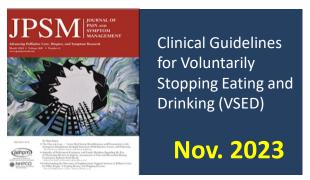
Guide - Caring for People Who Stop Eating and Drinking to Hasten the End of Life

Jan. 2024

50

52

49

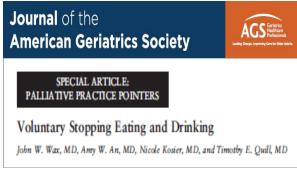


Voluntarily Stopping Eating and Drinking
Among Patients With Serious Advanced IllnessClinical, Ethical, and Legal Aspects

Timothy E. Quill, M.D., Linda Ganzini, M.D., MPH.; Robert D. Truog, M.D.; Thaddeus Mason Pope, J.D., Ph.D.

JAMA Internal Medicine January 2018 Volume 178, Number 1 123

51





53 54

4/2/2025

ONH = Tx

55

57

59



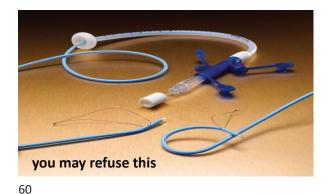
56

some
challenge
premise

oral N&H ≠ "treatment"

58

basic care







62



63

right to refuse any intervention

64

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

right to refuse any intervention

65 66

medical or not

67

69

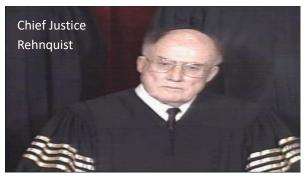
healthcare or not

68

right to refuse **any**unwanted contact



70



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

71 7

12



Medicare
Conditions of
Participation
for Hospice

74



"patient has a right to refuse care or treatment"

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

76



VNSNY HOSPICE & PALLIATIVE CARE POLICY and PROCEDURE

TITLE: VSED: Responding to a Patient's Desire to Voluntarily Stop Eating and Drinking

77

78

"ethical and legal option"

because

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

80

recap

VSED is legal

82

81

79

sizable, settled, and stable consensus

assisted suicide

83



Minn. Stat.

609.215

86

"whoever . . .

assists another
in taking the
other's life ..."

87



88



Medical Practice Act

89 90

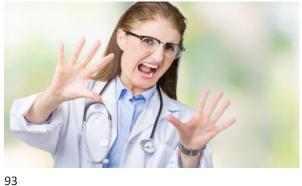
Minn. Stat. 147.091(1)(w)

"aiding suicide ... grounds for disciplinary action"

92

94

91



VSED = AS AS = felony VSED = felony





95

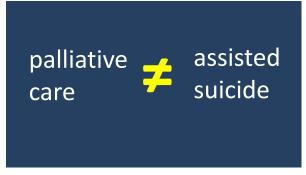


no assisting

98









101

"provider ... administers, prescribes ... to relieve ... pain or discomfort ... does not violate"

clinician does not cause death

103

104

clinician does **not intend** death



105 106





107 108

1000s of VSED deaths

109

111

no healthcare licensing board discipline

110

112

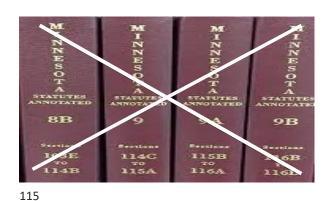
no criminal prosecutions

<u>no</u> medical <u>malpr</u>actice

VSED ≠ AS

hospice

113 114





2 types of cases

117



already on hospicealready eligible TI→ begins VSED



119 120

not on hospicenot already eligible TI→ begin VSED

does VSED

make patient
eligible?

122

121





123

"most hospices will not provide direct care to patients with a prognosis greater than six months prior to ... initiation of VSED" "However, many hospices will enroll patients who have already begun VSED."

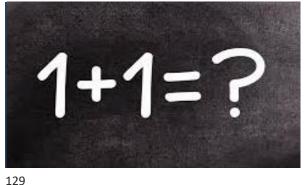
125 126

4/2/2025



"As to Hospice eligibility, there was unanimous agreement that any patient who embarks on VSED becomes one of ours"

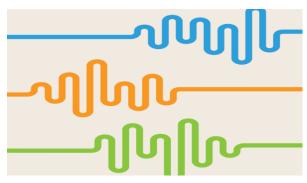
128



VSED → death < 14 days 14 days < 6 months

130

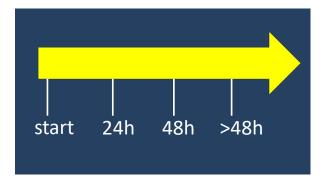




131 132

when does VSED make patient TI

133



134

not assessing
symptoms



135

if Pt will **probably** continue VSED

then Pt probably dead <6 months

alternate basis for certification

137 138





inanition

+

underlying

medical condition



141 14





143 144

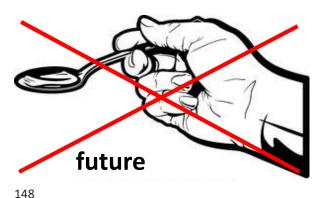
VSED by patient with capacity



145

146





147

- . .

after patient loses capacity

at point
Pt specifies

149 150



clinical triggers

152

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

153

functional triggers

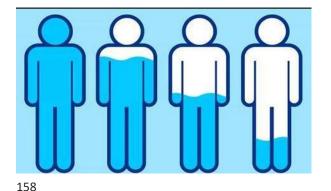
154





155 156





157

161



A Piece of My Mind I

My Living Will

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

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

160

>14 VSED ADS

DARTMOUTH

EXPL

The Dartmouth Dementia Directive

An advance care document for dementia care planning

162



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



Your life. Your death. Your choice.

Dementia ProvisionAdvance Directive Addendum





163

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.

165 166



Support and promote life quality



lifecircle Living will & additional personal statement

FinalExit NETWORK

168

164

Introduction to our Supplemental
Advance Directive
For Dementia



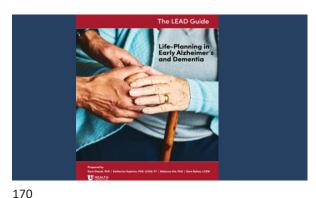
ASSISTED FEEDING. If I am unable to feed myself, then spoon feed me whatever I seem to enjoy, and no more. Do not feed me or apply medical interventions, such as tubes and IVs, so that I might live longer.

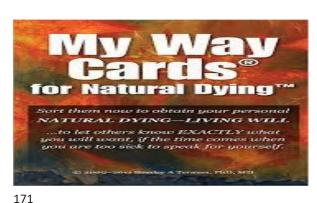
If this sentence is initialed and any of the choices 5, 6, or 7 are initialed, the latter are not to be implemented if they put my agent or any of my caregivers at criminal risk.

169

173

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.





Power of Attorney for Adult with Dementia Nev. Rev. Stat. 162A.870

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.

APPLEGATE & DILLMAN

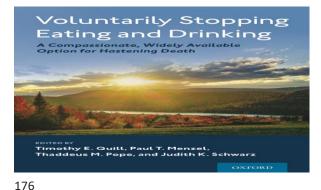
172

174

Making the Case for a Dementia Directive

November 14, 2022









why growth VSED by AD



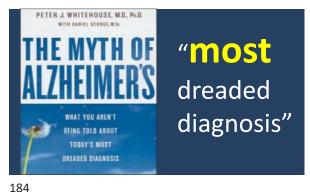
179 180



fear of dementia

182

60 plus	
Alzheimer's	52
Death of family/friends	41
Cancer	31
Vision/hearing loss	30
Money	23
Arthritis	21
Loneliness	20



183

many used VSED to avoid late-stage dementia



185 186









189 190



VSED while still have capacity

191 192

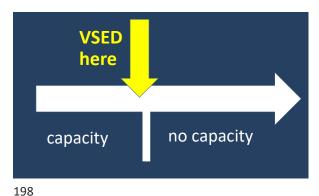




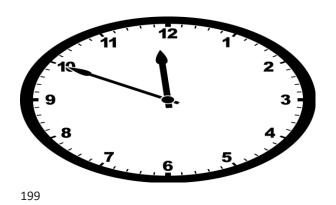


earliness problem





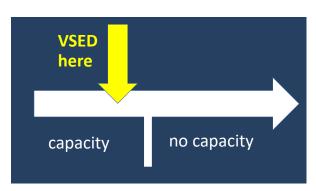
4/2/2025

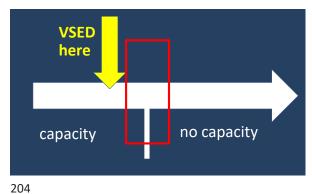












premature dying

current situation still acceptable

205

206

VSED not good option

at this time

207

208

not ready to die concerned about future circumstances

209

lack capacity at future time



211 2





214

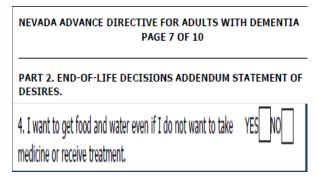
legality of VSED by AD



215 216









219

"health care" "personal circumstances" Vermont § 9702(a)(12)

"services to assist in activities of daily living" Vermont §§ 9702(a)(5), 9701(12)

221 222



"circumstances ... food & liquids ... discontinued"



not explicit & direct like NV VT AZ

226

MINNESOTA STATUTES 2022

REVOCATION OF HEALTH CARE DIRECTIVE.

145C.01

228

224

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 INCLUDED.	145C.14	CERTAIN PRACTICES NOT CONDONED.
		145C.15	CARE.
145C.06	WHEN EFFECTIVE.		
145C.07	AUTHORITY AND DUTIES OF HEALTH CARE AGENT.	145C.16	SUGGESTED FORM.
		145C.17	OPIOID INSTRUCTIONS ENTERED INTO HEALTI RECORD.
145C.08	AUTHORITY TO REVIEW MEDICAL RECORDS.		

your AD can address health care

227

what's "health care"

145C defines "health care" broadly

230

232

229

231

"any care ..."

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

"health care" includes food & fluids

233 234

MN ADs may direct VSED



236

235

clinicians may & should follow them



237 238

conflict

prior _{vs} now self

239 240

patient has VSED AD

time to follow AD

241





244

242



whose wishes
do we respect?

245 2

246

prior self or current self now patient or then patient

248

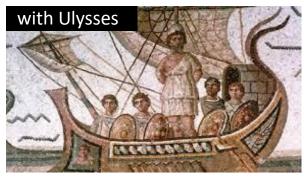
247



"ignore my future self"

250

"stick to VSED plan in my AD"



251 252

prior self prevails

253



254



no need for a Ulysses clause in the AD

256

incapacitated objections are irrelevant

257

MINNESOTA STATUTES 2022

REVOCATION OF HEALTH CARE DIRECTIVE.

CHAPTER 145C

HEALTH CARE DIRECTIVES

145C.01 DEFINITIONS 145C.10 PRESUMPTIONS 145C.02 HEALTH CARE DIRECTIVE. 145C.11 IMMUNITIES. 145C.12 PROHIBITED PRACTICES. 145C.03 REQUIREMENTS. 145C.04 EXECUTED IN ANOTHER STATE. 145C.13 PENALTIES. SUGGESTED FORM; PROVISIONS THAT MAY BE INCLUDED. DUTY TO PROVIDE LIFE-SUSTAINING HEALTH SUGGESTED FORM. AUTHORITY AND DUTIES OF HEALTH CARE AGENT. 145C.07 OPIOID INSTRUCTIONS ENTERED INTO HEALTH RECORD. AUTHORITY TO REVIEW MEDICAL RECORDS. 145C.08

145C.09 258

43

145C.01

"remain in effect until ... principal ... revokes" "principal
with ... capacity
... may revoke"

259

260

patient with latestage dementia lacks capacity **SO**...

261 262

patient with latestage dementia cannot revoke **SO**...

263 264

AD remains in force

clinicians may & should follow VSED directive

265 266





267 268





269 270





275





274

VSED by SDM

most Pts lack ADs including VSED ADs

276

not patient
asking VSED

substitute decision maker

278

agent or surrogate

agent

280

279

277

appointed by Pt in AD

281

Permitted by law lawful, allowed, recognitor or not in violation of law or not in conformity with station conformity with stat

"make any health care decision"

283



284

"act in good faith"



285 286

_---

surrogate

NOK designated by default

287 288

almost same analysis

03/10/25 REVISOR SGS/LJ 25-03817

This Decument can be made available in alternative formats upon request State of Minnesota

HOUSE OF REPRESENTATIVES

NIETF-FOURTH SESSION

03/24/2025 Authored by Nadean
The bill was read for the first time and referred to the Committee on Health Finance and Policy

03/10/25 REVISOR SGS/LJ 25-03817 as introduced

SENATE

STATE OF MINNESOTA

NINETY-FOURTH SESSION

S.F. No. 2567

05/13/2025 Production and first reading
05/13/2025 OFFICIAL STATUS

Referred to Joilesien and Policies Safety

OFFICIAL STATUS

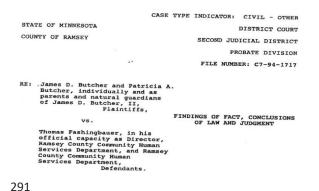
OFFICIAL STATUS

OFFICIAL STATUS

Referred to Joilesien and Policies Safety

290

289





292

less deference because not chosen by Pt



293 294

conclusion

paths to VSED in MN

296

298

295

297

VSED by Pt w/ capacity

VSED by AD

VSED by SDM Thaddeus Mason Pope, JD, PhD, HEC-C

Mitchell Hamline School of Law 875 Summit Avenue

Saint Paul, Minnesota 55105

T 651-695-7661

C 310-270-3618

E Thaddeus.Pope@mitchellhamline.edu

W www.thaddeuspope.com

B medicalfutility.blogspot.com

299 300

