

VISN 1 Palliative Care Summit

October 8, 2026

1

Voluntarily Stopping Eating & Drinking

2

VSED

3

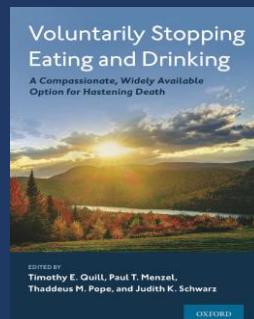
Thaddeus Pope

JD, PhD, HEC-C

4

1 disclosure

5



6

introduction

7

50 years

8

1976

9



10

we **allow** patients to
hasten the death of
their future selves

11

we **permit** patients
to **avoid** living with
conditions they
find intolerable

12



13

what Tx
you **want**

14

what Tx you
do **not** want

15

we **permit**
patients
to direct

16

withholding
or
withdrawing

17

dialysis
antibiotics
mech vent

18

CPR
defibrillation
blood products

19

and...

20

ANH

21

we **allow** patients
to direct their death
from **dehydration**

22



Nancy
Cruzan

23

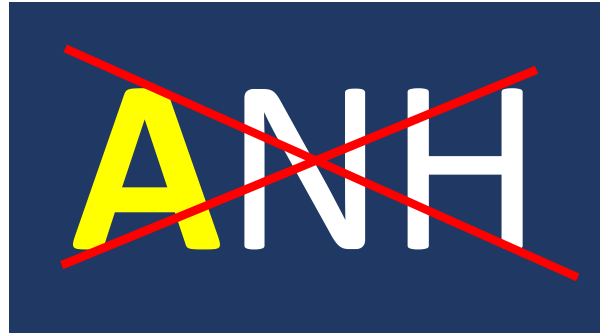


Terri
Schiavo

24



25



26



27



28



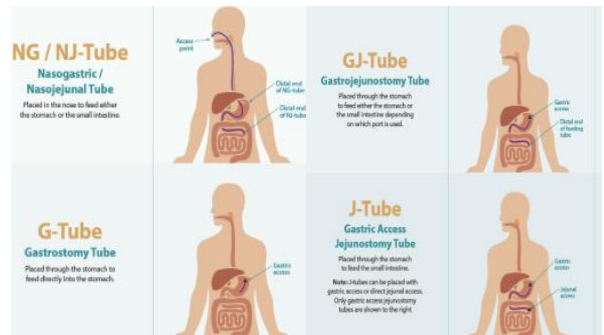
29



30

only difference
is **route** of N&H

31



32



33

VHA DIRECTIVE 1004.03(1)
Transmittal Sheet
December 12, 2023

34

advance care
planning

35

section **9**

36

“**naturally**
administered
nutrition &
hydration ...”

37

“... food & fluids
taken by **mouth** ...
provided by hand,
spoon, cup or straw”

38

default

39

“**naturally** administered
nutrition & hydration ...
part of ... **basic care**
offered to **all** patients”

40

but

41

**EXCEPTION TO
THE RULES**

42

2 opt outs

43

patients **with**
DM capacity

44

“have the **right**
to refuse to
eat or drink”

45

patients who
have **lost**
DM capacity

46

clinicians **need**
not “provide ...
food and fluids
by mouth”

47

if

48

“patient ... made an informed, voluntary **decision to stop** eating and drinking **prior** to losing ... capacity”

49



50



51

2 guidelines

52

1st

53

may honor capacitated VSED requests

54

should honor
capacitated
VSED requests

55

2nd

56

may honor
VSED advance
directives

57

should honor
VSED advance
directives

58

roadmap

59

5 parts

60

growth
of VSED

61

what is
VSED

62

clinical status
of VSED

63

VSED is
legal

64



65

incapacitated
patients

66

VSED
by AD

67



68

growth
of VSED

69



70



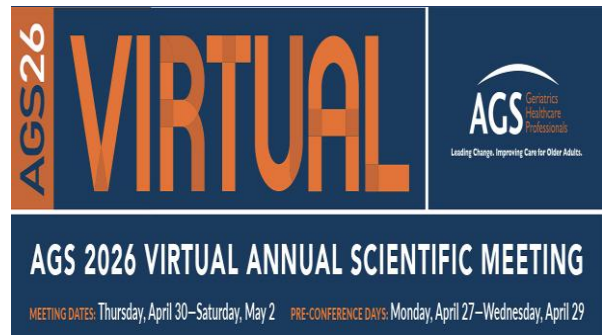
71

professional
societies

72



73



74



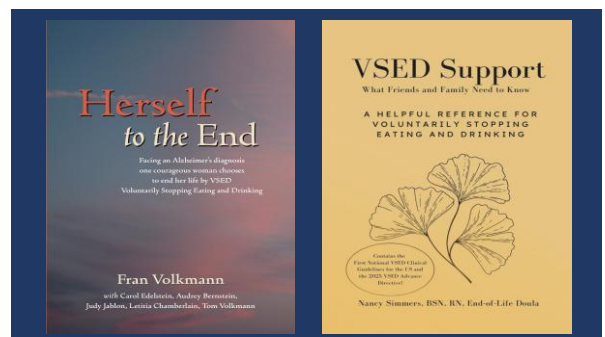
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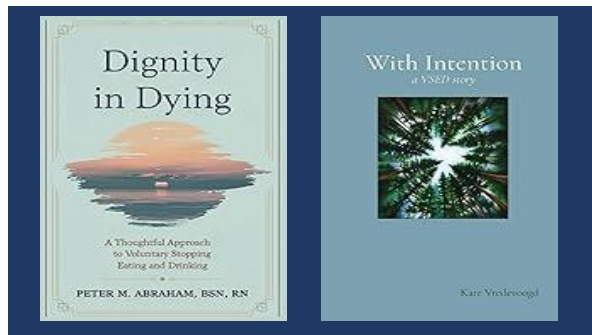
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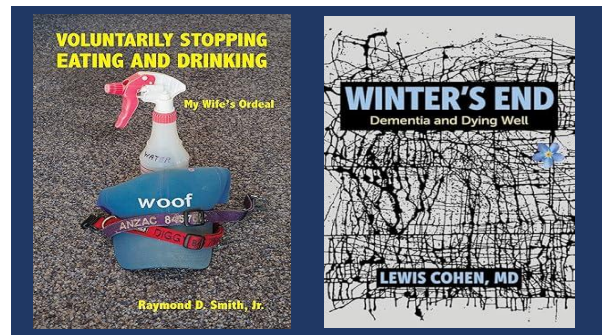
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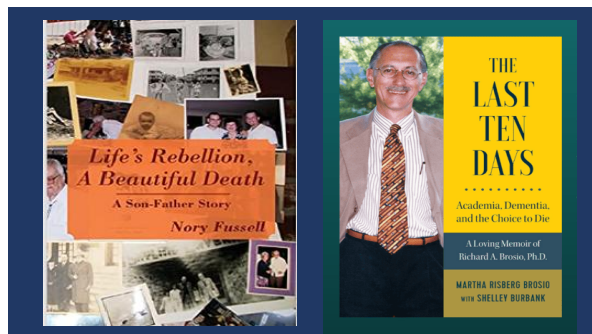
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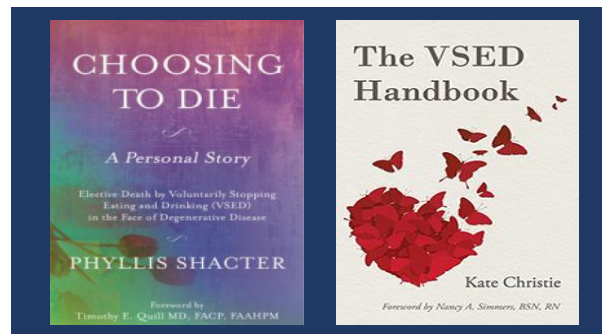
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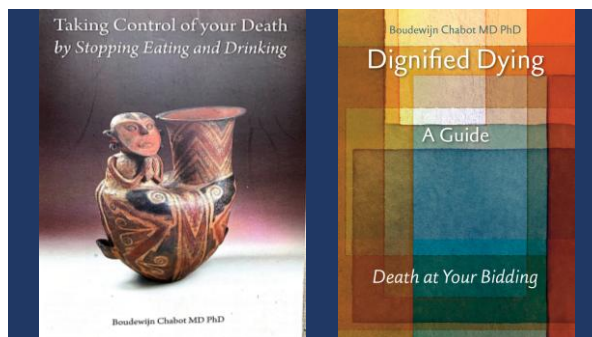
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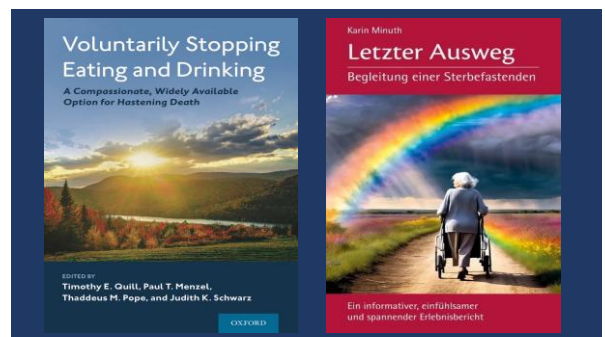
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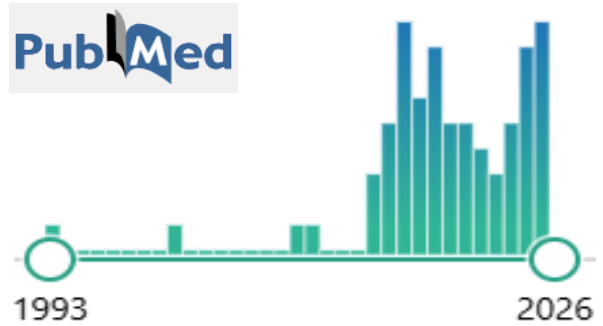
83



84

articles

85



86

films

87



88



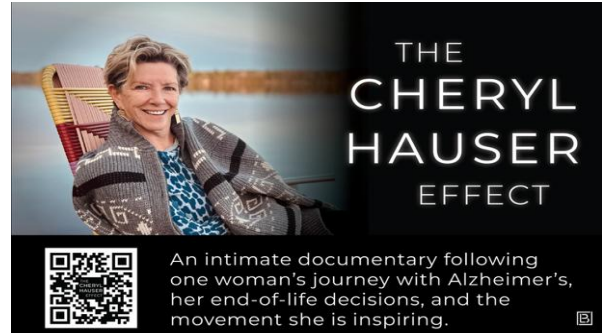
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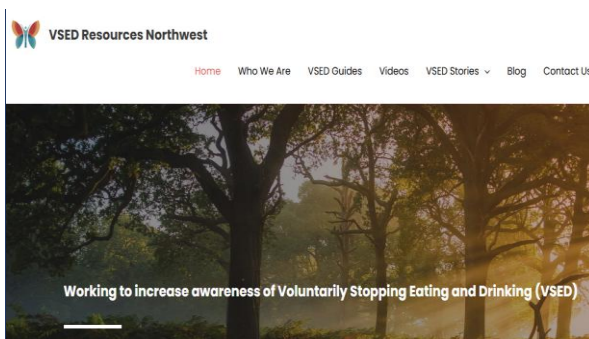
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End of Life
Choices
New York

97



98



99

media
attention

100



101



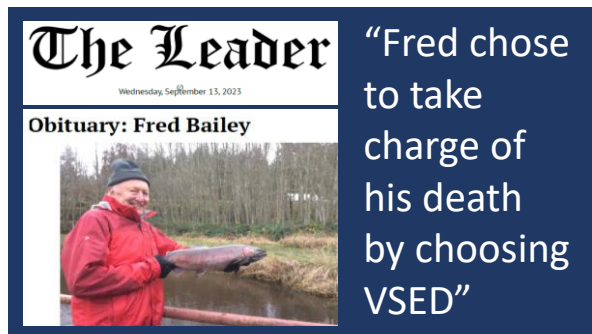
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103



104



105



106



107



108



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111



112



113



114

what is
VSED?

115

patient **with**
capacity

116

not expected
to die in next
days to weeks

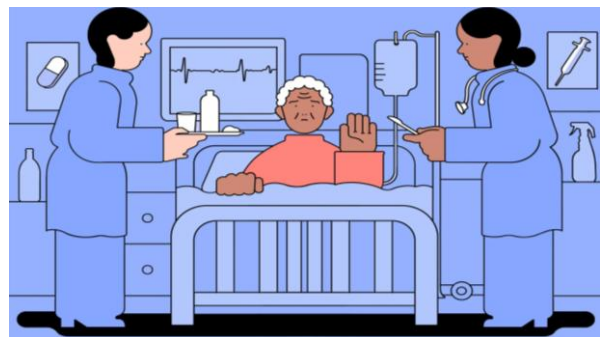
117

able to take
food & fluid
by mouth

118

voluntary
decision
to stop

119



120

≠ ANH

121

≠ natural loss
appetite

122

≠ involuntary
cachexia

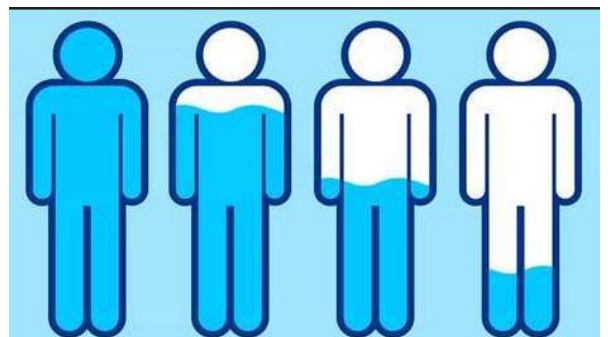
123

deliberate choice
stop fluids
by **mouth**

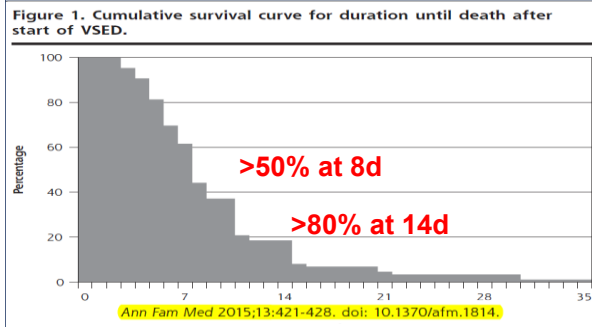
124

goal = death
from dehydration

125



126



127



128

VSED

129



130

clinical status of VSED

131

1st person narratives

132

many
cases

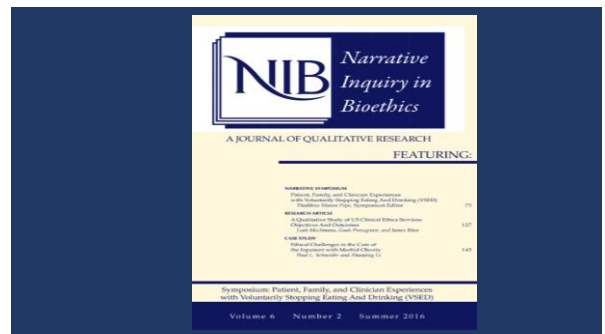
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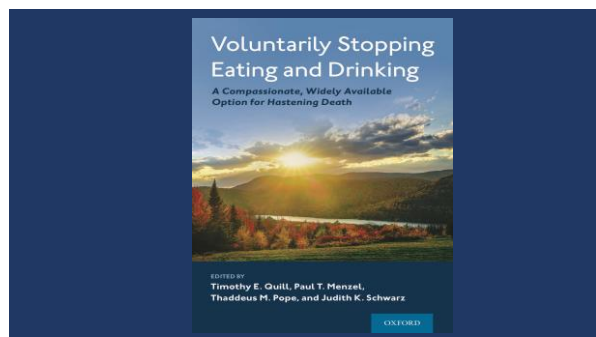
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135



136



137

not only
1st person
narratives

138

objective
evidence
patient experience

139

peaceful
comfortable

140

The NEW ENGLAND JOURNAL of MEDICINE

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.

141

100 Oregon
nurses cared for
VSED patients

142

most deaths
“**peaceful** with
little suffering”

143



144



Voluntarily Stopping Eating and Drinking: Systematic Review of Empirical Studies

doi.org/10.1089/jpm.2024.0206

145

17 empirical
publications

146

who

147

80+

148

dementia
conditions
ineligible MAID

149

VSED
experience

150

mean time to
death = **10** days

151

caregivers found
preparation &
emotional toll
challenging

152

but

153

most experiences
satisfactory

154



that's just a quick
peek at the
research on VSED

155

clinical
experience



156



157



158

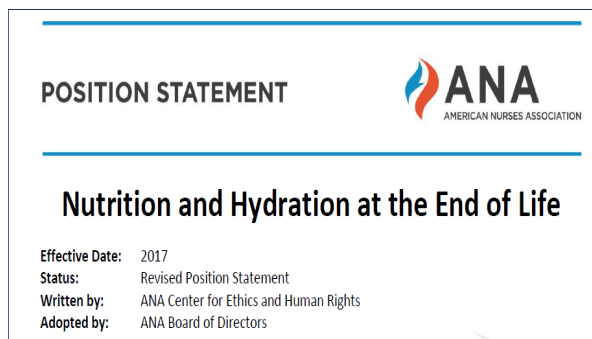
professional society
endorsements



159



160



161



162

Position Paper

Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper

Denise Baird Schwartz, MS, RD¹; Albert Barrocas, MD²

aspEN LEADING THE SCIENCE AND PRACTICE OF CLINICAL NUTRITION
American Society for Parenteral and Enteral Nutrition

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

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

164

aahpm

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

165

aahpm AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

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

ANA AMERICAN NURSES ASSOCIATION

AMWA The Vision and Voice of Women in Medicine since 1915
American Medical Women's Association

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Clinical Nutrition
Journal homepage: <http://www.aspen.com/cnp/index>

ESPEN guideline
ESPEN guideline on ethical aspects of artificial nutrition and hydration
Christiane Breckl^{1,2}, Peter F. Kallert³, Wilfried Drexler⁴, Frank Schürmann⁵

Austrian Palliative Society (OPG)
Freiwilliger Verzicht auf Nahrung und Flüssigkeit um das Sterben zu beschleunigen
Eine Stellungnahme der Österreichischen Palliativgesellschaft (OPG)
Angelika Pichler¹, Christian Weber², Alois Dittmann³
Eingereicht: 6. September 2017 | Angenommen: 17. Februar 2018
© Springer Medizin Verlag GmbH, ein Teil von Springer Nature 2018

Journal of Palliative Medicine
Volume 25 Number 5 2017
May 2017
DOI: 10.1097/JPM.0000000000000200

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

BMA

Responding to patient requests for assisted dying: guidance for doctors
Updated January 2020

168

not just more
professional
society
endorsements

169

**more clinical
guidance**



170



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

Jan. 2024

171



Clinical Guidelines
for Voluntarily
Stopping Eating and
Drinking (VSED)

Nov. 2023

172

Caring for patients
who elect to
voluntarily stop
eating and drinking
(VSED)



British Medical
Association

Aug. 2026

173



174

validated &
comfortable
EOL option

175

more clinical experience
more professional
society statements
more clinical practice
guidelines

176

VSED is
legal

177

sizable, settled,
& stable
consensus

178



Elizabeth
Bouvia

179

26yo
paralyzed by
cerebral palsy
severe degenerative
arthritis

180

“I don’t **want** to die”
 “but ... I **don’t** want
 continue living in
this body”

181

wanted **VSED**
 wanted hospital
 support

182

hospital
 “we **cannot**
 support that”

183



179 Cal App 3d 1127, 225 Cal Rptr 297
 Court of Appeal, Second District, Division 2, California.
 Elizabeth BOUVIA, Petitioner,
 v.
 SUPERIOR COURT of the State of California For the County of Los Angeles,
 Respondent.
 Harry GLENNER, M.D., Individually and as Medical Director, High Desert Hospital,
 R. Neumann, M.D., as Staff Physician, High Desert Hospital, A.R. Feinschmid, as
 Administrator, High Desert Hospital, Roger Hagles, as Assistant Administrator, High
 Desert Hospital, High Desert Hospital, a Health Care Facility Operated by the
 Department of Health Services of the County of Los Angeles, the County of Los
 Angeles, and Does 1 through XX, inclusive, Real Parties in Interest.
 Civ. No. B019134,
 April 16, 1986.
 Review Denied June 5, 1986.

184

yes
 Elizabeth **has**
 that right

185



186



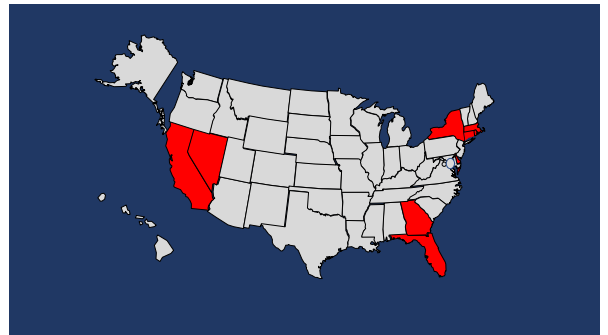
187

other cases **also**
support VSED

188

multiple
appellate
decisions

189



190

is VSED legal?
asked &
answered

191

plus

192

do **not need**
direct, explicit
authority

193

already legal
existing rules

194

patients have
right to refuse
treatment

195

right to
refuse
treatment

196

ventilator
dialysis
CPR
antibiotics
feed tube

197

right to
refuse
treatment

VSED

198

not DIY

199

part of a broader
treatment plan

200

supervised by
licensed healthcare
professionals

201

recognized as
healthcare by
professionals

202

more position
statements

203

more clinical
practice
guidelines

204

but

205

right to
refuse
treatment

VSED

206

ONH = Tx

207

some
challenge
premise

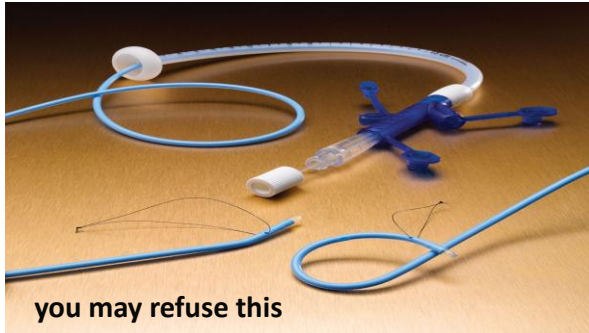
208

oral N&H ≠
“treatment”

209

basic care

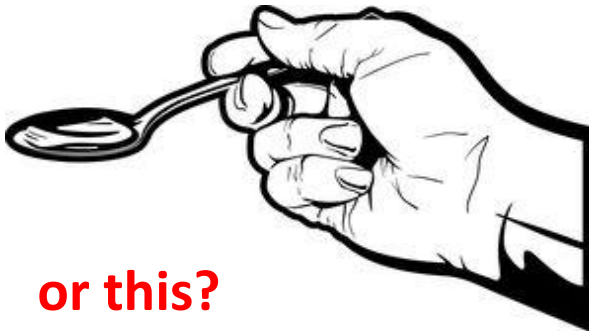
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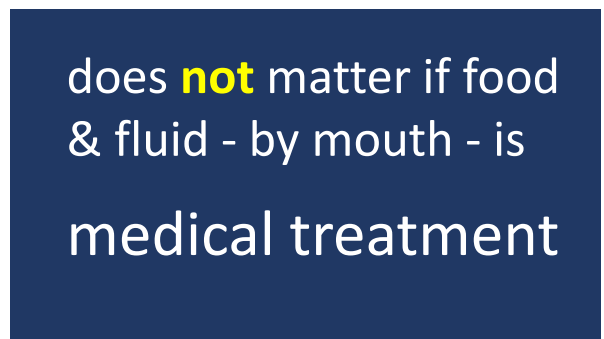
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214



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216

right to refuse
any intervention

217

medical
or not

218

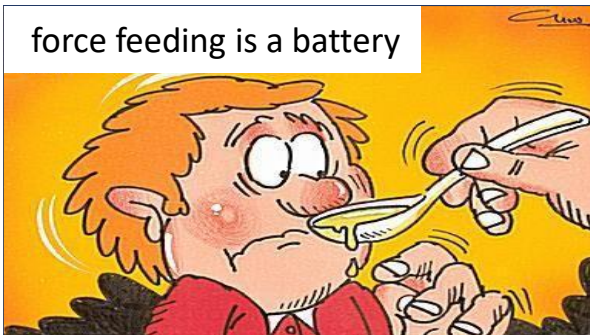
healthcare
or not

219

right to refuse
any
unwanted contact

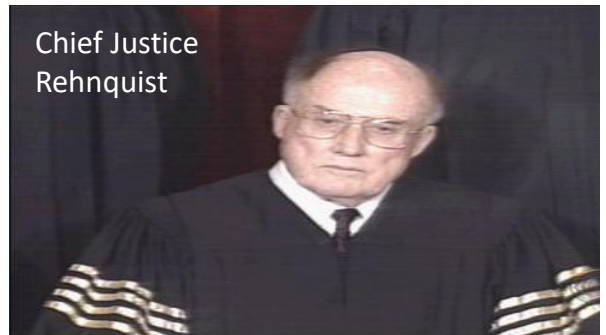
220

force feeding is a battery



221

Chief Justice
Rehnquist



222

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

223



224

Medicare
Conditions of
Participation
for Hospice

225



226

“patient has a right to refuse care **or** treatment”

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

227



VNSNY HOSPICE & PALLIATIVE CARE
POLICY and PROCEDURE

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

228

“ethical &
legal option”

229

because

230

“well-settled right
... to refuse **any**
unwanted
intervention”

231

VHA DIRECTIVE 1004.03(1)



**U.S. Department
of Veterans Affairs**
Veterans Health
Administration

232



233

VSED is
legal

234

sizable, settled,
& stable
consensus

235

**challenges
with VSED**

236

clinical & ethical
questions

237

1 eligibility

238

who is eligible
for VSED

239

patient must
have **capacity**

240

patient does
not need
terminal illness

241

but

242

does patient
need a **serious**
illness

243

what illnesses
are serious
enough

244

must patients
with longer
prognosis meet
higher standards

245

psychiatric consult
spiritual care
evaluation

246

social work
evaluation
ethics consult

247



248

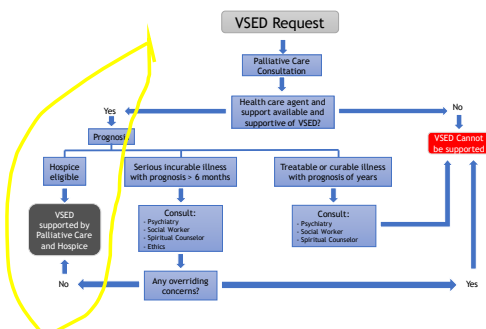
one H system
puts VSED Pts
in 3 categories

249

hospice
eligible

prognosis < 6 mo

250

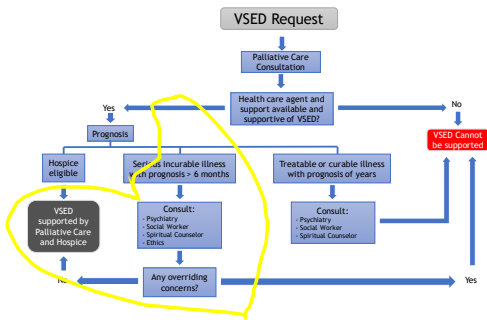


251

incurable
disease

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

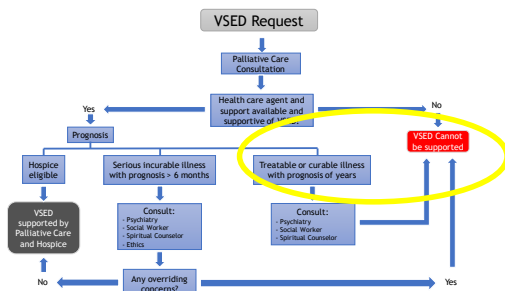
252



253

psychological
& existential
prognosis > years

254



255

those are just
some **eligibility**
questions

256

in addition to
eligibility
questions ...

257

2 MD-Pt
discussion

258

how to **counsel**
& advise

259

can you **raise**
VSED as an option
or only **respond**

260



261

3 revocation

262

patient **already**
started VSED

263

patient then
asks for water

264

capacity →
give water

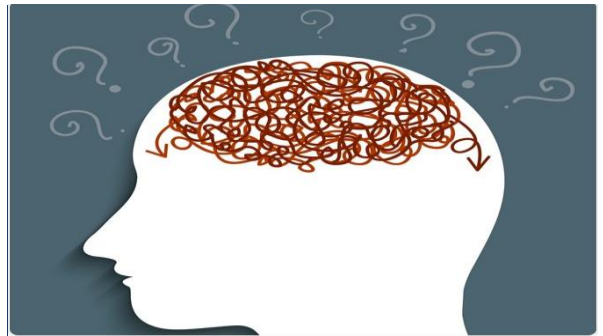
265

but

266

day 4-5
confused &
delirious

267



268

reassess
mouth care
sprays & swabs

269

remind
patient of
VSED plan

270

show
patient her
own video

271

what if patient
persists in
requests?

272

give water
or
stick to VSED

273



274

need more
guidance

275



276

VSED by patient
with capacity

277



278

VSED for
incapacitated
patients

279

roadmap

280

4 parts

281

what is
VSED advance
directive

282

demand
big & growing

283

support by
healthcare
policies

284

support by
AD laws

285

what is
VSED advance
directive

286



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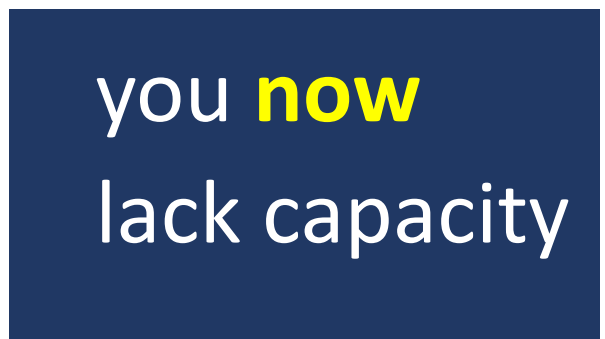
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cannot
authorize
VSED

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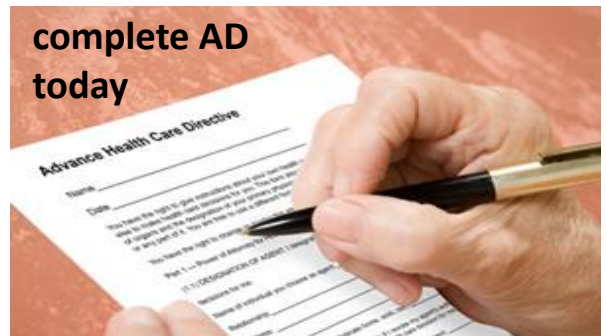
SO...

296



297

**complete AD
today**



298



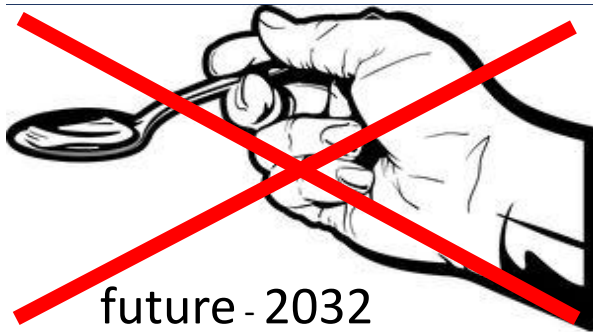
299

c. Additional Specific Instructions Regarding Care That I DO or DO NOT Want:

*do not feed me - by
mouth - when I reach
advanced dementia*

5

300



301

after patient
loses capacity

302

at **point**
Pt specifies

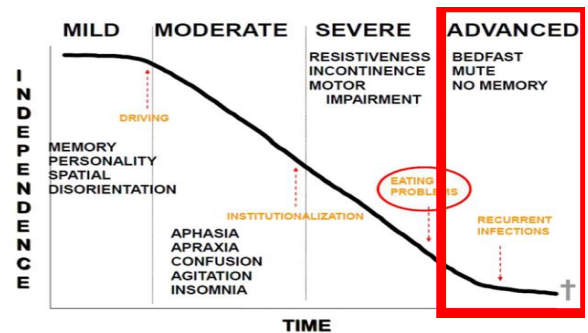
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304

clinical
triggers

305



306

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

307



308



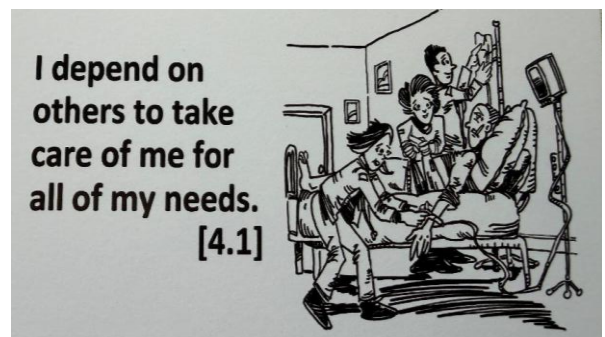
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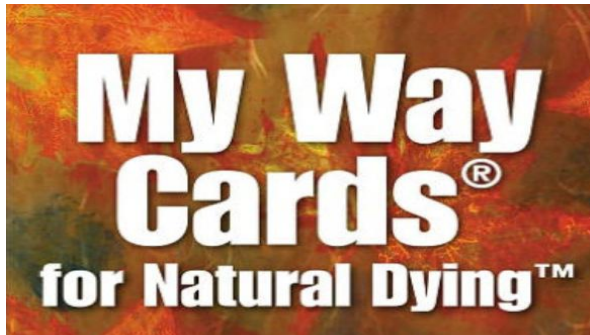
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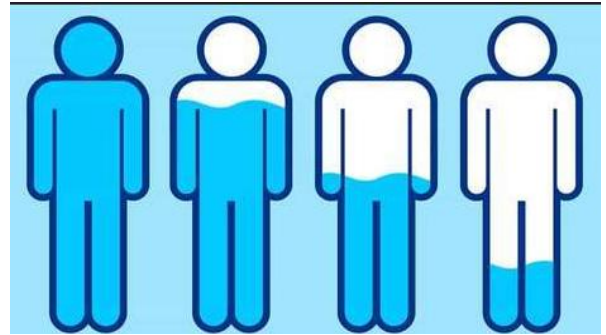
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315

A Piece of My Mind

My Living Will

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

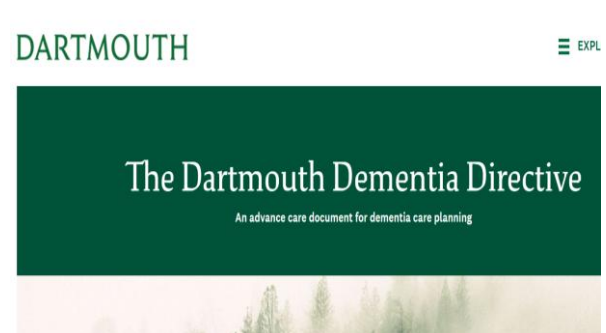
I, William Arthur Hensel, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and incurable. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means.

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

316



317



318



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

319



320

SUPPLEMENTAL ADVANCE DIRECTIVE FOR DEMENTIA CARE



I make this Supplemental Advance Directive for Dementia Care to inform my health care providers, loved ones, and health care agent of my treatment instructions in the event I lack capacity to give instructions myself. I am fully competent at this time. I have a separate, general advance directive in place. I ask that my general advance directive be maintained in my patient chart and applied according to its terms and that it be supplemented by this Advance Directive for Dementia Care.

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Dementia Provision Advance Directive Addendum

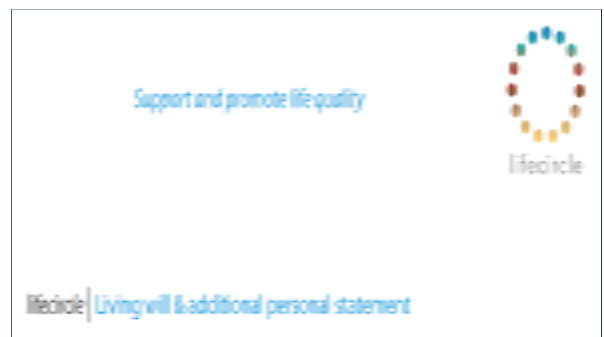


The following document can be added to any advance directive to provide guidance regarding consent to or refusal of certain therapies. Once completed, signed and witnessed, it should be kept with the advance directive.

322



323



324



Introduction to our Supplemental Advance Directive For Dementia

325

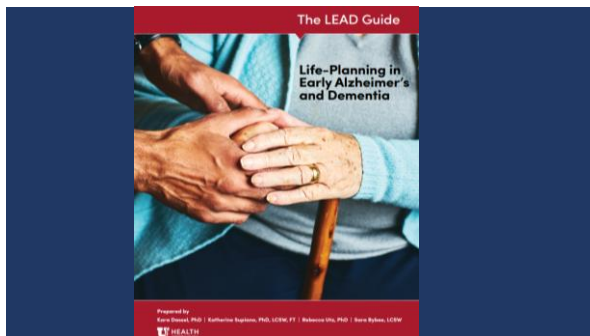


4. ☐ **ASSISTED FEEDING.** If I am unable to feed myself, then spoon feed me whatever I seem to enjoy, and no more. Do not feed me or apply medical interventions, such as tubes and IVs, so that I might live longer.

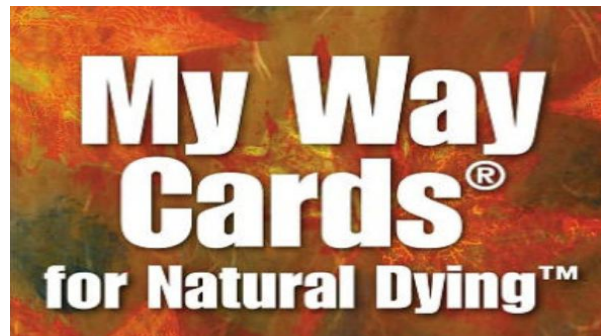
☐ If this sentence is initialed and any of the choices 5, 6, or 7 are initialed, the latter are **not** to be implemented if they put my agent or any of my caregivers at criminal risk.

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.

326

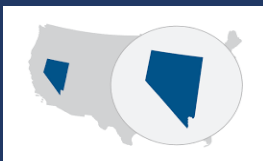


327



328

Power of Attorney for Adult with Dementia



Nev. Rev. Stat.
162A.870

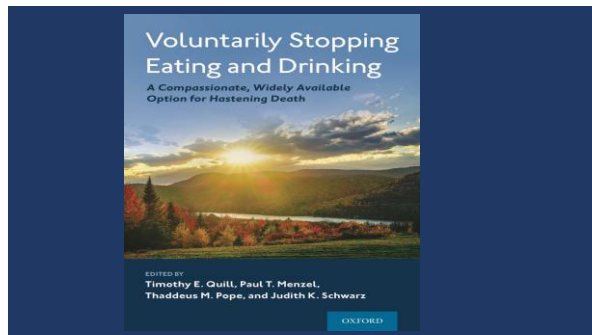
329

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 ☐

330



331

WashingtonLawHelp.org

Maintained by
Northwest Justice Project

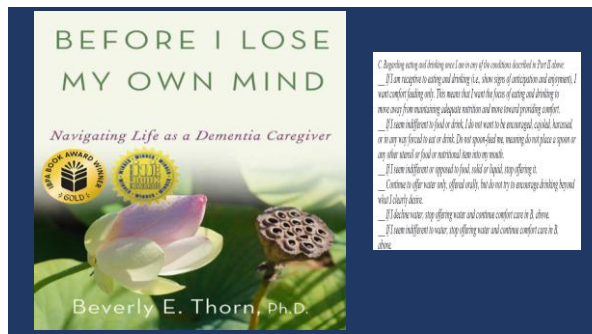
Legal Topics • Legal Directory • Self-Help Forms • Get Legal Help • Eviction Help • About Us

Home > All Topics > Planning Ahead / Seniors Search for Your Issue



Planning Ahead / Seniors

332



333

Quicken
WillMaker
& Trust

334

Estate Planning You Can Trust

Simple. Easy. Trusted.

Quicken WillMaker & Trust by Nolo is America's #1 estate planning software. Get immediate access to easy-to-use software and create your customized will today. Make a living trust, healthcare directive, power of

335



FARR LAW FIRM
Protecting Seniors and their Families by
Preserving Dignity, Quality of Life, and
Financial Security.

336

“incorporating ...
**assisted oral
feeding** ... into ...
directives”

337



338

why growth
VSED ADs

339



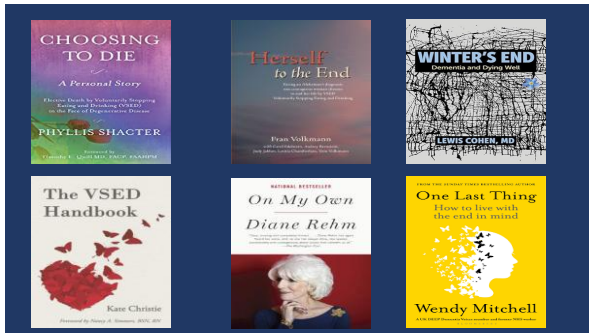
340



341

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

342



343



344



345



346



347



348

life **still**
worthwhile

349

earliness
problem

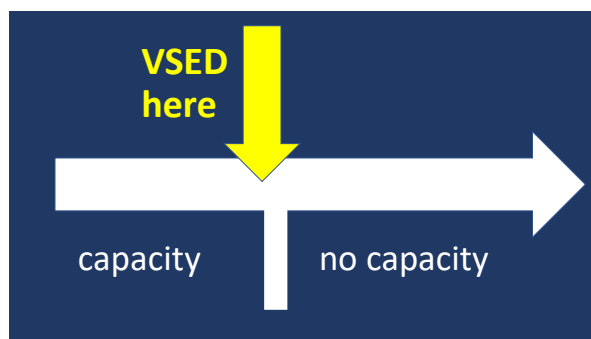
350

must be
preemptive

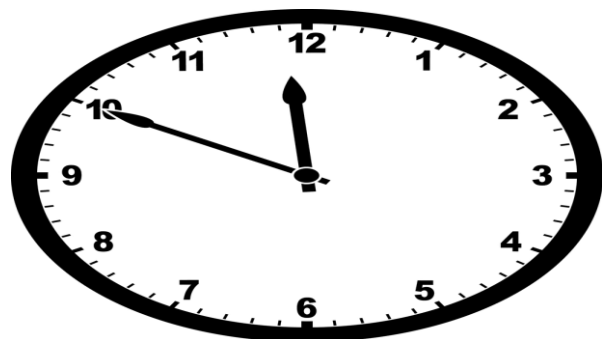
351



352



353



354

but

355

WARNING

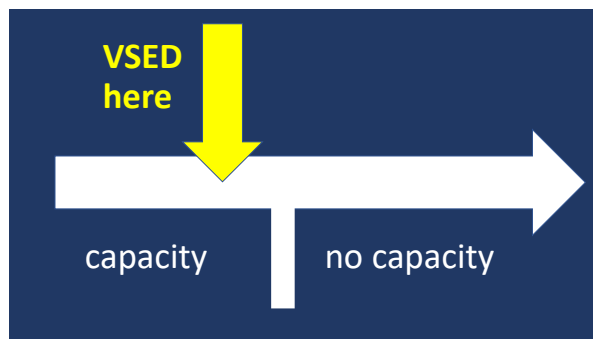
356



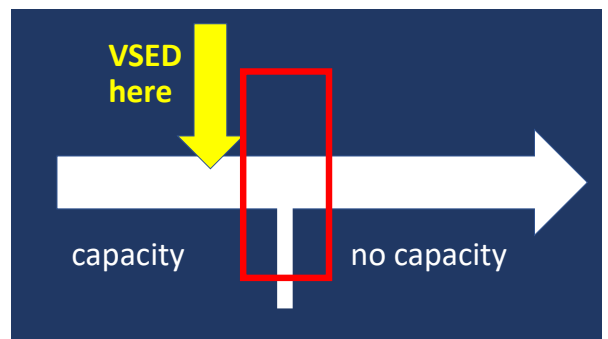
357



358



359



360

premature
dying

361

current situation
still acceptable

362

VSED **not**
good option

363

at **this** time

364

not ready
to die

365

concerned
about **future**
circumstances

366

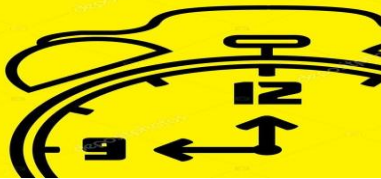
lack capacity
at future time

367



368

Now
or
never.



369

must be
preemptive

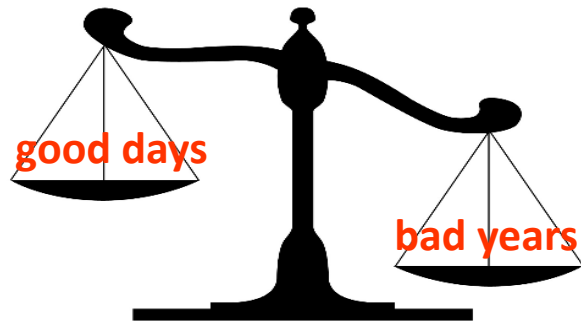
370

POETIC

371

“give up good
days - to avoid
bad **years**”

372



373



374

avoids
earliness
problem

375

VSED **only** when Pt
reaches intolerable
conditions

376

**growing
acceptance**

377



378

2019

379

no

380

duties to
current self
are primary

381

give water to
LTC resident

382

despite
VSED directive

383

but

384

2023

385



386

honor the
VSED AD

387

legality of
VSED **by** AD

388

VSED legal
all 56 U.S.
jurisdictions

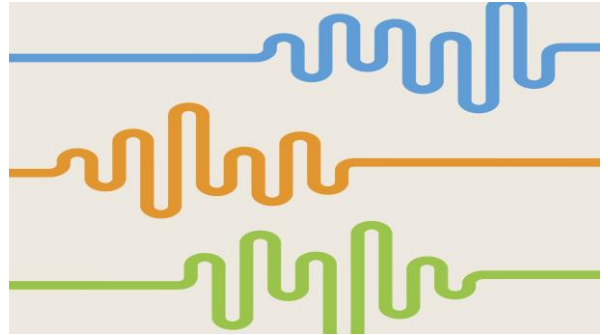
389

but

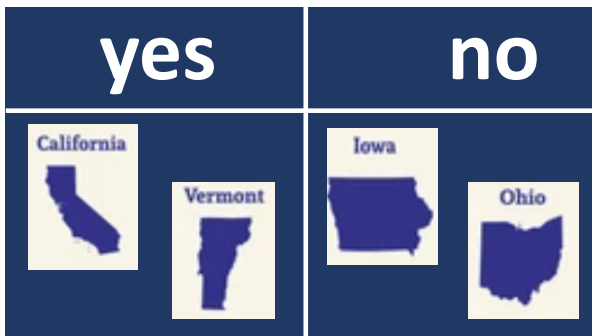
390



391



392



393



394



395



396

CHAPTER 144A

LIFE-SUSTAINING PROCEDURES

Referred to in §142C.12B, 144B.6, 144D.4, 235B.2, 235E.1, 235F.1, 633.635, 707A.3, 726.24

Policy statement; see 85 Acts, ch 3, §1

See also chapter 144B concerning durable power of attorney for health care

144A.1	Short title.	144A.7A	Out-of-hospital do-not-resuscitate orders.
144A.2	Definitions.	144A.8	Transfer of patients.
144A.3	Declaration relating to use of life-sustaining procedures.	144A.9	Immunities.
144A.4	Revocation of declaration.	144A.10	Penalties.
144A.5	Determination of terminal condition.	144A.11	General provisions.
144A.6	Treatment of qualified patients.	144A.12	Application to existing declarations.
144A.7	Procedure in absence of declaration.		

397

“adult may execute a declaration ... directing that **life-sustaining procedures** be withheld or withdrawn”

398

“life-sustaining procedure does **not include** **nutrition or hydration** except parenterally or ... intubation”

399

SO...

400

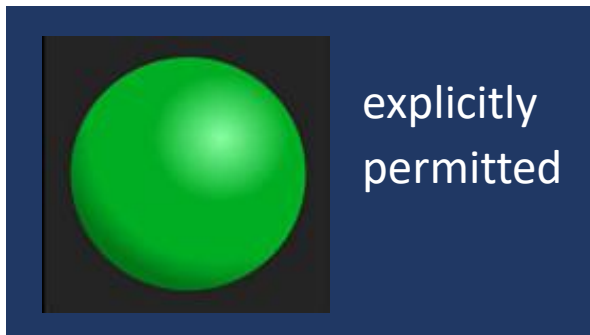
Iowa AD may **not** direct VSED

401

advance directive

ONH

402



403



404

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 ☐

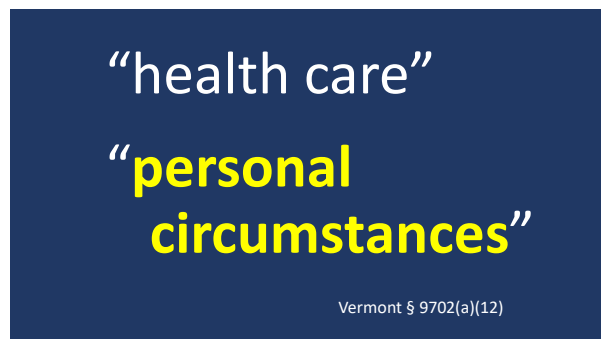
405



406



407



408

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

Vermont §§ 9702(a)(5), 9701(12)

409

advance
directive

ONH

410

explicitly
permitted

411

VHA DIRECTIVE 1004.03(1)



**U.S. Department
of Veterans Affairs**

Veterans Health
Administration

412

VA Form 10-0137

OMB Approval Number 2900-0556
Estimated Burden Avg: 30 minutes
Expiration Date: 04/30/2027



Department of Veterans Affairs

**VA ADVANCE DIRECTIVE
DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILL**

413

A - SPECIFIC PREFERENCES ABOUT LIFE-SUSTAINING TREATMENTS

In this section, you can indicate your preferences for life-sustaining treatments in certain situations. Life-sustaining treatments are:

- CPR (cardiopulmonary resuscitation)
- a breathing machine (mechanical ventilation)
- kidney dialysis
- a feeding tube (artificial nutrition and hydration)

414

but

415

C - ADDITIONAL PREFERENCES

This section is optional. In this space, you can write other important preferences for your health care that are described somewhere else in this document. For example, these might be social, cultural, or faith-based preferences for care, or preferences about treatments such as feeding tubes, blood transfusions, or pain medications. If more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

416

C - ADDITIONAL PREFERENCES

This section is optional. In this space, you can write other important preferences for your health care that are described somewhere else in this document. For example, these might be social, cultural, or faith-based preferences for care, or preferences about treatments such as feeding tubes, blood transfusions, or pain medications. If more space, you may attach extra pages and use this space to refer to attached pages. Be sure to initial and date every page that you attach.

***do not feed me - by
mouth - when I reach
advanced dementia***

417



418

ADs for VSED
are valid ADs
in **many** states

419

BIGGEST PROBLEM

420

conflict

421

prior
self **vs** now
self

422

AD & agent
direct VSED

423

VSED
begins

424

but

425



426



427

whose wishes
do we respect?

428

prior self
or
current self

429

now patient
or
then patient

430



431



432

“ignore my
future self”

433

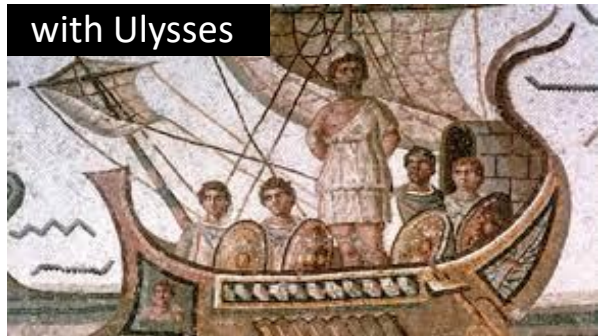
“stick to VSED
plan in my AD”

434

“no hand feeding
even if I appear to
cooperate by opening
my mouth”

435

with Ulysses



436

prior self
prevails

437

but

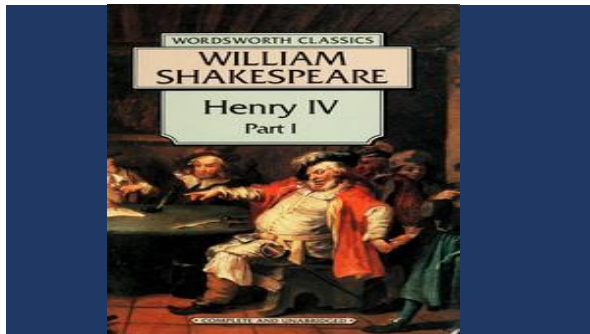
438

implementation & compliance challenges

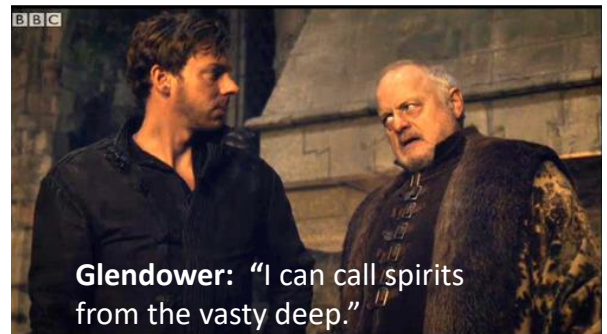
439

can you leave
VSED instructions
in an AD?

440

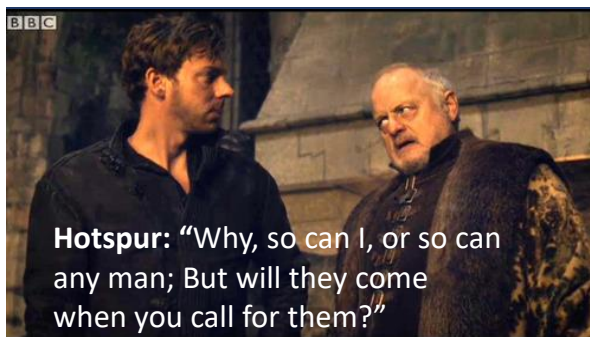


441



Glendower: "I can call spirits
from the vasty deep."

442



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

443

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

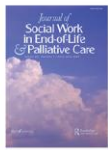
444

but ... will it
be **followed**

445

clinicians are
reluctant to
follow VSED ADs

446



Journal of Social Work in End-of-Life & Palliative Care

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wws20

**"They Make the Will, But They Want the Food:"
Staff Perspectives on Challenges in Implementing
Dementia Advance Directives Related to Stopping
Feeding**

Meredith Levine & Mercedes Bern-Klug

447



448

so

449



450

Special Article

"Mr. Smith Has No Mealtimes": Minimal Comfort
Feeding for Patients with Advanced Dementia

Hope A. Wechkin, MD, Paul T. Menzel, PhD, Elizabeth T. Loggers, MD, PhD, Robert C. Macauley, MD,
Thaddeus M. Pope, JD, PhD, Peter L. Reagan, MD, and Timothy E. Quill, MD



451

minimal
comfort
feeding

452

contrast

453

VSED / **zero**
N&H

454

MCF / **some**
N&H

455

only enough
to address
discomfort

456

responsive feeding

457

HPM clinicians

>**80%** support
for MCF



458

The New York Times

She Didn't Want to
Live With Advanced
Dementia. So Why Was
She Being Kept Alive?

<https://www.nytimes.com/2015/04/30/well/late-stage-dementia-minimal-comfort-feeding-advance-directives.html>

459

HAVE YOUR CAKE AND EAT IT TOO



460

achieve Pt goal to
avoid LSD

yet **avert** suffering

461

conclusion

462



463



464



465



466



467



468

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W www.thaddeuspope.com

B medicalfutility.blogspot.com

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