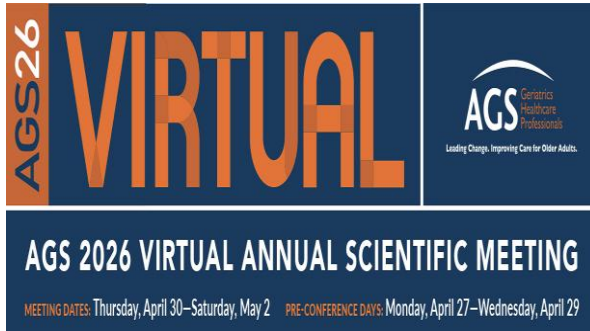




1

Point-Counterpoint Are Dementia VSED Advance Directives Ethical, and Should Clinicians Honor Them?

2

yes

3

dementia VSED advance
directives **are** ethical

and clinicians **should**
honor them

4

Thaddeus Pope

April 30, 2026

5

1 disclosure

6



7



8



9



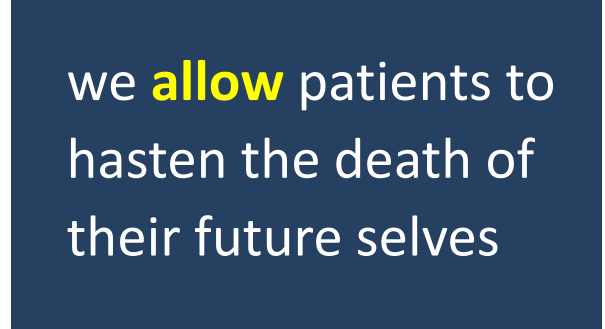
10

Physician Billing for Advance Care Planning Among Medicare Fee-For-Service Beneficiaries, 2016-2021

Nan Wang, PhD¹; Changchuan Jiang, MD, MPH²; Elizabeth Paulk, MD³; Tianci Wang, MS⁴; Xin Hu, PhD⁵

Perm J 2025;29:24.177 • <https://doi.org/10.7812/TPP/24.177>

11



12

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

13



14

what Tx
they **want**

15

what Tx they
do **not** want

16

we **permit**
patients
to direct

17

withholding
or
withdrawing

18

dialysis
antibiotics
mech vent

19

CPR
defibrillation
blood products

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

roadmap

32

4 parts

33

what is
dementia VSED
advance directive

34

demand is
big & growing

35

support by
healthcare
policies

36

support by
AD laws

37

what is
dementia VSED
advance directive

38



39



40



41



42

never wanted
to live like this

43

but

44

cannot now
authorize VSED

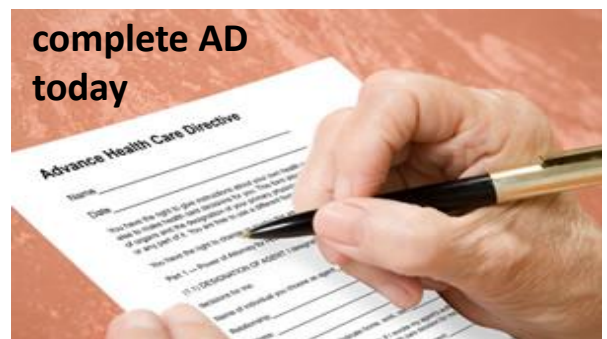
45

so...

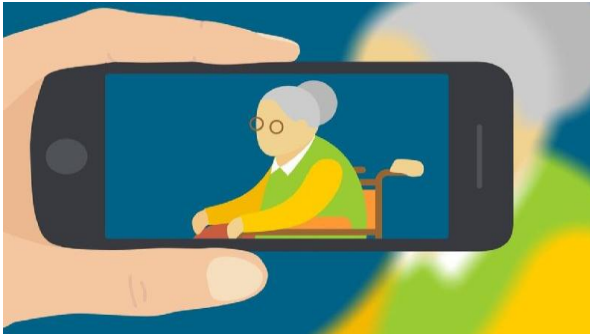
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47



48



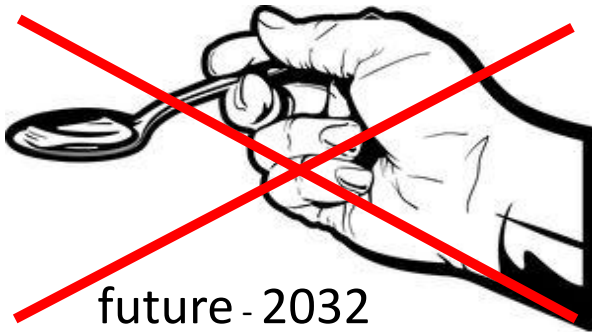
49

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

50



51

when does
hand/spoon
feeding stop?

52

at **point**
Pt specifies

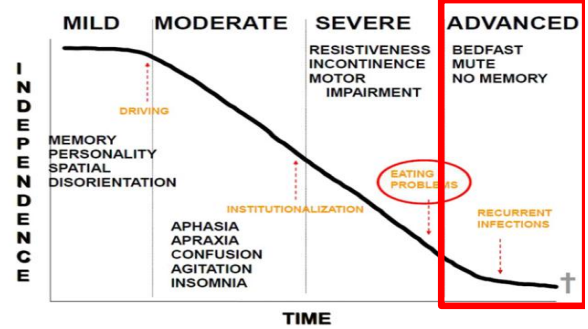
53



54

clinical triggers

55



56

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

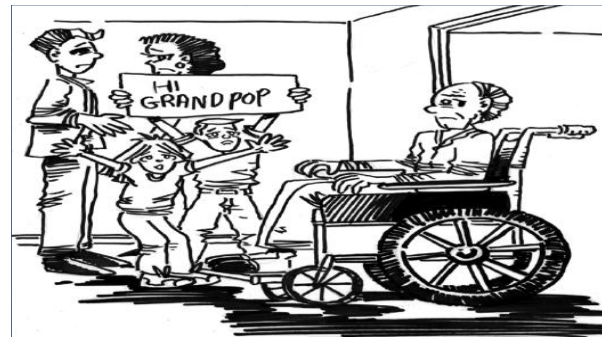
57

functional triggers

58



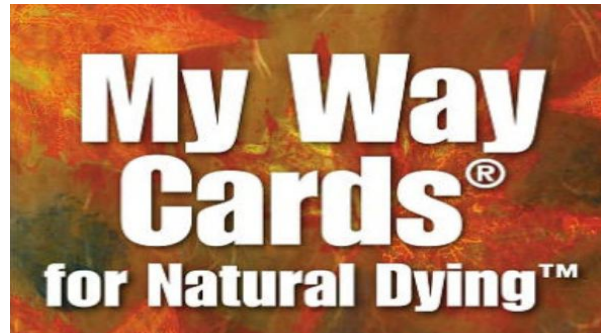
59



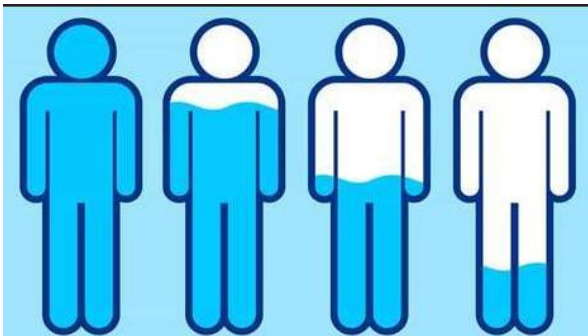
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61



62



63



64

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 vasant-looking body reflexively swallowing food and

65



66

DARTMOUTH

EXPL

The Dartmouth Dementia Directive

An advance care document for dementia care planning

67



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

68



69

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.

70

Dementia Provision Advance Directive Addendum

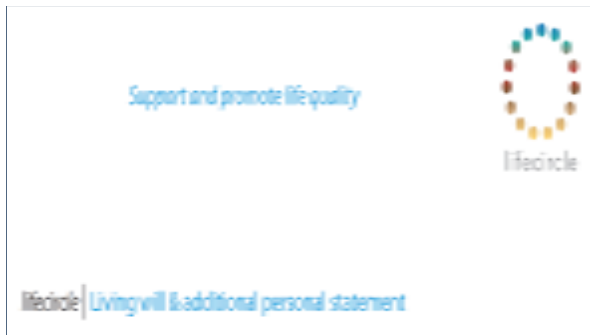


The following document can be added to any advance directive to provide guidance regarding consent to or refusal of certain therapies. Once completed, signed and witnessed, it should be kept with the advance directive.

71



72

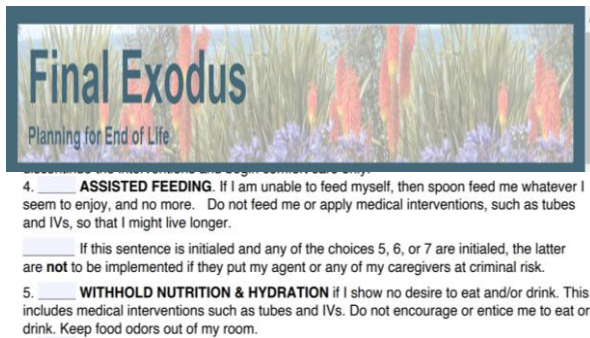


73

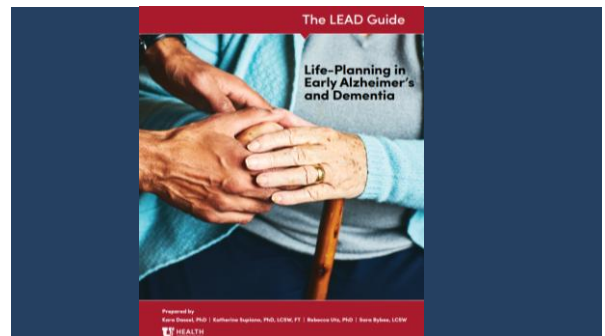


Introduction to our Supplemental Advance Directive For Dementia

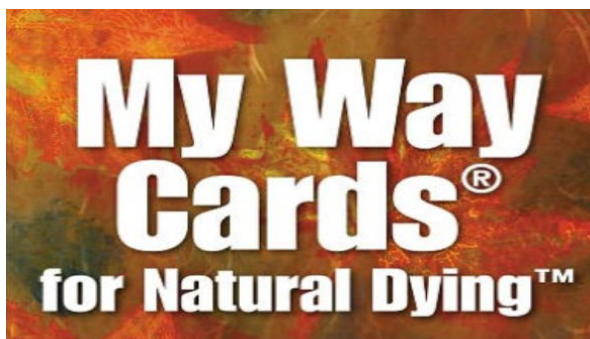
74



75



76



77



78

NEVADA ADVANCE DIRECTIVE FOR ADULTS WITH DEMENTIA
PAGE 7 OF 10

PART 2. END-OF-LIFE DECISIONS ADDENDUM STATEMENT OF DESIRES.

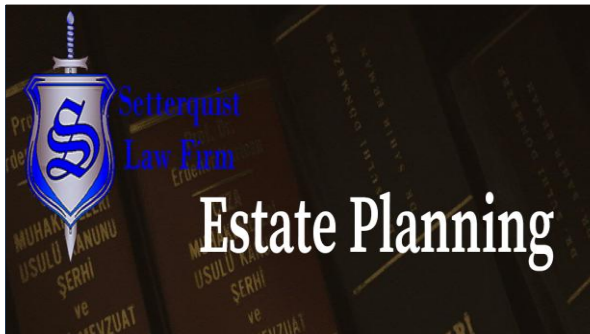
4. I want to get food and water even if I do not want to take medicine or receive treatment. YES ☐ NO ☐

79

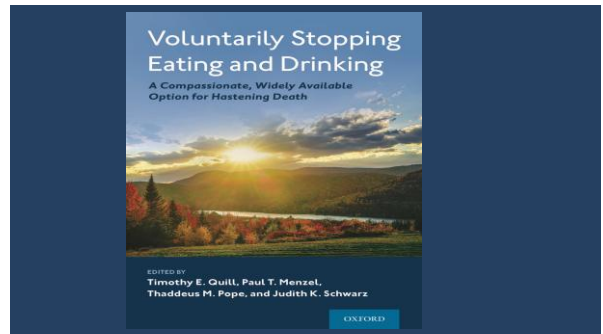


Making the Case for a Dementia Directive

80



81



82

WashingtonLawHelp.org



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

83



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 attorney and so much more. There's never been an easier, more affordable way to protect your family, home and assets.

84



85



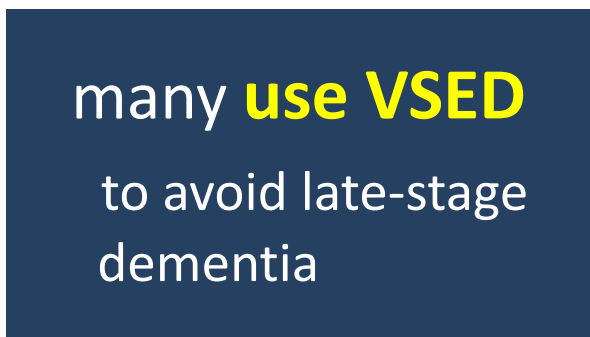
86



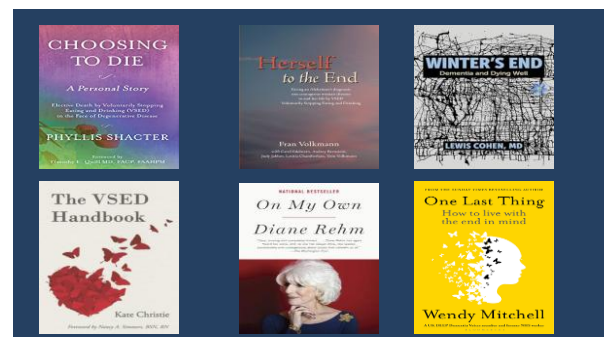
87



88



89



90

but

91



92

VSED while
still have
capacity

93



94

too **soon**

95

life **still**
worthwhile

96

must be
preemptive

97



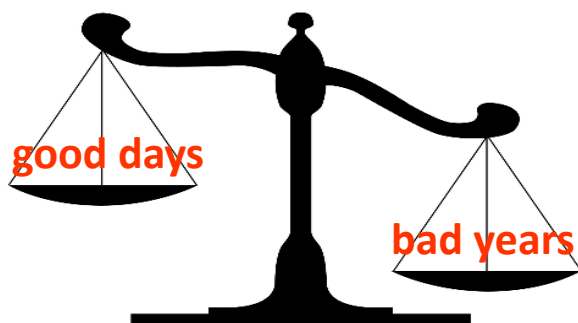
98



99

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

100



101



102

avoids
earliness
problem

103

support
for dementia VSED
advance directives

104



105

AMENDED
April 12, 2024

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

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

ADVANCE CARE PLANNING

106

9. NATURALLY ADMINISTERED NUTRITION AND HYDRATION

107

default

108

“**naturally administered**
nutrition & hydration (i.e., food
and fluids taken by mouth and
provided by hand, spoon, cup
or straw) are part of ... **basic**
care offered to **all** patients”

109

but

110

2 opt outs

111

patients **with**
DM capacity

112

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

113

patients who
have **lost**
DM capacity

114

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

115

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

116



117

may honor
VSED advance
directives

118

should honor
VSED advance
directives

119



120

2019

121

no

122

duties to
current self
are primary

123

give water to
LTC resident

124

despite
VSED directive

125

but

126

2023

127



128

honor the
VSED AD

129

support
for dementia VSED
advance directives

130

VSED legal
all 56 U.S.
jurisdictions

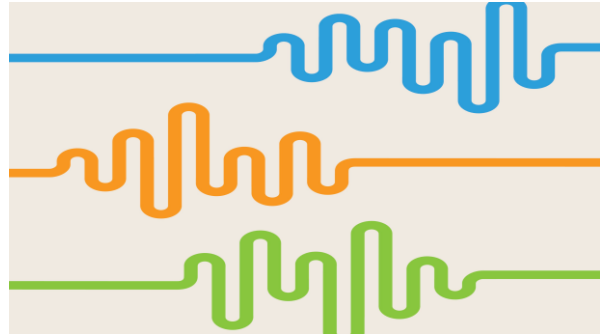
131

but

132



133



134



135



136



137



138

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.		

139

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

140

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

141

SO ...

142

Iowa AD may **not** direct VSED

143

advance directive

ONH

144

but

145



explicitly
permitted

146



147

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 ☐

148

Vermont



149

“health care”
“**personal
circumstances**”

VT § 9702(a)(12)

150

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

VT 9702(a)(5), 9701(12)

151



152

VSED ADs
are valid in
many states

153

advance
directive

ONH

154



155



156

“circumstances
... **food & liquids**
... discontinued”

157

NEW YORK



158

NEW JERSEY



159

ASSEMBLY, No. 1352

STATE OF NEW JERSEY

222nd LEGISLATURE

"Dementia Dignity and Advance Care Planning Act."

160

**BIGGEST
PROBLEM**

161

conflict

162

prior **vs** now
self self

163

patient **has**
VSED AD

164

time to
honor AD

165

but

166

I'm thirsty



167

whose wishes
do we respect?

168

prior self
or
 current self

169

then patient
or
 now patient

170

2 fixes

171

fix 1

172



173

ignore my
 future self

174

stick to VSED
plan in my AD

175

with Ulysses,
prior self
prevails

176

fix **2**

177

minimal
comfort
feeding

178

216 Journal of Pain and Symptom Management

Vol. 69 No. 2 February 2025

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



179

rather than **zero**
N&H (VSED)
just enough to
address discomfort

180

address **both**
goals of **then Pt**
and
needs of **now Pt**

181



182

VSED	MCF
10 days	20 days

183

conclusion

184



185



186



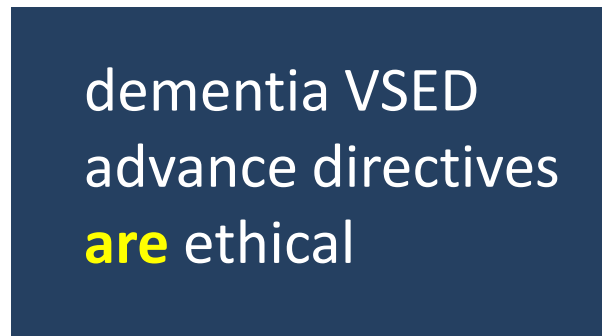
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188



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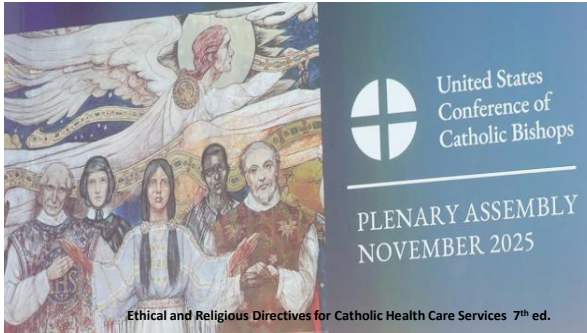
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191



192



193

unless they have a
conscience-based
objection

194

clinicians **should**
honor VSED
advance directives

195

*Thank
you!*

196

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B medicalfutility.blogspot.com

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