

Central Valley Regional Bioethics Conference

Sponsored by the Central Valley Regional Bioethics Committee

Friday, October 17, 2025 | 8:30 a.m. - 4:30 p.m.

Valley Children's Hospital
9300 Valley Children's Place, Madera, CA

1

2:15 - 3:45

2



3

QUIZ TIME

4

you are **all** going to **die**

5

if you **must** die from failure of an organ system, **which one** do you prefer?

6

lungs
liver
kidneys
heart

7

Join by Web
PollEv.com/thaddeuspope157

Join by Text
Send **thaddeuspope157** and your message to **37607**

Join by QR code
Scan with your camera app

8



9

thank you
we'll come
back to this

10

VSED Advance Directives
for Dementia: Are They
Legal & Implementable?
Is There a Middle Ground?

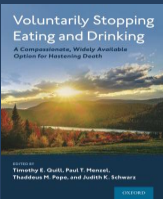
11

Thaddeus Pope
for
CVR Bioethics Conference
October 17, 2025

12

nothing
to disclose

13



royalties
from Oxford
University Press

14

VSED

15

Voluntarily
Stopping
Eating &
Drinking

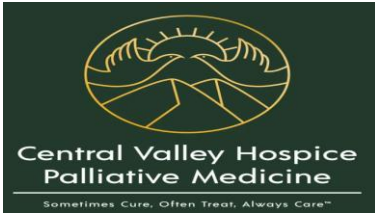
16



17

**local
providers**

18



19



20



21



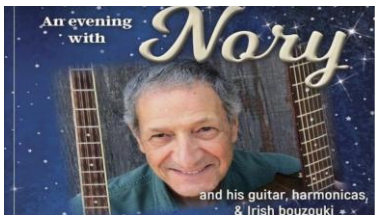
22



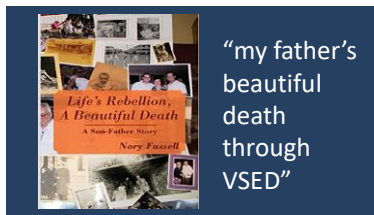
23



24



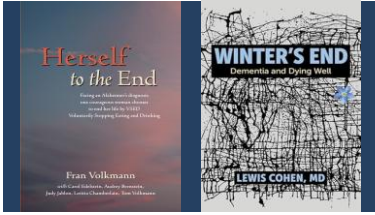
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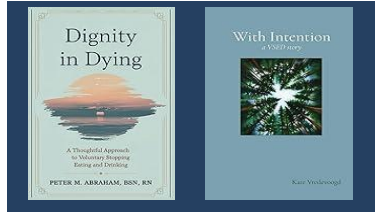
26



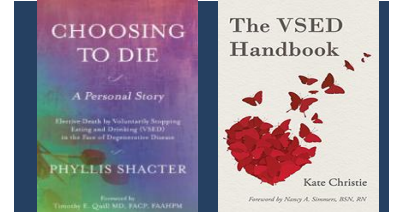
27



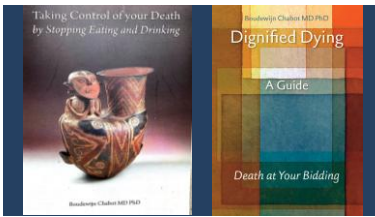
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31



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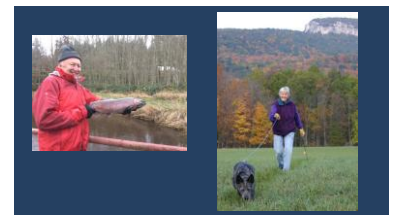
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34



35



36



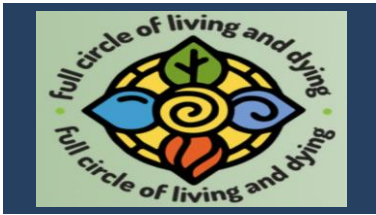
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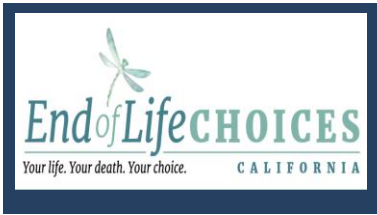
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39



40



41

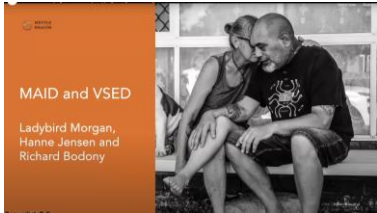


42

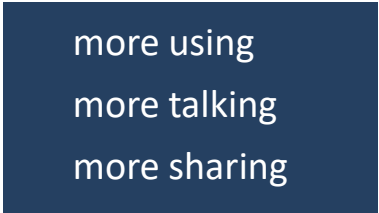


Marin County therapists

43



44



45



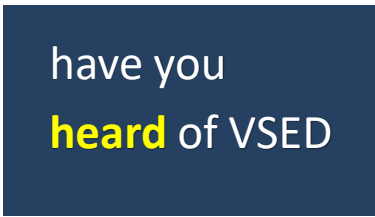
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47



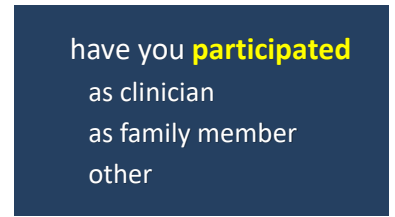
48



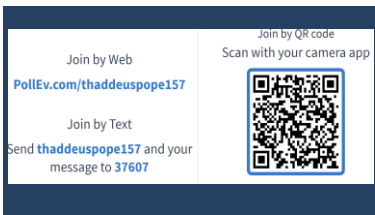
49



50



51



52



53



54

roadmap

55

10 parts

56

fear of
dementia

57

limits
CA EOLOA

58

what is
VSED?

59

clinical status
of VSED

60

VSED is
legal

61

challenges
when facing
VSED requests

62



63

VSED
by AD

64

VSED
by SDM

65

MCF by
AD or SDM

66



67

fear of
dementia

68

patients use
VSED for
many reasons

69



70

More than 6 million Americans are estimated to have Alzheimer's disease.

Learn about dementia, ways to help reduce your risk, and more at www.alzheimers.gov.

#NIAAlzheimers

NIA

71

1 IN 10 PEOPLE 65-AND-OVER HAS ALZHEIMER'S DEMENTIA

Alzheimer's Association

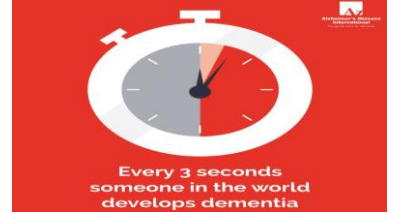
72



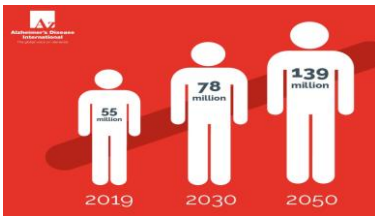
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74



75



76



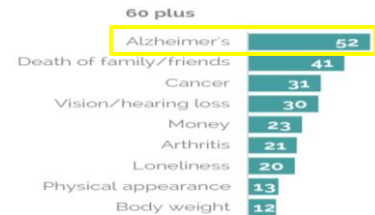
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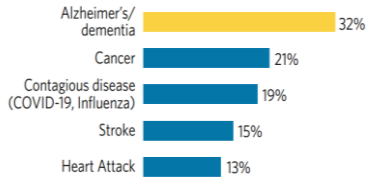


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81

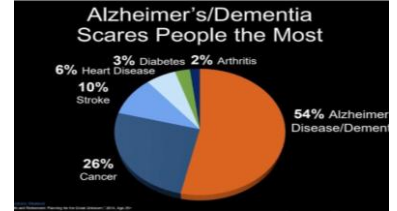
Retirees' most feared condition of later life



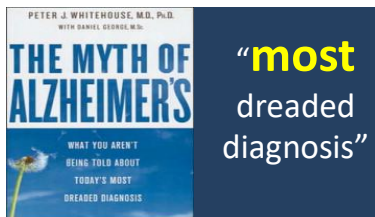
82

one-third fear Alzheimer's **most**
11 points higher than cancer

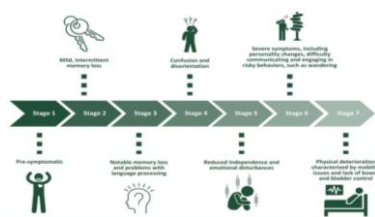
83



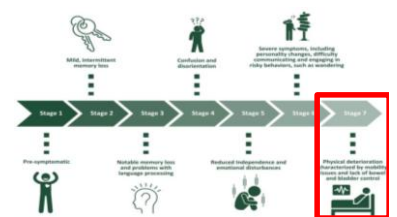
84



85



86



87

cannot **interact** with their environment

88

need **help** - with almost **all ADLs**

89

bowel and bladder **incontinence**

90

SO...

91



92

hasten death to avoid late-stage dementia

93

but how?

94

CA EOLOA

95

SB 403 SIGNED INTO LAW
California's End of Life Option Act is now permanent

96



97



98

but

99

2 eligibility requirements

100

capacity

101

terminally ill

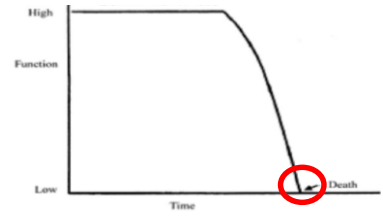
102

final stage of an **incurable & irreversible** physical medical condition

103

will cause death **< 6 months**

104



105

can patients with dementia **qualify** for MAID

106

yes

107

patients with dementia **can** (and **already do**) qualify for MAID

108

stage 1 Alzheimer's
+
metastatic cancer

109

capacity (only stage 1) ✓
terminal illness (from Ca, not Alz) ✓

110

but

111

dementia
SUMC

112



113



114



115

capacity →
no terminal illness

116



117

terminal illness →
no capacity

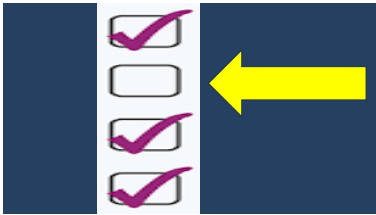
118

terminal illness =
dementia → →
no ability
self-ingest

119

dementia
SUMC

120



121

2024

122



123

AMENDED IN SENATE MARCH 19, 2024
SENATE BILL No. 1196
Introduced by Senator Blakespear
February 14, 2024

124

amend
CA EOLOA

125

~~terminal
illness~~

126

“terminal illness”
↓
“grievous & irremediable medical condition”

127

grievous & irremediable medical condition

128

“diagnosis of **early to mid-stage dementia**”

129

cancer
ALS
dementia

130

FAIL

131

~~CA EOLOA~~

132

yet even without S.B. 1196

133

Californians with SUMC dementia can (**and do**) still get MAID

134



135



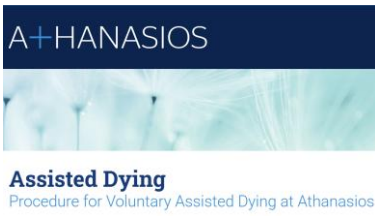
136

DIGNITAS
To live with dignity
To die with dignity

137



138



139



140



141



142



143



144

VSED

145

what is
VSED?

146

patient **with**
capacity

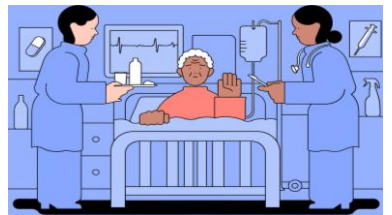
147

able to take
food & fluid
by mouth

148

voluntary
decision
to stop

149



150

≠ ANH

151

≠ natural loss
appetite

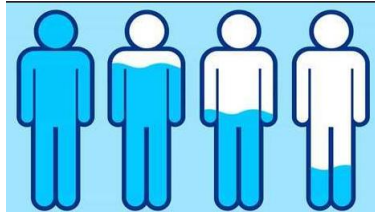
152

deliberate choice
stop fluids
by **mouth**

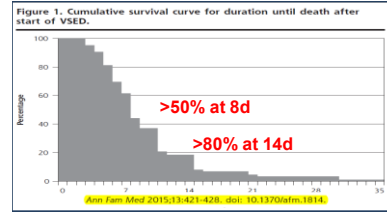
153

goal = death
from dehydration

154



155



156



157

VSED

158



159

clinical status
of VSED

160

1st person
narratives

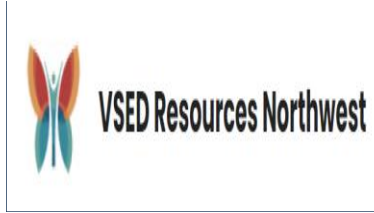
161

many
cases

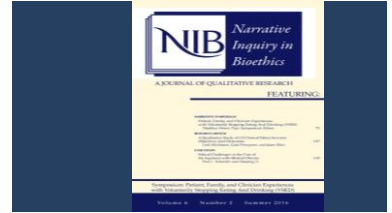
162



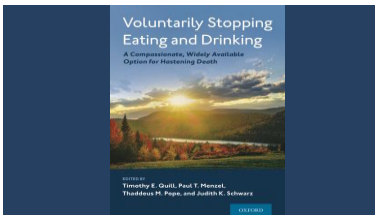
163



164



165



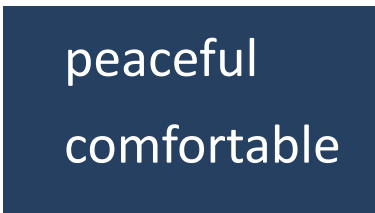
166



167



168



169



170



171

most deaths
“peaceful with
little suffering”

172

if you **must** die from
failure of an organ
system, **which one**
do you prefer?


173

lungs
liver
kidneys
heart

174

dehydration
→ AKI / ACF
→ peaceful

175



Voluntarily Stopping
Eating and Drinking:
Systematic Review of
Empirical Studies

doi.org/10.1089/jpm.2024.0206

176

17 empirical
publications

177

who

178

usually
80+ year-olds
dementia or conditions
ineligible for MAID

179

how

180

mean time to death = **10** days

181

caregivers often found preparation and emotional toll **challenging**

182

but

183

most experiences were considered satisfactory

184



185



186

not just CA
not just USA

187



188



189



190

300 hospice & palliative care specialists

Shinjo T, et al. *BMC Supportive & Palliative Care* 2017;4

191

32%

experience with VSED

192

Received 2 July 2024 | Revised 2 December 2024 | Accepted 25 December 2024
DOI: 10.1002/gps.1772

ORIGINAL ARTICLE

Journal of General and Family Medicine WILEY

Withdrawal of life-sustaining treatment in Japanese home care: A cross-sectional survey

Kai Takeshita MD, PhD¹ | Noriko Nagao RN, PhD² | Toshihiko Dozono PhD³

193



194

751 family physicians

Family physicians' perspectives on voluntary stopping of eating and drinking: a cross-sectional study

195

33%

experience with VSED

196



197

700 family physicians

JOURNAL OF FAMILY MEDICINE • WWW.ABMEDSOCIETY.ORG • VOL. 13, NO. 1 • SPRING 2021

198

46%
experience with VSED

199



200

255 palliative care specialists

Hochhaus, S., L., Smith, M., & Smith, A. (2017). Reporting the prevalence, practice, and outcomes of physician-assisted suicide and physician-assisted death in the United States. *Journal of Palliative Care, 33*(1), 1-11. doi:10.1177/0898010116671111

201

61%
experience with VSED

202

SO...

203

more clinical experience with VSED

204




205



206

POSITION STATEMENT



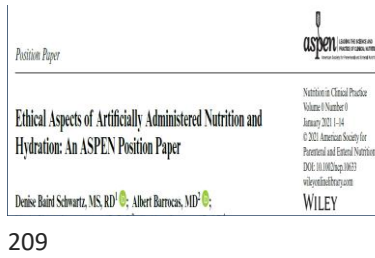
Nutrition and Hydration at the End of Life

Effective Date: 2017
Status: Revised Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

207



208



209



210



211



212



213



214



215



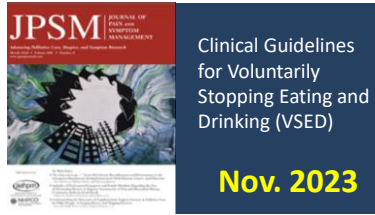
216



217

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

Jan. 2024



218

Clinical Guidelines
for Voluntarily
Stopping Eating and
Drinking (VSED)

Nov. 2023



219

validated &
comfortable
EOL option

220

more clinical experience
more professional society
statements
more clinical practice
guidelines

221

VSED is
legal

222

sizable, settled,
and stable
consensus

223

ASSEMBLY THIRD READING
AB 15 X2 (Eggman, et al)
As Amended September 3, 2015
"legally, the right of competent,
informed patients to refuse ... is
clear ... **voluntary cessation of
eating and drinking** ... extension of
that right"

224

2008

225

end-of-life
right to know
law

226



227

“when ... patient has a terminal illness ... notify the patient of his or her right ... to comprehensive information ... **legal end-of-life options**”

228

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION
ASSEMBLY BILL No. 2747
Introduced by Assembly Members Berg and Levine
February 22, 2008

229

CA court
precedent

230



231



232



233

26yo
paralyzed by cerebral palsy
severe degenerative arthritis

234

wanted VSED
wanted hospital
support

235



236

yes
Elizabeth has
that rights

237



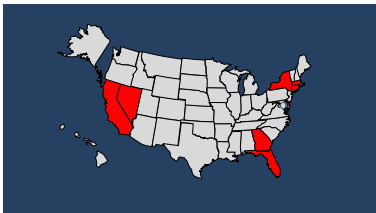
238

other CA cases
also support VSED

239

multiple
appellate
decisions

240



241

is VSED legal?
asked &
answered

242

plus

243

do **not need**
direct, explicit
authority

244

already legal
existing rules

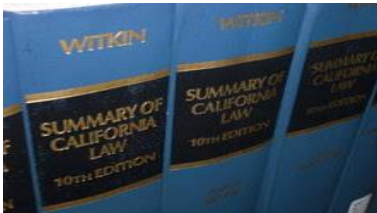
245

patients have
right to refuse
treatment

246

Daniel THOR, Petitioner,
v.
The SUPERIOR COURT of Solano
County, Respondent;
Howard ANDREWS, Real
Party in Interest,
No. S026393.
Supreme Court of California,
In Bank.
July 26, 1993.

247



248

**right to
refuse
treatment**

249

ventilator
dialysis
CPR
antibiotics
feed tube

250

**right to
refuse
treatment** **VSED**

251

not DIY

252

part of a broader
treatment plan

253

supervised by
licensed healthcare
professionals

254

recognized as
healthcare by
professionals

255

more position
statements

256

more clinical
practice
guidelines

257

but

258

right to
refuse
treatment

VSED

259

ONH = Tx

260

some
challenge
premise

261

oral N&H ≠
“treatment”

262

basic care

263



264



265



266

yes

267

right to
refuse **any**
intervention

268

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

269

right to refuse
any intervention

270

medical
or not

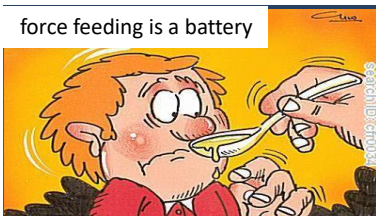
271

healthcare
or not

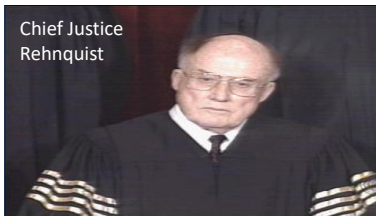
272

right to refuse
any
unwanted contact

273



274



275

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

276



277

Medicare
Conditions of
Participation
for Hospice


278



279

“patient has a right
to refuse care **or**
treatment”
42 C.F.R. 418.52(c)(3)

280



VNSNY HOSPICE & PALLIATIVE CARE
POLICY and PROCEDURE
TITLE: VSED: Responding to a Patient's Desire to
Voluntarily Stop Eating and Drinking

281

“ethical and
legal option”

282

because

283

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

284

recap

285

VSED is
legal

286

sizable, settled,
and stable
consensus

287

but

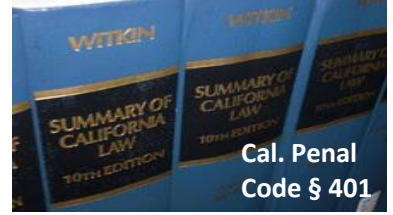
288



289

assisted suicide

290



291

“any person who ... aids ... another to commit suicide is guilty of a **felony**”

292



293

VSED = AS
AS = crime
➔ VSED = crime

294

WRONG

295



296

1

297

what does it mean to **aid**

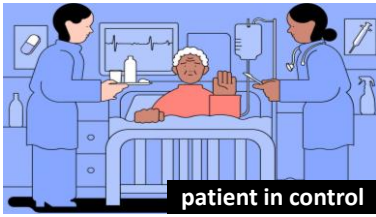
298

providing the **physical means** participating in a **physical act**

299

no aiding

300



301



302

clinician does **not cause** death

303

clinician does **not intend** death

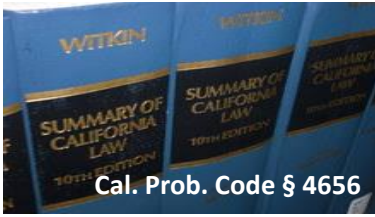
304

supporting VSED is **not** "aiding"

305

2

306



307

“death resulting from withholding or withdrawing ... does **not** for any purpose constitute a suicide”

308

SO...

309

VSED is **not** suicide

310

SO...

311

supporting VSED is **not** assisted suicide

312

3

313



314



315

palliative care \neq assisted suicide

316

comfort care ... prescribing, dispensing, administering ... any ... procedure, treatment, intervention, or other measure ... for ... diminishing the patient's pain or discomfort

317

you **may provide** symptom relief

318

4

319



320

5

321

1000s of VSED deaths

322

no healthcare licensing board discipline

323

no criminal prosecutions

324

no medical malpractice

325



326

VSED ≠ AS

327

CAL clinicians **may support** patients who VSED

328

hospice

329



330



331

2 types of cases

332



333

already on hospice
already eligible TI
 → begins VSED

334



335

not on hospice
not already eligible TI
 → begin VSED

336

does VSED
make patient
 eligible?

337



338



339

“most hospices will not
 provide direct care to
 patients with a prognosis
 greater than six months
prior to ... initiation of VSED”

340

“However, **many**
 hospices **will enroll**
 patients who have
already begun VSED”

341

1+1=?

342

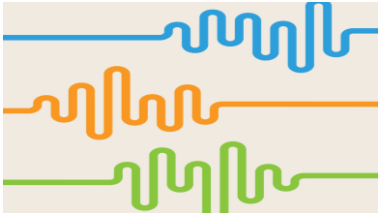
VSED → death
 < 14 days

14 days < 6 months

343

but

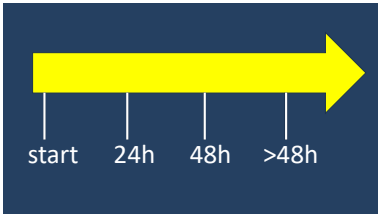
344



345

when does
VSED make
patient TI

346



347

not assessing
symptoms

348



349

if Pt will **probably**
continue VSED
then Pt **probably**
dead <6 months

350

alternate basis
for certification

351

purely **clinical**
(e.g., weight loss)
→ later

352



353

inaction
+
underlying
medical condition

354



355

F50.89
other specified
eating disorder

356

challenges
with VSED

357

we **need** more
guidelines

358

clinical & ethical
questions

359

clinical
questions

360

how to support
& palliate

361

how to **counsel**
& advise

362

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

363

ethical
questions

364

1 eligibility

365

who is eligible
for VSED

366

patient must
have **capacity**

367

patient does
not need
terminal illness

368

but

369

does patient need a **serious** illness

370

what illnesses are serious **enough**

371

must patients with longer prognosis meet **higher standards**

372

psychiatric consultation
spiritual care evaluation
social work evaluation
ethics consultation

373

those are just some **eligibility** questions

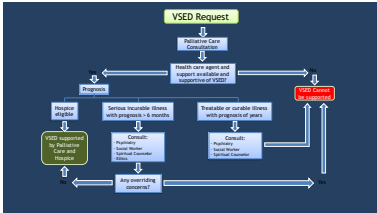
374

one system breaks VSED patients into **3** categories

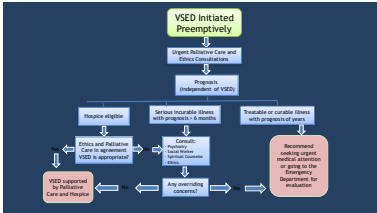
375

- 1. Hospice eligible (prognosis < 6 mo)
- 2. Incurable Disease but not hospice eligible (prognosis >6 mo)
- 3. Psychological/Existential issues (prognosis > years)

376



377



378

in addition to
eligibility
questions ...

379

2 revocation

380

what if patient
asks for water
-- after losing
capacity

381

reassess
mouth care
sprays & swabs

382

remind
patient of
their plan

383

show
patient her
own video

384

what if patient
persists in
requests?

385


**QUIZ
TIME**

386

Join by Web
PollEv.com/thaddeuspope157

Join by Text
Send **thaddeuspope157** and your
message to **37607**

Join by QR code
Scan with your camera app



387



388



389

those are just **some** of the issues to address in policies & procedures

390



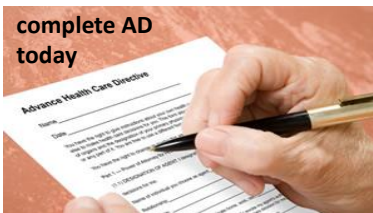
391

VSED by patient **with capacity**

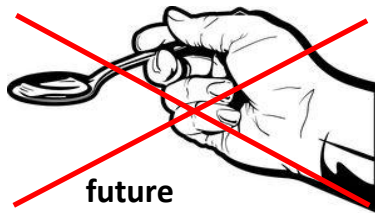
392

VSED by AD

393



394



395

after patient loses capacity

396

at **point**
Pt specifies

397



398

clinical
triggers

399

FUNCTIONAL ASSESSMENT STAGING TEST (FAST) SCALE					
Stage	Stage Name	Characteristic	Stage	Stage Name	Characteristic
1	Normal Aging	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	Severe Dementia	Needs help toileting
3	Mild Cognitive Impairment	Objective functional deficit interferes with a person's most complex tasks	6d	Very Severe Dementia	Urinary incontinence
			6e	Profound Dementia	Facial incontinence
4	Mild Dementia	Instrumental activities of daily living (IADL) become affected, such as paying bills, cooking, cleaning, traveling	7a		Speaks 5-6 words during the day
			7b		Speaks only 1 word clearly
5	Moderate Dementia	Needs help selecting proper attire	7c	Severe Dementia	Can no longer walk
			7d		Can no longer sit up
			7e		Can no longer smile
			7f		Can no longer hold up head

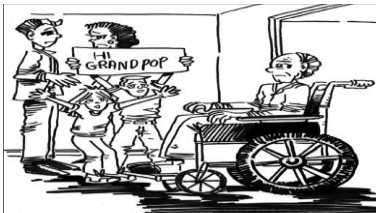
400

functional
triggers

401



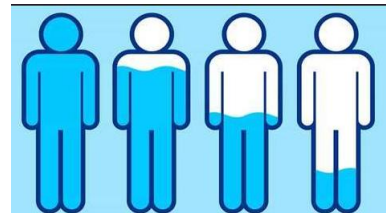
402



403



404



405



406

A Piece of My Mind

My Living Will

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

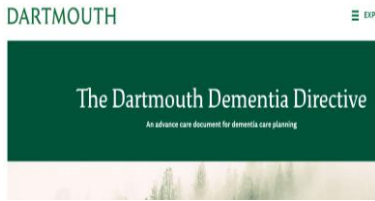
I, William Arthur Bristol, being of sound mind, desire that my life not be prolonged by extraordinary means if my condition is determined to be terminal and incurable. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means.

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, reflectively swallowing food and water placed in my mouth, my soul frozen inside while my life

407



408



409



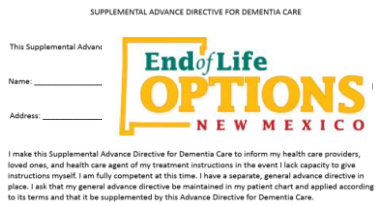
ABOUT THE ADVANCE DIRECTIVE FOR RECEIVING ORAL FOOD AND FLUIDS IN DEMENTIA

410

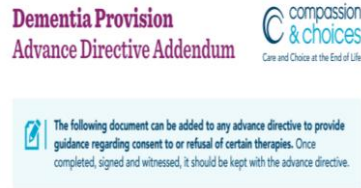


Your life. Your death. Your choice.

411



412




413



414

Support and promote life quality



lifecircle

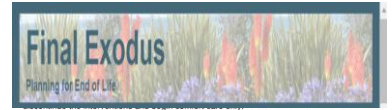
lifecircle | Living will & additional personal statement

415



Introduction to our Supplemental Advance Directive For Dementia

416

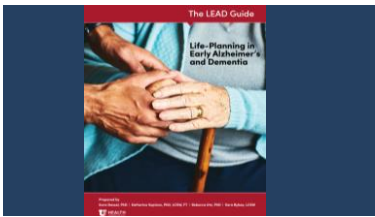


4. _____ **ASSISTED FEEDING.** If I am unable to feed myself, then spoon feed me whatever I seem to enjoy, and no more. Do not feed me or apply medical interventions, such as tubes and IVs, so that I might live longer.

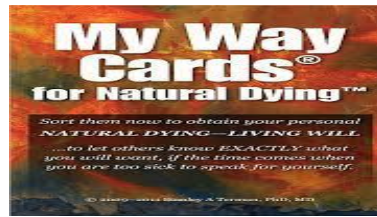
If this sentence is initialed and any of the choices 5, 6, or 7 are initialed, the latter are not to be implemented if they put my agent or any of my caregivers at criminal risk.

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.

417



418



419

Power of Attorney for Adult with Dementia



Nev. Rev. Stat. 162A.870

420

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

421



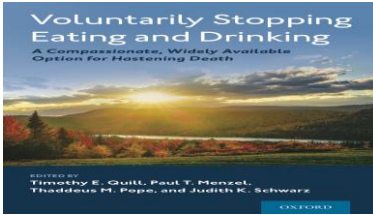
Making the Case for a Dementia Directive

November 14, 2022

422



423



424



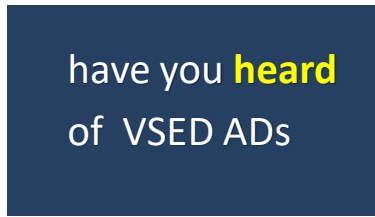
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426



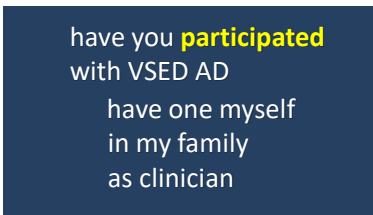
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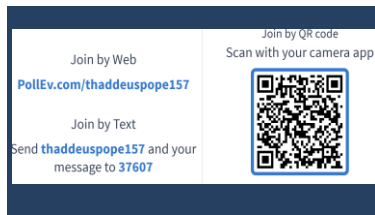
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429



430



431



432



433



434



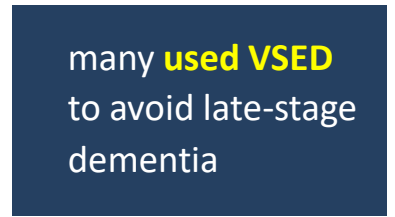
435



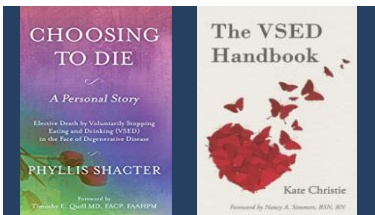
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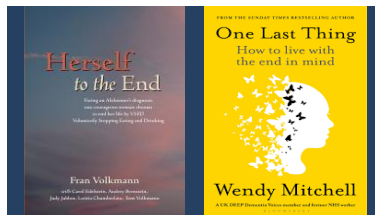
437



438



439



440



441

but

442



443

VSED while **still** have capacity

444



445

too **soon**

446

life **still** worthwhile

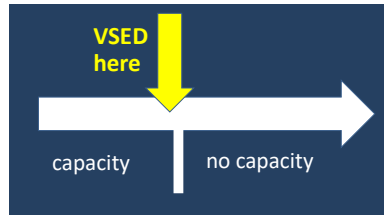
447

earliness
problem

448



449



450



451

but

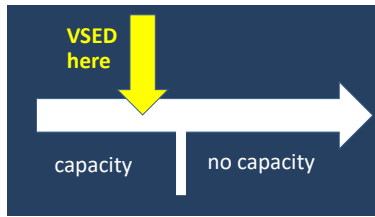
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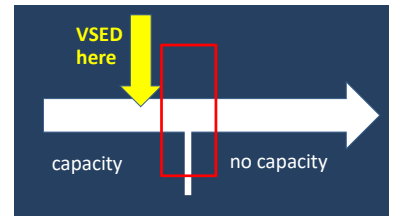
453



454



455



456

premature
dying

457

current situation
still acceptable

458

VSED **not**
good option

459

at **this** time

460

not ready to die

461

concerned about **future** circumstances

462

lack capacity at future time

463



464



465

The Dartmouth Dementia Directive

Dementia Prevention Advance Directive Addendum

exit

end of life

end of life Choices

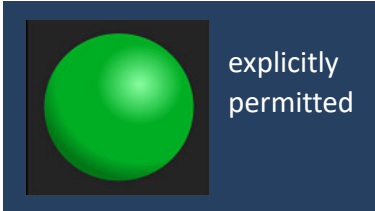
466

legality of VSED by AD

467



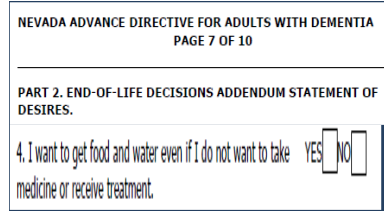
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469



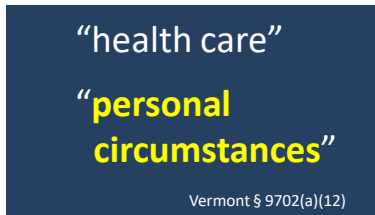
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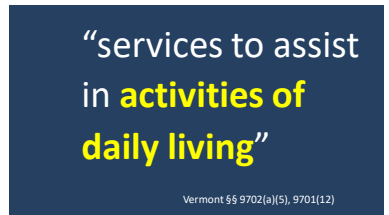
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472



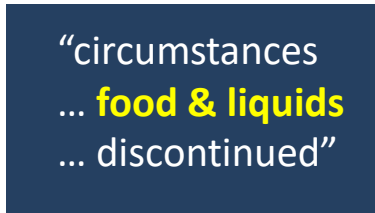
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474



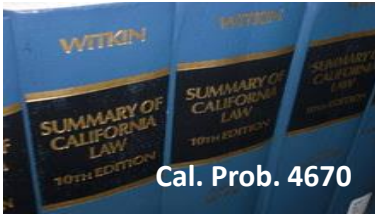
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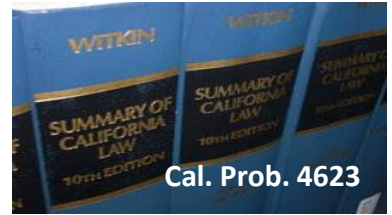
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478

“An adult having capacity may give an individual **health care instruction**”

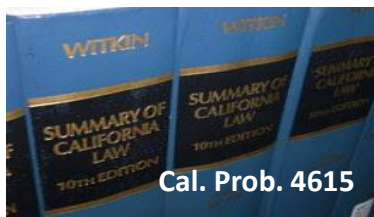
479



480

“individual health care instruction ... means a patient’s **written ... direction** concerning a **health care decision** for the patient”

481



482

“Health care means **any care**, treatment, service, or procedure to maintain, diagnose, or otherwise **affect a patient’s physical ... health condition**”

483

“health care” **includes** ONH

484

SO ...

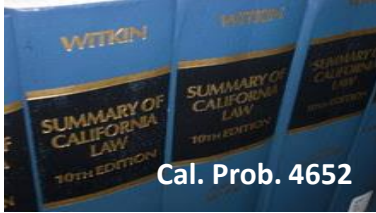
485



486

there are **exceptions**
things ADs may **not** direct

487



488

commit to mental health facility
convulsive treatment
psychosurgery
sterilization
abortion

489



490

VSED
by **SDM**

491

most Pts
lack ADs
including VSED ADs

492

not patient
asking VSED

493

substitute
decision
maker

494

is **that**
legal

495



496



497



498

CHAPTER 144B
DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Referred to in 1140C.1, 142C.12B, 144A.7, 144D.4, 146F.1, 146F.2, 146F.8, 210B.2, 210B.19, 230E.1, 230F.1, 601.596, 701A.3, 726.24

144B.1	Definitions.	144B.7	Authority to review medical records.
144B.2	Durable power of attorney for health care.	144B.8	Revocation of durable power of attorney.
144B.3	Requirements.	144B.9	Immunities and responsibilities.
144B.4	Individuals ineligible to be attorney in fact.	144B.10	Emergency treatment.
144B.5	Durable power of attorney for health care — form.	144B.11	Prohibited practices.
144B.6	Attorney in fact — priority to make decisions.	144B.12	General provisions.

499

DPAHC / agent
“make **health care** decisions”

500

“healthcare **does not** include ... nutrition or hydration”

501

SO...

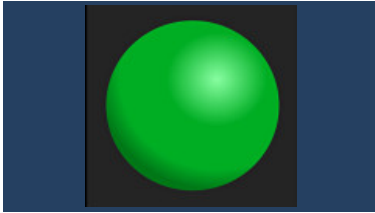
502

Iowa agents may **not** direct VSED

503



504



505

agent

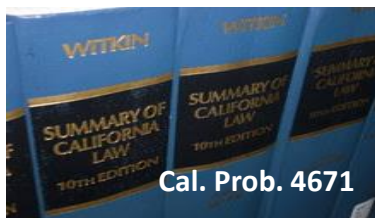
506

appointed
by Pt in AD

507



508



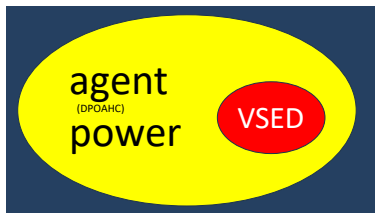
509

“principal ... may grant authority to make decisions relating to the **personal care** of the principal ...”

510

“... including, but not limited to ... **providing meals ...**”

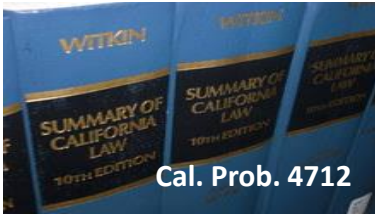
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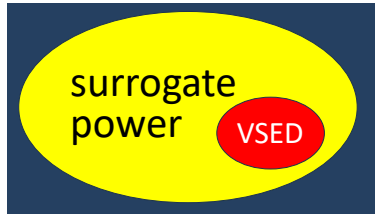
512

same analysis for
default
surrogates

513



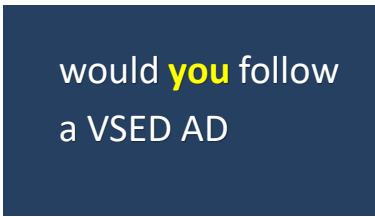
514



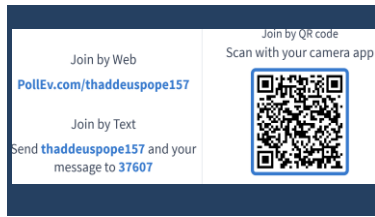
515



516



517



518



519



520



521



522

prior *vs* now
self self

523

patient **has**
VSED AD

524

time to
follow AD

525

but

526

I'm thirsty



527

**Now
what?**

528

whose wishes
do we respect?

529

prior self
or
current self

530

now patient
or
then patient

531



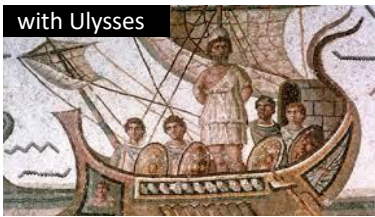
532

“**ignore** my future self”

533

“**stick** to VSED plan in my AD”

534



535

prior self prevails

536



537



538

no need for a Ulysses clause in the AD

539

incapacitated objections are **irrelevant**

540

Cal. Prob.
Code § 4695

541

remain in effect
until revoked

542

“patient having
capacity may
revoke ”

543

patient with late-
stage dementia
lacks capacity

544

SO...

545

patient with late-
stage dementia
cannot revoke

546

SO...

547

AD **remains**
in force

548

clinicians may &
should **follow**
VSED directive

549

but legality
is **not**
everything

550

QUIZ
TIME

551


would you honor
VSED AD **even** if Pt
asks for water

552

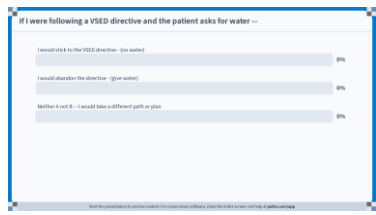
Join by Web
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Join by Text
Send [thaddeuspeope157](https://text.thaddeuspeope157) and your message to 37607

Join by QR code
Scan with your camera app



553



554



555

even if overcome
legal problem →
practical problem

556



557

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

ISSN (Print) (Online) journal homepage: www.tandfonline.com/journals/hswe22

**"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

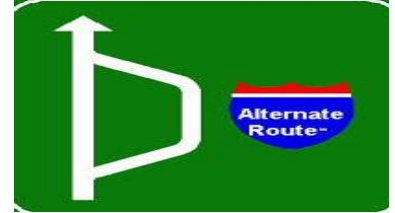
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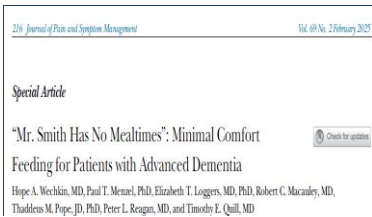
559



560



561



562



563



564



565



566



567



568

comfort
feeding
only

569

CFO / **upper
limit**

570

MCF / **lower
limit**

571

CFO
scheduled mealtimes
as much N&H until
uncomfortable

572

MCF
no scheduled mealtimes
only as much N&H
needed for comfort

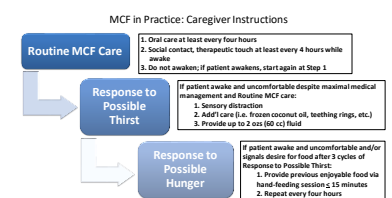
573

MCF
no more N&H
than comfortable

574

minimal
comfort
feeding

575



576



577

VSED	MCF	CFO
10 days	2-3 weeks	years

578

example

579



580

Oct. 17, 2025

581

ADVANCE HEALTH CARE DIRECTIVE FORM PAGE 1 of 7

[Print Form](#) [Reset Form](#)

Probate Code - PROB
 DIVISION 4.7. HEALTH CARE DECISIONS (6600 - 4608) (Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39.)
 PART 2. UNIFORM HEALTH CARE DECISIONS ACT (6670 - 4743) (Part 2 added by Stats. 1999, Ch. 658, Sec. 39.)

CHAPTER 2. Advance Health Care Directive Forms [4700 - 4701] (Chapter 2 added by Stats. 1999, Ch. 658, Sec. 39.)
 4701. The statutory advance health care directive form is as follows:

ADVANCE HEALTH CARE DIRECTIVE
 (California Probate Code Section 4701)
 Explanation

582

(23) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

do not feed me in advanced dementia

(Add additional sheets if needed.)

583



584

2031

585

late-stage dementia
→ AD triggered
→ stop N&H

586



587

~~VSED~~

588

give **only** enough
N&H to not be
uncomfortable

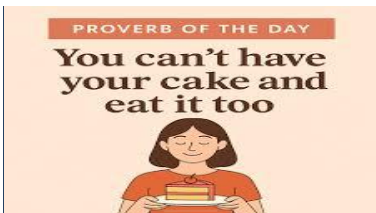
589

MCF

590

die in 20D
rather than 10D

591



592

MCF

593

achieve Pt goal to
avoid living into
late-stage dementia
though not as fast as VSED

594

and

595

avoid staff moral
distress from unmet
present suffering

596

QUIZ
TIME

597


would you honor
a MCF AD

598

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PollEv.com/thaddeuspo157

Join by Text
Send [thaddeuspo157](https://text.thaddeuspo157) and your
message to [37607](https://text.thaddeuspo157)

Join by QR code
Scan with your camera app



599



600

 DON'T SKIP
THE DEBRIEF!

601

conclusion

602

clinicians react
differently to
these 3 options

603

are you **confident**
this patient wants
VSED now

604

are you **comfortable**
supporting VSED
for this patient

605

VSED
by CAP-PT

606

VSED
by AD

607

VSED
by SDM

608



609



610



611

lack of guidance on
VSED ... **undermines**
good clinical practice

612

“develop and disseminate clear **guidance** for clinicians and the public”

613

Voluntarily stopping eating and drinking—lack of guidance is failing patients and clinicians

Patients and physicians need clear information to navigate the complex processes in end-of-life care, say Linda Dyles and colleagues

Linda Dyles,¹ Simon Hodes,² Sarah Malik³



614

Voluntary stopping of eating and drinking in the age of medical assistance in dying: ethical considerations for physicians


Peter Allan,¹ Daniel O.M. Kim² and Philip Hebert³

Palliative Care & Social Practice
2022, Vol. 16, 1-10
DOI: 10.1177/202252212110170
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615

2024

616



Association for Palliative Medicine

Tel: 01489 996332
Email: office@apmonline.co.uk
Website: www.apmonline.org

THE APM'S POSITION STATEMENT ON VSED
AUGUST 2024

617

“nationally agreed information, advice or **guidance** for health professionals...”

618

“... could **help** clinical teams navigate clinically and ethically”

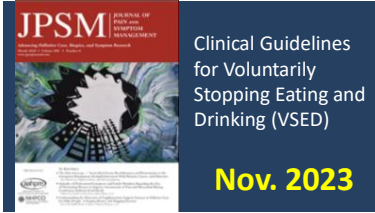
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2024

620

last 18 months

621



622



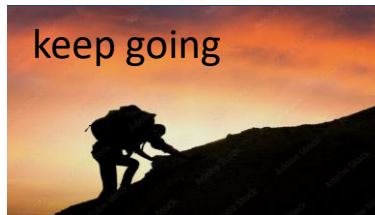
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624



625



626



627



628



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630

88-year-old man with moderately advanced Parkinson's, chronic back pain. General decline in functional ability, endurance, strength. Managing his own self cares. Living with his wife. His exam shows him to be alert and oriented, ambulatory, with typical Parkinson's features. Life expectancy: likely years.

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He has stopped eating and drinking. He understands VSED and plans to die. His family contacts hospice for admission. On evaluation he is alert and oriented. He plans to proceed with VSED with or without hospice support. He is not open to any palliative interventions as an alternative to VSED. His family reluctantly supports his decision. How best to proceed?

632

case 2 for discussion

633

84-year-old woman with end stage dementia residing in a SNF. She has a flat affect, does not react to speech, nonverbal, non ambulatory, and has not appeared to recognize her family for the past two years. She has been hand fed by staff for the past two years. She appears well nourished and has no history of dysphagia.

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At the care conference her husband and adult children all agree that she would find her current existence repugnant because of her diminished quality of life. They are convinced that she would stop eating if she was able to decide for herself and end her life.

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What about the patient with advanced dementia that has no Advance Directive that addresses VSED? However, the family are insistent that "Mom, would not want to be alive in her current condition. She can't communicate or recognize any of her family. She's incontinent. She can't walk. She would see hand feeding as undignified. If she had any ability to decide, she would stop eating and drinking so she could die."

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case 3 for discussion

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70-year-old woman with Primary Progressive Aphasia (Frontotemporal Dementia), who cannot communicate her wishes, has expressed consistent desire to husband to end her life due to the declining quality of her life. Patient's children and sister agree that this desire is consistent with her past wishes and values. Patient is still ambulatory and obtains food for herself in the home. Patient has a likely prognosis of years and is not a candidate for hospice admission. Can hospice support her and her family through VSED/SED? What additional information/consultation would be necessary? What should be done if she initiates VSED on her own? What if SED is initiated and due to her compromised cognitive abilities, she seeks out food on her own? Can we deny her food?

638

case 4 for discussion

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How comfortable would you be to discuss **Minimal Comfort Feeding** with persons with early dementia or who are at risk for dementia as a future end-of-life option?

How acceptable would you anticipate **Minimal Comfort Feeding** to be for *families* of persons with advanced dementia?

In your clinical practice, how easy/difficult would implementation of **Minimal Comfort Feeding** be? ...

Would people would react negatively if they knew clinicians supported offering **Minimal Comfort Feeding** as an end-of-life option for people with advanced dementia?

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