

Ethics at End of Life: Dementia and VSED

Thaddeus Mason Pope, JD, PhD
Mitchell Hamline School of Law

Minnesota Network for Hospice & Palliative Care Conference - April 11, 2016



Disclosures

There are **no conflicts** of interest or relevant financial interests that have been disclosed by this presenter or the rest of the planners or presenters of this activity that apply to this learning session.

Abstract

Patients with capacity may refuse life-saving and life-sustaining interventions. But what if the patient is not dependent upon any of these? What if the patient wants to avoid a life that they find intolerable, for example one with severe dementia? While physician aid in dying is prohibited in Minnesota, voluntarily stopping eating and drinking (VSED) is not.

Starting with a case presentation, this session will examine the medical, ethical, and legal aspects of VSED both when the patient requests it herself and when the patient requests it in advance through an advance directive or surrogate. The session will also outline how to handle clinicians' conscience based objections to VSED and other controversial services.

Learning Objectives

Compare the legal and ethical distinctions between VSED, on the one hand, and medical aid in dying and withholding or withdrawing life-sustaining treatments, on the other hand

Describe the ethical and legal implications of VSED and how to respond to patient requests.

Evaluate claims for conscience based objections to VSED.

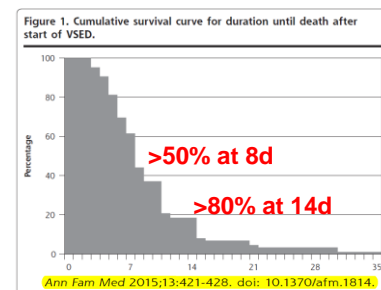
Definition

3

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

Voluntary, **deliberate** decision to stop

Intent: death from dehydration



**Other
names**

VSED

Voluntarily stopping eating & drinking

VREF

Voluntary refusal of food & fluid

PRNH

Patient refusal of nutrition & hydration

STED

Stopping eating & drinking

VTD

Voluntary terminal dehydration

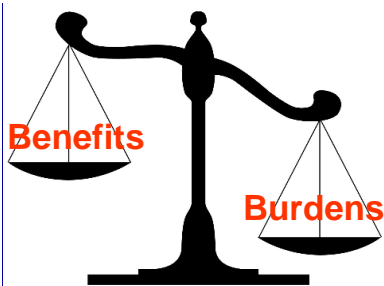
**Why
hasten
death**

**Physical
suffering**

Pain
Nausea
Dyspnea
Paralysis
Foul-smelling wounds

Existential suffering

Psychic pain
Loss of control
Anxiety
Delirium
Hopelessness



Self-defined quality of life

Pt **own** assessment
Pt **own** values
Pt **own** preferences

Exit options

Decreasing
order of
acceptability

Stop LSMT
Accelerate opioids
VSED / VRF
Palliative sedation (PSU)
PAD / MAID
Euthanasia

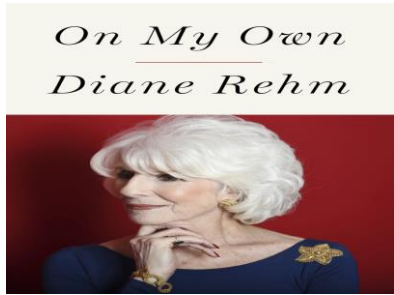
Stop LSMT Accelerate opioids VSED / VRFF Palliative sedation	Passive
PAD / MAID Euthanasia	Active

More uncertainty & reluctance than LSMT

Even **CANH** often treated specially



VSED
underserved
bad reputation





Not voluntary
Not complete
Not controlled

Peaceful
Comfortable

VSED
evidence of
safety

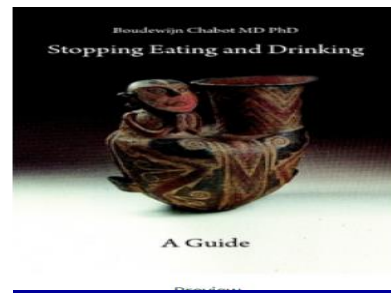
Anecdotal
reports



Michael
Miller

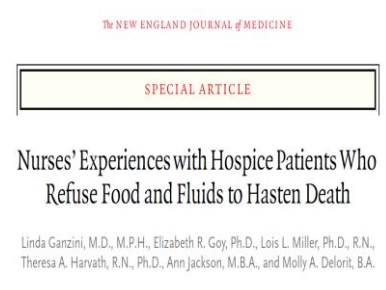


Phyllis
Schacter





Peer reviewed literature

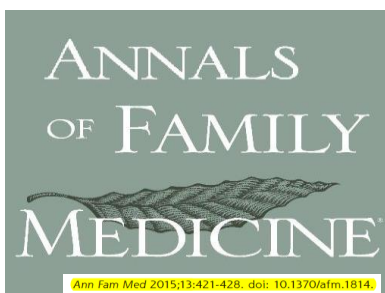


One third of 300 responding OR nurses cared for VSED patient

Even though MAID available, “almost twice” chose VSED

“opportunity for reflection, family interaction, and mourning”

Most deaths: “peaceful, with little suffering”



“the literature mostly comprises commentaries and case reports”

“This study . . .
is the **most comprehensive**
yet undertaken”

708 responding
physicians

46% cared for a
patient who VSED

Physicians' impression that dying process
went according to the patient's wish

Yes	80 (71-87)
Partly	18 (11-27)
No	2 (0-8)

If partly or no, reason why:	
Duration too long	11 (6-20)
Patient preferred PAS	3 (1-9)
Communication problems	1 (0-6)
Inability to say goodbye	1 (0-6)
Agitation	1 (0-6)

Legal concerns

Capacity
No capacity

Patient with capacity requests VSED now



1

Force feeding is a battery

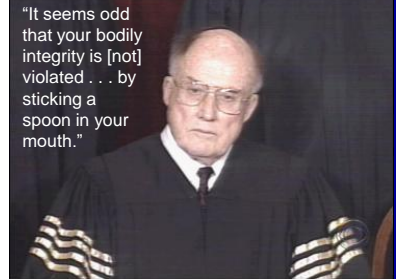


Does not matter whether food & fluid are “medical treatment”

2

VSED is **not** assisted suicide

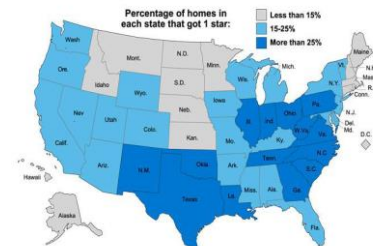
Active | Passive



3

VSED is **not** abuse or neglect

A state-by-state look at the concentration of lowest-rated nursing homes, which the government assigned a 1 star (out of 5) for overall quality.





Uncertainty & reluctance among providers

Legal & ethical expert support nearly universal

Patient makes “advance” VSED instruction



Trickier & more controversial

The New York Times | <http://nyti.ms/1ujCDEh>

HEALTH | THE NEW OLD AGE

Complexities of Choosing an End Game for Dementia

By PAULA SPAN JAN. 19, 2015



Why “advance” VSED



Not eligible for MAID

Cannot BOTH
Terminally ill
Capacity

Can you
leave VSED
instructions
in a MN AD?

Yes

“Health care directive
may include . . . **health
care instructions** . . .
appoint . . . agent to
make **health care
decisions.**”

Minn. Stat. 145C.02

“Health care means **any
care**, treatment, service,
or procedure to maintain .
. . . or otherwise affect . . .
physical . . . condition.”

Minn. Stat. 145C.01(4)

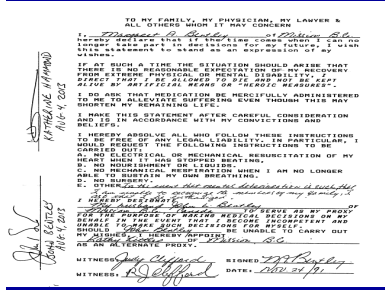
BUT

1

Be very
specific on
the triggers



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THAT WITHOUT FURTHER OR FURTHER DISABILITY, I DIRECT THAT I BE ALLOWED TO DIE AND NOT BE KEPT ALIVE BY ARTIFICIAL MEANS OR "HEROIC MEASURES", HEART WHEN IT HAS STOPPED BEATING, B. NO NOURISHMENT OR LIQUIDS.

2

Do later requests for water **revoke** the AD?

Maybe



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References

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Thaddeus Mason Pope, JD, PhD

Director, Health Law Institute
Mitchell Hamline School of Law
875 Summit Avenue
Saint Paul, Minnesota 55105

T 651-695-7661

F 901-202-7549

E Thaddeus.Pope@mitchellhamline.edu

W www.thaddeuspoppe.com

B medicalfutility.blogspot.com

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