Voluntarily Stopping Eating and Drinking: Death with Dignity of Without?

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In addition to his clinical practice, he is an active member of the American Academy of Hospice and Palliative Medicine serving as Chair of the Ethics SIG (Special Interest Group) and Associate Editor of Bioethics, Spirituality, and Humanities PC-FACS (Fast Article Critical Summaries For Clinicians in Palliative Care). He has written on multiple topics pertaining to ethical issues in end of life care including Palliative Sedation, Voluntarily Stopping Eating and Drinking (VSED), and Physician Aid in Dying.

Objectives

- Options of last resort
- Voluntarily Stopping Eating and Drinking
- Clinical Course and Common Symptoms
- Criticisms and Legal aspects
- Clinical risks and benefits
**Last Resort Options: What are they?**

- **Withholding or Withdrawing Life-Sustaining Treatment**
- **Palliative Sedation or Terminal Sedation**
- **Physician-Aid in Dying (PAD) or Medical-Aid in Dying (MAID) or Physician-Assisted Suicide (PAS)**
- **Voluntarily Stopping Eating and Drinking (VSED)**

**Last resort options: Why are they so important?**

- Potential therapeutic option when *suffering* is *refractory and intolerable*:
  - **Physical symptoms**: 10-50% still report severe pain 1wk before death, severe fatigue, weakness, and dyspnea
  - **Psychosocial, spiritual, and existential suffering**: Loss of meaning, dignity, and independence

**Voluntarily Stopping Eating & Drinking (VSED)**

- When a patient who is otherwise capable of taking nourishment makes an *voluntary and active* decision to refuse *all food and liquids* with the understanding that doing so will *hasten death*.
- Requires considerable patient *commitment and resolve*
- Takes 7-16 days on average but possibly 4-6 weeks
- At “4-7 days”, increased drowsiness, confusion, and delirium
Evidence

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Nurses’ Experiences with Hospice Patients Who Refuse Food and Fluids to Hasten Death


• On the basis of nurses’ reports, patients in hospice care who voluntarily choose to refuse food and fluids:
  – 126 elderly, prognosis <1 month, neurological disease
  – No longer found meaning in living and control over their death
  – 94% died a “peaceful and good” death within 15 days


Evidence

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Primary Care Patients Hastening Death by Voluntarily Stopping Eating and Drinking

Eric C. Bolt, M.D.

Denise J. Boylan, M.S., R.N.

Diane W. Wang, M.S., R.N.

Bolt et al. 2015. Ann Fam Med.

• Frequent reasons for patients’ desire for VSED were somatic, existential, and dependence.
• Median time until death (7 days)
• Most common symptoms prior to death were pain, fatigue, impaired cognition, and thirst or dry throat.

Bolt et al. 2015. Ann Fam Med.

Texts

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Stepping Eating and Drinking

A Guide
Dry Mouth & Thirst

- Refreshing devices Q1hr
  - Water in small vaporizer or spray bottle
  - Crushed ice
  - Sugar-free ice lollipop

- Saliva substitutes
  - Biotene Oral Balance
  - BioXtra
  - Saliva Orthana

- Saliva stimulation
  - Sugar-free gum

Dry Mouth & Thirst

- Infection prevention 2-3x/day
  - Saline solution or alcohol-free Chlorhexidine solution

- Dentures
  - Remove while dozing or sleeping

- Cleaning/Brushing
  - Extra-soft children’s toothbrush

- Topical Moisturizers

Other Common Symptoms

- Pain & Dyspnea: opioids

- Confusion: reassurance & redirection

- Agitation: anxiolytics & antipsychotics
The Role of Hospice

• A lot argue that hospice involvement is essential!

14 days < 6 months

Criticisms

• Importantly and potentially devastating – is the FEAR that the healthcare providers/staff and/or caregivers will be subject to harsh questioning or even legal proceedings.
Legal Concerns

- NCGSA specifically and explicitly prohibit many things, but not VSED!

However

- Absence of a red light is not good enough
- We want to the green light!

No Green light from Raleigh
So what now???

• Is VSED Legal or illegal???

• Law is rarely binary.

Weigh It Out

• Risk Assessment

• Measure

• Mitigate

Clinical Risks

• Criticisms and legal repercussions

• Might encourage or even pressure to prematurely choose death

• Might undermine fundamental clinical values in hospice and palliative medicine
  – Lessen commitment to address difficult suffering
  – Provide an “easy out” as suffering increases
Clinical Benefits

- **Reassures** patients they can escape their biggest fear
- **Allows other options** if the dying process becomes too difficult
- **Primarily under the patients control**
- **Reaffirms our commitment** to respond to patient suffering

Safeguards

- **Informed Consent**
  - Full exploration involving IDT; why now?
  - Diagnostic, therapeutic, and prognostic clarity about terminal illness
- **Independent second opinion**
- **Documentation**

References