Alternative Options to Hasten Death

VOLUNTARY STOPPING OF EATING AND DRINKING (VSED)

To voluntarily stop eating and drinking means to refuse all food and liquids, including those taken through a feeding tube, with the understanding that doing so will hasten death.

PREPARING FOR VSED

1. Discuss your plans and medications with your physician. Ask for a referral to hospice, if you aren't already enrolled.
2. Have your physician sign orders to withhold life-sustaining therapies and all resuscitation efforts (POLST/MOLST, DNR).
3. If your illness will not lead to death within six months, arrange for a psychological evaluation to confirm your sound mental status.
4. Complete an Advance Directive stating in writing that voluntarily stopping eating and drinking is your wish.
5. Discuss your wishes with friends or family.
6. Finalize your business and financial affairs, make funeral and memorial plans, and say your good-byes.

PROCESS

You can live for a long time without eating, but dehydration (lack of fluids) speeds up the dying process. Dying from dehydration is generally not uncomfortable once the initial feelings of thirst subside. If you stop eating and drinking, death can occur as early as a few days, though for most people, approximately ten days is the norm. In rare instances, the process can take as long as several weeks. It depends on your age, illness, and nutritional status.

At first, you will feel the same as you did before starting VSED. Hunger pangs and thirst may occur the first day, but these sensations are usually tolerable; discomfort can be alleviated with mild sedatives or other techniques such as mouth swabs, lip balm and cool water rinses.

People who begin this process often express a sense of peace that they can finally "stop fighting."
On a September night not long after his 83rd birthday, my father suffered a massive stroke. It left him conscious yet unable to talk and communicate, unable to swallow, and almost completely paralyzed. His doctors determined that there was no chance for recovery. The social worker on the case encouraged us to put Dad in a nursing home. A gastric feeding tube could be put in, and he could be fed and kept alive that way.

We knew this is not what Dad would want. His advance directive gave us guidance. We decided to bring Dad home on hospice. We would forego the feeding tube. No food, no water, no IVs.

Voluntary death by dehydration has its advocates in the death-with-dignity community. Even in states where doctor-assisted [death] is not available, a terminally ill patient still has the right to hasten death by refusing all food and water.

Terminal dehydration advocates assert that death by dehydration is a relatively gentle way to die. As dehydration sets in, the body releases certain chemicals that have the effect of dulling the senses. These chemicals act like an anesthetic, and the dying patient feels little pain.

For my father, dying would take seven days. I stayed with him the whole time. The hospice team was superb: caring, attentive, knowledgeable.

I wish I could say he died a gentle death. But I’m not so sure. I watched as my father seemed to become increasingly restless. There were suggestions of discomfort. Finally, mercifully, he began to lose consciousness toward the evening of Day 6.

As I sat at the bedside watching him finally at peace, I had to ask: Why did we have to wait [so long] to reach this point?

I wish doctor-assisted death had been available to my father. I believe it is what he would have wanted.

Some people describe a sense of euphoria or pleasant lightheadedness. There is an analgesic effect caused by dehydration that may explain this response. With dehydration, people often need less pain medication, urinate less, have less vomiting, and breathe more easily due to decreased congestion.

After a few days your energy levels will decrease and you will become less mentally alert and more sleepy.

Most people begin to go in and out of consciousness by the third day and later become unarousable.

Since dehydration will most likely be the cause of death, it is important not to drink anything once you start. Even sips of water may prolong the dying process.

We recommend that all medications be stopped except for those for pain or other discomfort. Stopping medications for heart problems or diabetes, for example, may speed up the process.

You may change your mind and resume eating and drinking at any time.

A Gentle Way to Die
by Christopher Stookéy, MD, Laguna Beach, California

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STOPPING/NOT STARTING TREATMENT

For some terminally ill people, aggressive medical treatment may not be helpful and may prolong the dying process. Under certain circumstances, treatments can increase suffering, ruin the remaining quality of life, or even shorten life.

Stopping treatment can result in a peaceful death but it may also result in increased discomfort. Consult with your physician and arrange for optimal palliative care before stopping treatment.

Stopping treatment can be combined with hospice and palliative care or voluntary stopping eating and drinking to shorten the dying process and reduce suffering.

PALLIATIVE SEDATION

Palliative sedation provides enough medication to keep you continuously unconscious and thereby free of pain and symptoms. All nutrition and hydration is stopped, and death usually follows within a few days.

Palliative sedation requires intensive monitoring to ensure sedation is adequate, usually in a skilled nursing or in-patient hospice facility.

Palliative sedation is not a right; it is up to the medical provider to determine if palliative sedation is appropriate, and some physicians and hospices are reluctant or unwilling to authorize palliative sedation. Palliative sedation tends to be unacceptable to terminally ill people whose primary concerns are losing autonomy, quality of life and their dignity, as it renders them continuously unconscious.

Many [people] claim that palliative sedation effectively eases the suffering of patients when other means fail to do so. However, it is an unacceptable option for most terminally ill adults whose primary concerns are losing autonomy, quality of life and their dignity.

—ANN JACKSON, FORMER CEO OF OREGON HOSPICE ASSOCIATION
OTHER END-OF-LIFE CARE OPTIONS

PALLIATIVE CARE
Central to end-of-life care, palliative care is treatment of the discomfort, symptoms, and stress of serious illness in order to make you comfortable and improve your quality of life. You can receive palliative care while receiving curative medical treatments.

HOSPICE
Hospice is a form of palliative care that seeks to optimize the quality of life in the terminally ill, while neither hindering nor hastening the dying process. To qualify for hospice, you must have six months or less to live and decline further curative treatments; a referral from a doctor physician is required. Hospice is covered by Medicare, Medicaid, HMOs, the Veterans Administration, and most private health insurers.

Hospice caregivers control pain and other symptoms and provide counseling, family support, and many other services. Additionally, hospice helps people remain in control and die at home, where most people would prefer to be. For those who cannot remain at home, inpatient hospice facilities may be available. Hospice can also be provided in long-term care facilities, such as nursing homes, and may be the best option for people who cannot make end-of-life decisions for themselves because of dementia or other medical conditions.

Hospice is advisable if you choose to stop treatment or voluntarily stop eating and drinking, especially if you wish to die in your home.

Sometimes even the best care cannot relieve the suffering and loss of control our patients face. The role of physician should be to make the person as comfortable as possible as they make their final decisions at the end of life and to ensure that the patient remains in control.

—NICHOLAS GIDEONSE, MD