



Your life. Your death. Your choice.

END-OF-LIFE OPTIONS IN ADDITION TO THE WASHINGTON DEATH WITH DIGNITY ACT

There are many dignified ways to die. People considering the option of Death with Dignity (DWD) should also be aware of other end-of-life options.

NOT STARTING OR STOPPING TREATMENT

For some terminally ill people, further aggressive treatment may not be helpful and may prolong the dying process without improving the quality of life. Under certain circumstances, it can also increase suffering, ruin a person's remaining quality of life, or even shorten life.

Many people are unaware that stopping treatment can result in a peaceful death. For example, people on dialysis for kidney failure may be able to die peacefully simply by stopping dialysis. However, stopping certain medical treatments may result in too much discomfort or increased suffering. Consulting with your physician and arranging for optimal palliative (comfort) care are essential before stopping treatment.

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

HOSPICE AND PALLIATIVE (COMFORT) CARE

Palliative care is treatment of the discomfort, symptoms, and stress of serious illness, with the goal of making you comfortable and improving your quality of life. It provides relief from distressing symptoms including pain, shortness of breath, nausea, problems with sleep, and side effects of medications. You can receive palliative care while receiving curative medical treatments. People usually receive palliative care at clinics or hospitals, but home visits may be possible.

Hospice is a form of palliative care that seeks to optimize the quality of life at the end of life, while neither hindering nor hastening the dying process. Hospice is not a place but rather medical care that enables a peaceful death for most, but not all, people. It is covered by Medicare, Medicaid, HMOs (such as Group Health), the Veterans Administration, and most private health insurers.

To qualify for hospice, a person must have six months or less to live and will generally be required to decline further curative treatments. A referral from a doctor, who usually remains your primary care physician while you are on hospice, is required. 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 die. 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.

While hospice has no legal role in the Death with Dignity (DWD) process, some hospices – particularly those affiliated with religious organizations – are less supportive of DWD than others. If having your hospice provider's support for your decision to pursue the option of DWD is important to you, you may

want to question potential hospice providers about their policies. However, no hospice will deny care to patients who choose the option of DWD.

End of Life Washington believes that hospice is an essential component of end-of-life care and encourages all individuals who have received a terminal diagnosis to enroll in hospice. Hospice is essential for terminally ill people who choose to stop treatment and/or voluntarily stop eating and drinking, especially if they wish to remain in their homes.

For more information, request or see our handout, *The Importance of Hospice*, or go to the Washington State Hospice and Palliative Care Organization's website, www.wshpco.org.

VOLUNTARY STOPPING EATING AND DRINKING (VSED)

When people die naturally of diseases such as cancer, they often lose their appetites and eventually stop eating altogether. Some people hasten the dying process the same way, by VSED. If a person stops eating and drinking, death may come as early as a few days but more commonly one to three weeks. It is especially important to avoid sips of water or other fluids, as this may prolong the process. A person who begins VSED prior to its natural occurrence should expect hunger and thirst for a few days, so it is very important to have swabs for dry mouth and reliable access to medication to decrease or eliminate symptoms.

When done properly, VSED results in a peaceful, humane death, and many people have used this method successfully. End of Life Washington recommends that people choosing VSED discuss their decision with family members, caregivers, and involved medical providers so as to prevent them from undermining the process by offering or encouraging the intake of food or water. Make sure they are knowledgeable in helping people use VSED. End of Life Washington believes that hospice or palliative care is essential during VSED.

For more information, request or see our handout, *Voluntary Stopping Eating and Drinking*.

PALLIATIVE SEDATION

Some dying people experience so much pain or unmanageable symptoms that they cannot get relief from medications unless the dose is high enough to make them unconscious. Palliative sedation provides enough medication to keep the patient continuously unconscious and free of pain and symptoms. All nutrition and hydration is stopped, and the patient usually dies within a few days.

People using palliative sedation should be monitored around the clock to be sure the sedation is adequate. While this intensive monitoring can sometimes be provided in the home, it is usually provided in a skilled nursing or inpatient hospice facility.

Unlike adequate pain and symptom management, however, palliative sedation is not necessarily a "right". While it can be requested, it is up to the medical provider to determine if it is appropriate. Unfortunately, some physicians and hospices are reluctant or unwilling to authorize palliative sedation, even though it is an ethical, legal end-of-life option. If having the option of palliative sedation is important to you, discuss it with your hospice or other medical provider well before it becomes necessary.

End of Life Washington provides advice and support to people considering all end-of-life decisions, including Death with Dignity. For more information about any of these end-of-life options and to request our free client support services, contact End of Life Washington.