


Voluntary Stopping Eating and Drinking (VSED)

- A way to hasten death by fasting from food and water
- A voluntary choice by person with decisional capacity
- Deliberately chosen because of present or imminent suffering


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Jane's Story


After a diagnosis of Mild Cognitive Impairment as a precursor to Alzheimer's, she researched options for end-of-life choices

Working with a death doula and End of Life Washington she learned about VSED

Developed a plan, including clear individual markers when it was time

Her family described her VSED process as "Beautiful"




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VSED Facts

- Average VSED duration: 10-14 days (range of 5-20 days)
- All individuals have the right to refuse nourishment and medical treatment if they have capacity to make a voluntary and informed choice to do so
- Does not require authorization from physician or healthcare provider
- Best achieved with support from healthcare providers, hospice, holistic care, appropriate counsel and loved ones



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Who Chooses VSED?

- Somatic or existential suffering
- Loss of independence, quality of life and dignity
- For determined individuals who are resolute
- Wants to die at home
- Does not qualify for Death with Dignity Law



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Clients choosing VSED in WA State

- End of Life Washington has supported over 35 VSED clients
- Types of diagnosis range from Early Alzheimer's, Parkinson's, Huntington's, ALS, MS, Neurodegenerative diseases, Autoimmune diseases, Severe Arthritis and others
- Ages range from 45-99, Male and Female



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Challenges to VSED Awareness

- Medical culture and systems focus on life saving treatment and prolonging life
- Ethical concerns – Questions of prolonging life, suffering, religious beliefs, right to self-determination, natural death, etc.
- VSED has only recently been defined, even though it has been practiced since ancient times



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VSED is a Good Death

90% of cases known to EOLWA describe a peaceful death

“The caretakers and hospice team supporting my partner through VSED said it was one of the most beautiful deaths they’d seen.”

“It was a good death. It was a peaceful death. It freed him from the ravages of the disease he had already suffered, and the suffering he would experience in the future.”



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Create an Individualized VSED Plan

- Identify healthcare providers that will support VSED
- Identify point person(s) to help manage VSED process and place
- Develop list of personal “markers” to identify when time is right
- Demonstrate capacity and autonomy
- Share choice with community, friends, family and loved ones

 EOLWA resource available online to download



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Example of Personal Markers

“When my moments of pain and suffering are increasing and harder to control...”

“When my pain can no longer be controlled by medication...”

“When I am nearly bedridden - can no longer independently bathe or feed myself or stand to greet my grand-daughter or walk my dog...”

“When it’s clear that I will lose all capacity to be independent and have autonomy in the near term...”



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Create Holistic Care Environment

Emotional and Spiritual



Song & Music



Reading



Familiarity



Rituals & Mantras



Massage & Touch



Meditation



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Symptom Management and Comfort Care

- Point person should remind individual why they are not drinking water as part of their VSED decision
- Show individual a video or a written statement of their plan
- Thirst is the biggest issue – and most uncomfortable
- Hunger can best be avoided by removing all smells of food
- Use music, meditation, and other comforting distractions
- Offer a compromise for other soothing measures



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1 2 3 Phases of VSED

Disclaimer: No death is the same, we will die in ways that are unique to our persons, circumstances, and our illnesses.



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1 Beginning

Approximately days 1-5

- Symptoms of anxiety, restlessness, silence, perhaps shortness of breath
- Celebrations and goodbyes
- Possible reconsideration of decision and option to stop process



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2 Middle

Approximately days 5-9

- Most difficult phase
- Thirst increases, some delusion, some loss of capacity, could become agitated
- Best if bedridden, could fall if standing
- Symptom management important and essential - personal care, oral care, support and guidance
- Point where one must move forward through process



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3 End

Approximately days 10-14

- Body is actively dying
- Asleep majority of time, may move into coma
- Ongoing holistic care and comfort measures for symptoms
- Focus moves to those losing a loved one
- Begin acting on plans for final passing



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Don's Story

Don dealt for years with high blood pressure, diabetes, macular degeneration and several other health concerns. All of these were conditions he could live with and manage while enjoying his favorite beaches in Hawaii and hobbies at home. What he couldn't live with was his 2010 diagnosis of dementia and the eventual cognitive degeneration he would endure. He was crystal clear that he would choose to end his life before that happened. With his wife and North Star Claudia by his side, he set out to understand how to make that happen.

Attending a Death Café he learned about Voluntary Stopping Eating and Drinking (VSED). He knew right away this would be the choice for him. While he had entertained the idea of other extreme measures, to in his words "avoid drooling in a memory care unit", he knew VSED would be the right choice for his family and loved ones.

He worked with A Sacred Passing and End of Life Washington to put all of the necessary documents in place and identify the markers that would indicate when he was still capable of making the choice for himself- a requirement to be able to VSED. He communicated to his family and friends that this was his end-of-life choice and found a physician that would support him.

In April of 2019 he recorded a video sharing his clear and autonomous decision to VSED, and with the love and care from his family started the process. Within days, he achieved his goal and ended his life on his terms, just the way he wanted it.



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Best Case Scenarios for VSED

- Determined in choice to VSED
- Supported by family and friends
- Advised by an experienced end-of-life counselor/advocate to help guide the process and develop a plan
- Individual Markers are critical in planning
- Medical collaboration: Physicians, Palliative care, Hospice care
- Direct support (A team: loved ones, Death Doula, others committed to flexible/patient caregiving)



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Your life. Your death. Your choice.

Thank you!

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