

# Voluntarily Stopping Eating & Drinking



## Important Questions & Answers

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**R**ecent articles in medical journals, law journals and the popular press have promoted VSED as an “end-of-life option” available to anyone, anywhere.

**1. What is VSED?**

VSED stands for voluntarily stopping eating and drinking—an intentional decision to stop drinking liquids and eating food—for the specific purpose of causing death. It does not refer to stopping food and fluids provided by means of a feeding tube or to situations in which a patient has no appetite or is unable to eat or drink due to illness or disease.

Death takes place within 5 to 21 days. The cause of death is dehydration.

**2. Is VSED suicide?**

Yes. VSED is intended to cause death. Suicide is defined as “the act or an instance of taking one’s own life voluntarily and intentionally especially by a person of years of discretion and of sound mind.”<sup>1</sup>

**3. Is VSED against the law?**

No. Neither suicide nor attempted suicide is criminalized anywhere in the United States or in many other countries. This is not because of any “right” to suicide. When penalties against attempted suicide were removed, legal scholars and lawmakers made it clear that this was not done for the purpose of permitting suicide. Instead, it was intended to *prevent* suicide. Penalties were removed so people could seek help in dealing with the problems they face without risk of being prosecuted if it were discovered that they had attempted suicide.

#### 4. Is VSED being suggested only for individuals who are terminally ill?

No. Although VSED is being promoted as a means for terminally ill patients to hasten death, its proponents also suggest it for anyone who wants to die, particularly individuals who are elderly and tired of living, as the following examples illustrate:

Jane Gross, a journalist who has written a book about her 87-year-old mother's death by VSED, explained in her *New York Times* blog that her mother “wasn't dying of anything” and that her “sharp mind—she never skipped a beat—entitled her to organize her own death, within legal limits, which she did by deciding to stop food and hydration.”<sup>2</sup>

A similarly positive report of a mother's death by starvation or dehydration was described in an article by Dr. David Eddy, published in the *Journal of the American Medical Association*.<sup>3</sup> In it, Eddy portrayed dehydrating to death as a way for an elderly woman—who had no life threatening condition—to end her life “gracefully.” He wrote that his mother was a spunky, self-sufficient widow who had enjoyed an abundant life and who, when ailments made her quality of life no longer acceptable, decided it was time to die. “As a physician's wife, she was used to thinking about life and death and prided herself on being able to deal maturely with the idea of death.”<sup>4</sup>

With her son, Virginia Eddy explored ways to end her life. “Can I stop eating?” she asked. He told her that if she was really intent on dying she could stop drinking too since, “without water, no one, not even the healthiest, can live more than a few days.”<sup>5</sup> On her 85th birthday, she celebrated with her family at a party with all the trimmings. Following that, “she relished her last piece of chocolate, and then stopped eating and drinking.”<sup>6</sup> Her son arranged for her to be placed on drugs to relieve the pain of dehydration. She died six days later.

#### 5. What happens when a person dies of VSED?

As a person dies from dehydration, his or her mouth dries out and becomes caked or coated with thick material; lips become

parched and cracked; the tongue swells and could crack; eyes recede back into their orbits; cheeks become hollow; lining of the nose might crack and cause the nose to bleed; skin begins to hang loose on the body and becomes dry and scaly; urine would become highly concentrated, leading to burning of the bladder; lining of the stomach dries out, likely causing the person to experience dry heaves and vomiting; body temperature can become very high; brain cells dry out, causing convulsions; respiratory tract also dries out causing thick secretions that could plug the lungs and cause death. At some point the person's major organs, including the lungs, heart, and brain give out and death occurs.<sup>7</sup>

#### 6. I've read that VSED is painless. How can that be true when the symptoms of dehydration are so gruesome?

Many advocates of VSED say it is painless, however their claim is based on the requirement that individuals receive medical supervision including pain and symptom control as they dehydrate to death.<sup>8</sup>

For example, Virginia Eddy's physician son arranged for her to receive “adequate medications to control discomfort.”<sup>9</sup> Jane Gross also explained that her mother had received medical support such as sedatives as she died.<sup>10</sup>

Thaddeus Pope, an attorney who promotes VSED as an option that doctors should let patients know about, distinguishes between good and bad VSED with the latter described as death that is not accompanied with the comfort care “that is essential for a good death by dehydration.”<sup>11</sup>

Without powerful sedatives and other palliative measures (and, sometimes even with such measures), dehydration deaths have been described as horrific.

In the United Kingdom, a group of doctors affiliated with the euthanasia advocacy group Friends at the End (FATE) distributes a book “A Hastened Death by Self-Denial of Food and Drink,” along with a leaflet that contains tips including a warning to patients not to prolong their lives by rinsing their parched mouths with water. It states, “Once a person has decided to stop eating and drinking, it is

essential that all relatives and carers in touch with the patient agree to support the decision made and abide by the ‘no liquids’ rule.”<sup>12</sup>

However, that advice does not necessarily result in a peaceful death as the following accounts illustrate:

Efstratia Tuson died five days after she stopped eating and drinking. Her daughter later described her mother’s death: “Her body mass reduced, her face became drawn, her skin very dry. She was dying of thirst. It was like being in a desert. I feel my mother was tortured until she died.”<sup>13</sup>

Another woman, known only as “Lily” died after she stopped eating and drinking following a call to FATE for suicide advice. According to her daughter, she ate her last bite—homemade raspberry ice cream—on a late August afternoon in 2008. Although her family hoped she would die within a few days, she lingered much longer. Local GPs were supportive and “administered small doses of morphine to combat cramps and a sedative to relieve ‘emotional anxiety.’” However, after more than two weeks, she was “howling with anguish.”<sup>14</sup>

## 7. Do hospice programs participate in VSED?

Yes. Some, but not all hospices, have participated in patients’ deaths by VSED.

A survey of Oregon hospice nurses found that 102 out of 429 nurses had cared for at least one patient who had hastened death by declining food and fluids.<sup>15</sup>

Although a person must have a life expectancy of six months or less to be eligible for hospice care, some hospice programs have used creative ways to qualify patients for care needed while dying from VSED. For example:

Speaking at a Michigan conference, Connie Holden, the nurse-administrator of a Colorado hospice, explained her involvement with the dehydration deaths of three non-terminally-ill patients.

One was an elderly woman who was so physically healthy that she hadn’t seen a doctor for years. She had what Holden referred

“the dwindles”—the aging process—and had decided to stop eating and drinking so she would die. The woman—not dying, not even ill—was admitted to the hospice so that she could receive pain control as she intentionally dehydrated to death.

Asked how this woman or the other patients could be considered “terminally ill,” Holden stated, “The definition of terminally ill, of course, is six months or less and we knew that all three of these patients would die in six months or less if they stopped eating.” Thus, the patients were deemed to be terminally ill.<sup>16</sup>

## 8. Is it legal for health care providers to provide drugs to facilitate VSED deaths by sedating patients?

Those who favor VSED have discussed this. For example, in 2006, Norman J. Cantor, professor *emeritus* at Rutgers University, wrote:

“VSED has some earmarks of suicide, and a health care provider’s cooperation, such as by providing palliative care, smacks of assisted suicide...The common elements between facilitation of VSED and assisted suicide make the legal status of VSED somewhat uncertain...This form of self-killing is probably lawful and will probably become more and more common in America as its availability becomes more widely known.”<sup>17</sup>

Cantor, who favors VSED, concluded that wide dissemination of information about VSED and wide access to it would “underscore the hypocrisy of pretending that physician-assisted death is only lawful in Oregon.”<sup>18</sup>

In a 2011 article, law professor Thaddeus Pope<sup>19</sup> not only said it was legal for health care professionals to provide palliative care for those undergoing VSED, he also said newly passed laws may require doctors to do so.

“Healthcare providers’ concerns regarding the legality of VSED are misplaced. Providers not only *may* but also *should* honor appropriate patient requests for VSED. Furthermore, providers should educate patients that VSED is an available treatment alternative....[I]t

may be necessary to mandate disclosure of VSED as an option and to clarify safe harbor protection for supervising and supporting it.”<sup>20</sup>

To bolster his claim that disclosure of the availability of VSED could be mandated, Pope cited laws<sup>21</sup> that impose a duty on health care providers to inform patients about end-of-life options. “VSED is not specifically mentioned in these bills and statutes, but the relevant regulators could and should construe VSED to be encompassed within the duty imposed,” he wrote.<sup>22</sup>

However, Pope’s assertion strains credulity. VSED isn’t a medical act, but rather, suicide by dehydration. Using his rationale, doctors would be required to inform patients of a myriad of ways to commit suicide. After all, individuals can commit suicide by remaining outdoors in subzero temperature until death occurs. Yet no one—at least at this point—has suggested that doctors should inform patients about the “end-of-life option” of death by hypothermia.

## 9. Can health care providers refuse to support VSED?

If a competent person stops eating and drinking, health care providers cannot force feed that person (either orally or by tube feeding). To do so could legally constitute the crime of battery.

However, health care providers are not compelled to provide drugs to deal with the symptoms of death by dehydration. Instead, with kindness and firmness, they can explain their willingness to alleviate those symptoms through the effective and simple means of providing food and fluids.

## 10. If a person decides to die from VSED, isn’t this a free choice?

While a person may legally decide to die from dehydration, there are questions about possible pressure placed on vulnerable people to “choose” VSED. For example:

Jane Gross acknowledged her role in her mother’s choice: “There was no pretending I hadn’t been part of her decision, and had arguably even encouraged it. Many experts say that old people often choose to end their lives, or say they don’t want them extended, not because of their own genuine wishes, but to spare their children trouble and expense.”<sup>23</sup>

David Eddy who helped facilitate his mother’s death from VSED researched suicide methods with her. “I bought *Final Exit* for her, and we read it together,” he wrote.<sup>24</sup>

Thaddeus Pope’s claim that health care providers “should educate patients that VSED is an available treatment alternative” and that doing so should be mandatory could send a subtle but unmistakable message that the patient should consider VSED.

Even after the process of VSED has begun, there can be some pressure placed on the patient to continue the process.

Writing in the *American Journal of Nursing*, Judith K. Schwarz explained that patients sometimes forget they have made a decision to stop all oral intake so, if they ask for food or water, “caregivers should gently remind the patient of the previously made decision to stop eating and drinking.”<sup>25</sup>

## 11. Where is the promotion of VSED heading?

A statement made more than twenty years ago at an international conference of euthanasia and assisted suicide advocates may give an indication of what many of its proponents plan for the future. There, Helga Kuhse who was then a colleague of Peter Singer at Monash University in Australia told the audience that death can be accomplished by dehydration. She went on to say that, once people see how painful death by starvation and dehydration is, then, “in the patient’s best interest,” they will accept the lethal injection.<sup>26</sup>

## 12. A Final Question:

A recent e-mail message received by the Patients Rights Council bears some reflection:

*It’s illegal to dehydrate animals to death.*

*It’s not legal to execute convicted murderers by dehydrating them to death.*

*Why would anyone promote the idea of dehydration for vulnerable people?*

*If hastening death is the best we have to offer, what does this say about us as a society?*

**Notes**

- 1 *Merriam-Webster Dictionary*. Available at: <http://www.merriam-webster.com/dictionary/suicide>. (Last accessed 9/28/11.)
- 2 Jane Gross, "What an End-of-Life Adviser Could Have Told Me," *New York Times* blog (The New Old Age), December 15, 2008. Available at: <http://newoldage.blogs.nytimes.com/2008/12/15/what-an-end-of-life-advisor-could-have-told-me>. (Last accessed 9/13/11.)
- 3 David M. Eddy, MD, PhD, "A Conversation with My Mother," *Journal of the American Medical Association*, vol. 272, no. 3, pp. 179-181.
- 4 *Ibid.*, p. 179.
- 5 *Ibid.*, p. 181.
- 6 *Ibid.*
- 7 *Brophy v. New England Sinai Hosp.*, 398 Mass. 417, 444 n. 2, 497 N.E.2d 626, 641 n. 2 (1986) (Nolan, J., dissenting). Also see: "Health Guide: Dehydration," *New York Times*, available at: <http://health.nytimes.com/health/guides/disease/dehydration/overview.html?inline=nyt-classifier>. (Last accessed Sept. 19, 2011.)
- 8 For example, Compassion & Choices (formerly known as the Hemlock Society) which is an avid promoter of VSED, states, "Voluntarily stopping eating & drinking (VSED) is not starvation and, *with palliative support*, is not painful." Compassion & Choices, "Peace at Life's End, Anywhere" brochure. (Emphasis added.) On file at Patients Rights Council office.
- 9 *Supra*, n. 3, p. 181.
- 10 *Supra*, n. 2.
- 11 Thaddeus Mason Pope and Lindsey E. Anderson, "Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life," *Widener Law Review*, Vol. 17, Issue 2 (2011) p. 400.
- 12 Simon Johnson, "Retired GPs advise terminally ill on suicide by starvation," *The Telegraph* (London), March 8, 2009. Available at: <http://www.telegraph.co.uk/health/healthnews/4957436/Retired-GPs-advise-terminally-ill-on-suicide-by-starvation.html>. (Last accessed 9/14/11.)
- 13 *Ibid.*
- 14 Sara Kate Templeton, "Terminally ill opt for suicide by starvation: Given no other way to end their lives, patients are choosing an agonising death with the help of GPs," *The Sunday Times* (London), March 8, 2009. Available at: [http://www.timesonline.co.uk/tol/life\\_and\\_style/health/article5864857.ece](http://www.timesonline.co.uk/tol/life_and_style/health/article5864857.ece). (Last accessed 9/14/11.)
- 15 Donald G. McNeil, Jr., "First Study on Patients Who Fast to End Lives," *New York Times*, July 31, 2005 and Linda Ganzini et al, "Nurses Experi-

- ences with Hospice Patients Who Refuse Food and Fluids to Hasten Death," 349 *New Eng. J. Med.*, pp. 359-365.
- 16 Connie Holden, RN, at the 10th National Hemlock Society Conference, June 7, 1998 (transcript of Tapes SU1 and SU2) on file at Patients Rights Council.
  - 17 Norman L. Cantor, "On Hastening Death Without Violating Legal and Moral Prohibitions," *Loyola University Chicago Law Journal*, Vol. 37 (2006), pp. 110-112.
  - 18 *Ibid.*, p. 125.
  - 19 Thaddeus M. Pope is an Associate Professor of Law at Widener University School of Law and an Adjunct Professor of Medical Education at Albany Medical College.
  - 20 *Supra*, n. 11, pp. 426-427. (Emphasis in original.)
  - 21 *Ibid.*, p. 426, n. 428.
  - 22 *Ibid.*, pp. 426-427.
  - 23 Jane Gross, "How I helped my mum to die," *Daily Mail* (London), August 4, 2011. Available at: <http://www.dailymail.co.uk/femail/article-2021974/How-I-helped-mum-die-A-daughter-explains-agreed-aid-ailing-mother-starving-death.html?> (Last accessed 9/13/11.)
  - 24 *Supra*, n. 3, p. 181. (Eddy was referring to the how-to-commit-suicide manual written by the Hemlock Society co-founder, Derek Humphry.)
  - 25 Judith K. Schwarz, "Stopping Eating and Drinking," *American Journal of Nursing*, Vol. 109, No. 9 (September 2009), pp. 52-60, p. 58. Schwarz is a regional clinical coordinator of Compassion & Choices.
  - 26 Rita L. Marker, *Deadly Compassion*, (Wm. Morrow and Co., 1993) p. 94. Remarks made by Helga Kuhse, Ph.D. of Monash University during her presentation at the World Federation of Right to Die Societies' fifth biennial conference held September 20-23, 1984 in Nice, France.

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