

Voluntary Stopping of Eating and Drinking (VSED)¹ Healthcare Provider Fact Sheet

What is VSED? Voluntary Stopping of Eating and Drinking - VSED is an “action of a competent, capacitated person, who voluntarily and deliberately chooses to stop eating and drinking with the primary intention to hasten death because unacceptable suffering persists.”² Preserving autonomy and control at the end of life is seen as one of the last cornerstones of quality of life in situations of anticipated or unbearable suffering or unacceptable burden. For those with certain diagnoses who often find it difficult to qualify for Hospice care or Death with Dignity (ALS, Alzheimers, MS), VSED may be the only option to exert this autonomy.

VSED by seriously or terminally ill patients is seen by some as an ethical alternative to physician aid-in-dying options. VSED is different from a medically healthy person refusing food or drink. Patients participating in VSED are not psychiatrically ill – there is no “underlying mental illness” to be treated. Additionally, confining and forcing artificial nutrition against the will of a seriously or terminally ill individual violates ideas of patient autonomy³ and would be an extraordinary intervention of state power into a person’s life, for what is likely to be small benefit.⁴

Symptom Burden of VSED Limited data suggest that VSED is not associated with any unique end-of-life symptom burden. Pain, dry mouth, thirst, dyspnea, and agitation/delirium are commonly reported, but hunger is not listed as a common symptom. Apart from being mindful to minimize unnecessary fluid administration via enteric elixirs or parenteral meds, symptom management is the same as with other dying patients.⁵

Clinician’s Responsibility: Clinicians who feel that supporting a patient wishing to engage in VSED violates their professional ethic should excuse themselves from the patient’s care. However, they do have an ethical and moral obligation to refer them to other clinicians who may be able to support them.

Clinicians who choose to support a VSED decision should ensure:

1. that the decision is based on accurate prognostic awareness;
2. being made by a non-coerced patient with decision-making capacity (including that the patient is not incapacitated by a severe psychiatric illness such as depression);
3. and not stemming from treatable forms of suffering.

Additionally, clinicians should engage the patient in a thorough discussion of the benefits and risks of stopping food and fluids delivered orally or by artificial means, including symptom burden, expected duration, and alternatives available to the patient (e.g. cessation of potentially life-prolonging medical treatments, more aggressive symptom treatment). Because of the significant cultural and emotional importance of eating and drinking, careful attention should be paid to the patient’s legal surrogate decision maker, family members, and other potential caregivers to provide education on VSED and to answer any questions. Patients should review and update any health care directive documents as well. When appropriate, clinicians should work to identify a hospice agency that will care for patients engaging in VSED.

Local Resources:

1. [A Guide for Managing VSED as an End-of-Life Choice](#) by VSED Resources Northwest
2. [The VSED Choice: Preparation for VSED](#) by Phyllis Shacter

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893440/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893440/>

³ https://www.nursingworld.org/~4af0ed/globalassets/docs/ana/ethics/ps_nutrition-and-hydration-at-the-end-of-life_2017june7.pdf

⁴ <https://www.mypcnow.org/fast-fact/voluntary-stopping-of-eating-and-drinking-in-the-terminally-ill/>

⁵ <https://www.mypcnow.org/fast-fact/voluntary-stopping-of-eating-and-drinking-in-the-terminally-ill/>