



Voluntary Stopping Eating and Drinking Information for Clients

Dying With Dignity advocates for informed patient choice in their treatment (or non-treatment) options and for a patient's right to die with as much control and dignity as possible. This position is generally accepted in the medical community.

The Canadian Medical Association (CMA) holds that the right to accept or reject any treatment or procedure ultimately resides with the patient or appropriate proxy. This includes the right to accept or refuse resuscitative as well as other life-saving or sustaining measures should they become medically indicated.¹ This guideline addresses issues about voluntary stopping eating and drinking as an option to hasten death.

Frequently Asked Questions

What does it mean to stop eating and drinking?

It means voluntarily refusing to eat food or to drink liquids, with the understanding that this will result in death. If food and fluids are taken through a stomach tube, the decision would be to stop this treatment.

Isn't this painful?

Once patients begin this process, they often express a sense of peace that they can finally "stop fighting." Some patients even describe a sense of "euphoria" or pleasant light-headedness.

Researchers believe there is an analgesic effect caused by dehydration that may explain this response. With dehydration, people often need less pain medication, have less vomiting, and breathe more easily due to decreased congestion.

Most people begin to go in and out of consciousness by the third day, and

later become comatose. Hunger pangs and thirst may occur the first day, but these sensations are usually tolerable. They can be alleviated with mild sedatives or other techniques.

I don't like the idea of not drinking - can I just stop eating?

A person can live for a very long time without eating, but dehydration (lack of fluids) speeds up the dying process. Dying from lack of food alone can be more prolonged and uncomfortable than dying from dehydration.

How long does it take?

It is difficult to predict exactly when the end will come - this depends on the person's general condition, their age, their illness and other factors. *(One advantage of this decision is that you may change your mind at any time and resume eating and drinking.)*

If a person stops eating and drinking death usually comes as early as a few

days. In rare instances, the process can take as long as 21 days. If the patient continues to drink, the process may take even longer.

It seems as though this would take a lot of will power. Does it?

This process is not for everyone. It takes some determination, but we find that people who make this choice are ready to “let go” and find the process easy.

Should I keep taking my medicines?

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. It is a good idea to talk with your physician about all your medications.

What about my friends and family - what will this be like for them?

We suggest that you talk with your close family members and friends early about your wishes and why you may want to make this choice. It may be difficult for some to understand, but most people are willing to support their loved one in whatever they choose. *Client Support Volunteers* are available to support you, your family and friends during this time.

What kind of help will I need?

- ◆ You cannot do this alone. You will need the care of friends, family, or other caregivers during this process. If you reside in a care facility, you will need the agreement of the staff to provide support and assistance.
- ◆ If you are already receiving hospice care, your nurses can help you prepare. If you are not on hospice, ask your physician for a referral to a local hospice provider. Usually hospice will be willing to provide supportive care once you start the process. They often do this even if a person does not meet their usual criteria for a “six-month prognosis.”
- ◆ Your physician is also important. Talk with him or her and ask if a sedative and/or pain medication will be available to keep you comfortable.
- ◆ If your illness is not one that is likely to cause death within six months, we suggest that a mental health provider evaluate you for depression and decision-making capacity. This will reassure family, physicians, and others that your mental status is sound and this decision well considered.
- ◆ *Dying With Dignity* will be available to counsel you and offer information and support to you, family, friends, and caregivers. If necessary, we can advocate for you with the nursing facility, physicians and other care providers.

What should I do before I start?

We suggest the following:

- ◆ Talk with family members and friends who might care for you during this process. Their support is crucial.
- ◆ Talk with your physician and/or hospice nurse to let them know of your plans. Ask if they will be willing to provide medications to keep you comfortable.
- ◆ Arrange for a mental health screening if you are not “terminal.”
- ◆ If you reside in a care facility, discuss your wishes with the staff and nursing director. You will need their agreement to support you.

- ◆ Complete an Advance Directive stating in writing that this is your wish. Have your physician sign orders to withhold life-sustaining therapies and all resuscitation efforts.
 - ◆ Complete all your business/financial tasks, make funeral/memorial plans and say your good-byes.
-

This document is based on a similar guideline produced by Compassion and Choices in Portland Oregon

¹ CMA Policy: "Advance directives for resuscitation and other life-saving or sustaining measures." Approved by the CMA Board of Directors, March 15, 1992