

Compassion & Choices of Washington

Alternatives to Death With Dignity

Any patient considering Death With Dignity (DWD) should be aware of other end-of-life options. These include:

Continuing Treatment

By the law, anyone considering DWD must be terminally ill, meaning he or she has an incurable or irreversible disease expected to result in death within six months. For terminally ill patients, further aggressive treatment may not be helpful and may prolong the dying process without improving the quality of life. However, some patients facing end of life may want to battle the odds and try all available therapy.

Hospice and Palliative (comfort) Care

Continuous optimal medical treatment of pain and other symptoms allows a peaceful end of life for most, although not all, patients. Dying occurs naturally. If you wish to die at home, hospice is the best way to get optimal comfort care, although it can also be done through private means. Hospice caregivers provide pain medications and other medical care, counseling, family support and assistance in planning. Hospice may be the best option for patients who can no longer make end-of-life decisions for themselves because of dementia or other medical conditions.

Decision to Stop Eating and Drinking

This is also known as “voluntarily stopping eating and drinking,” or VSED. When patients die naturally of chronic diseases, such as cancer, bodily changes take away their appetite, and they stop eating before they die. Some patients decide to hasten the dying process by voluntarily stopping eating and drinking—this may also relieve discomfort from some diseases. If a patient is already close to death, VSED usually leads to death in 3-8 days.

A patient who begins VSED prior to its natural occurrence should expect hunger and thirst for a few days. These symptoms can be diminished or eliminated by medical care, including use of a medicine like morphine. It is important to avoid frequent sips of water or other fluids, as this may prolong the process. Morphine, which is often used to relieve symptoms during VSED, frequently sedates a dying patient or reduces their awareness of their surroundings. Therefore, it is best to say “goodbyes” before starting VSED. Many patients have used this method successfully. C&C recommends that patients choosing VSED discuss their decision with all caregivers and make sure their caregivers are knowledgeable in helping patients use VSED. C&C believes that hospice care is essential during VSED.

Palliative Sedation

Some dying patients 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 unconscious and pain/symptom-free, continuously. All nutrients and fluids (liquids) are stopped, and the patient usually dies within a few days. Patients using palliative sedation should be monitored around the clock to be sure the sedation is adequate. Intensive monitoring can be done at home under hospice or skilled nursing care. However, some physicians and hospices are unwilling to authorize palliative sedation, even though it is an ethical, legal end-of-life option.

C&C provides advice and support to patients and families considering all end-of-life decisions, including Death With Dignity.

For More Information: Compassion & Choices of Washington: www.CandCofWA.org, info@CandCofWA.org, 206.256.1636 or 1.877.222.2816 toll-free.