

The Ethical Double Effect of Appetite-Suppressing Psychiatric Medications in Voluntary Stoppage of Eating and Drinking (VSED)

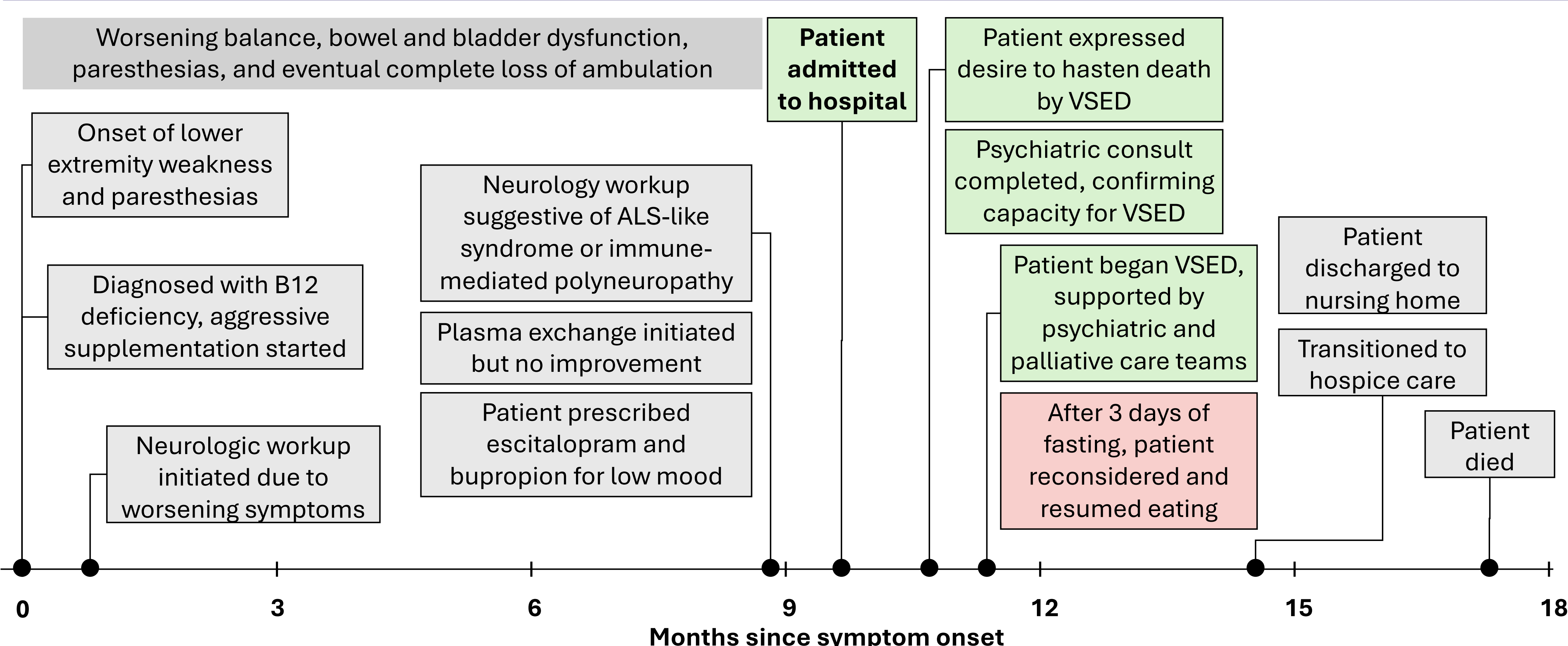
Voluntarily stopping eating and drinking (VSED)

A capacitated individual's decision to stop consuming food and fluids to hasten death due to intense suffering from a medical condition.

- Driven by a **desire to avoid prolonging suffering** when no further treatments are acceptable or available
- Allows patients to exert control over their dying process, maintaining **autonomy and dignity**
- Practically & legally **distinct from physician-assisted suicide**, but raises ethical questions

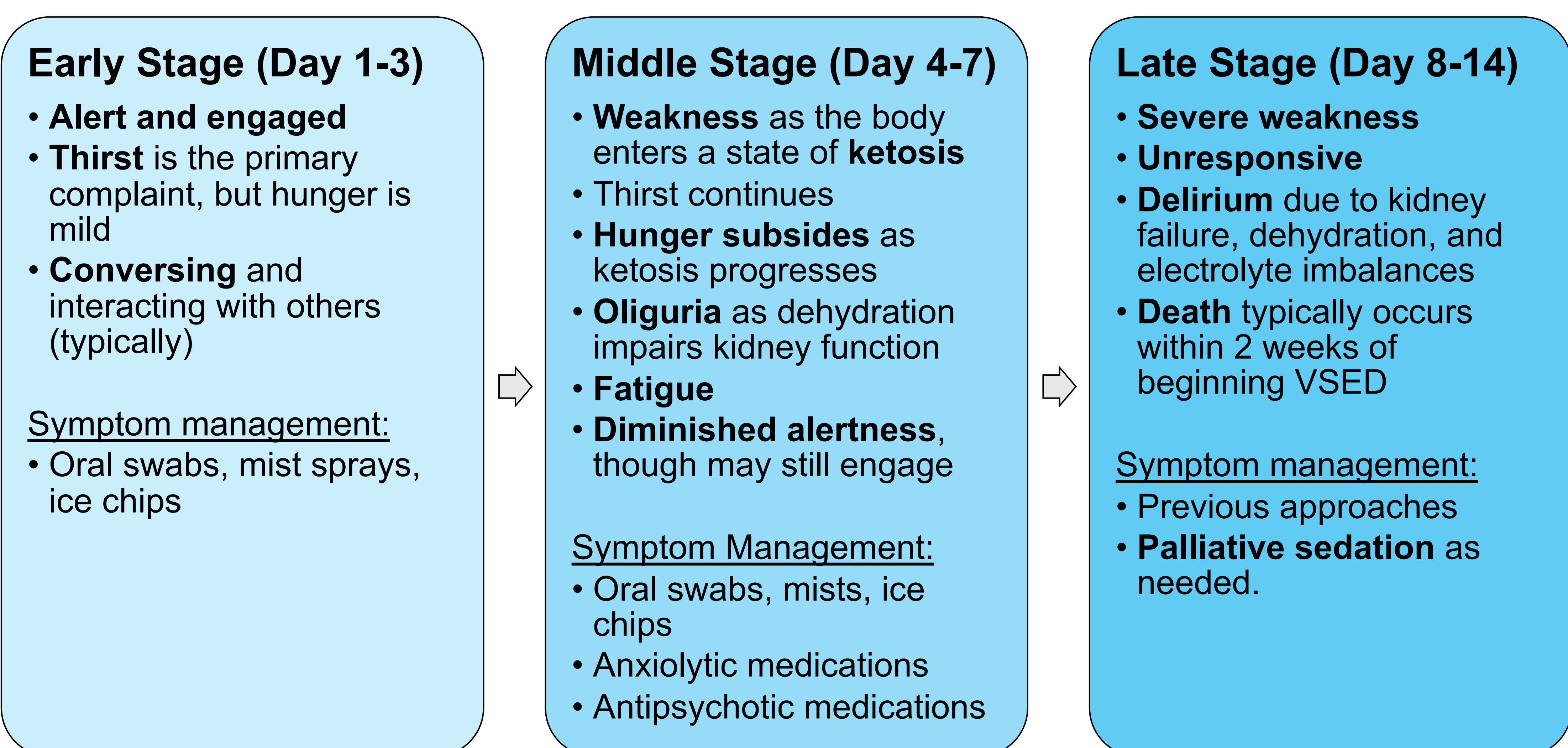
We describe a case where such questions were sparked by the presence of bupropion in the regimen of a patient planning VSED.

Figure 1. Case Presentation



- A geriatric man with a history of follicular lymphoma in remission was admitted to the hospital after 9 months of progressive neurological symptoms.
- Psychiatry was consulted for capacity to stop eating and drinking, which his wife supported.
- Psychiatric evaluation revealed demoralization without evidence of delirium or a decompensated mood episode, as well as sufficient capacity to pursue VSED.
- Bupropion in the patient's regimen sparked discussion regarding the implications of appetite suppressants in VSED.
- Appetite suppression with medication was proposed as a palliative intervention to reduce discomfort from hunger, although there was team distress regarding facilitation of a dying process.

Figure 2. Stages of VSED and symptom management.



The Ethical Principle of Double Effect:

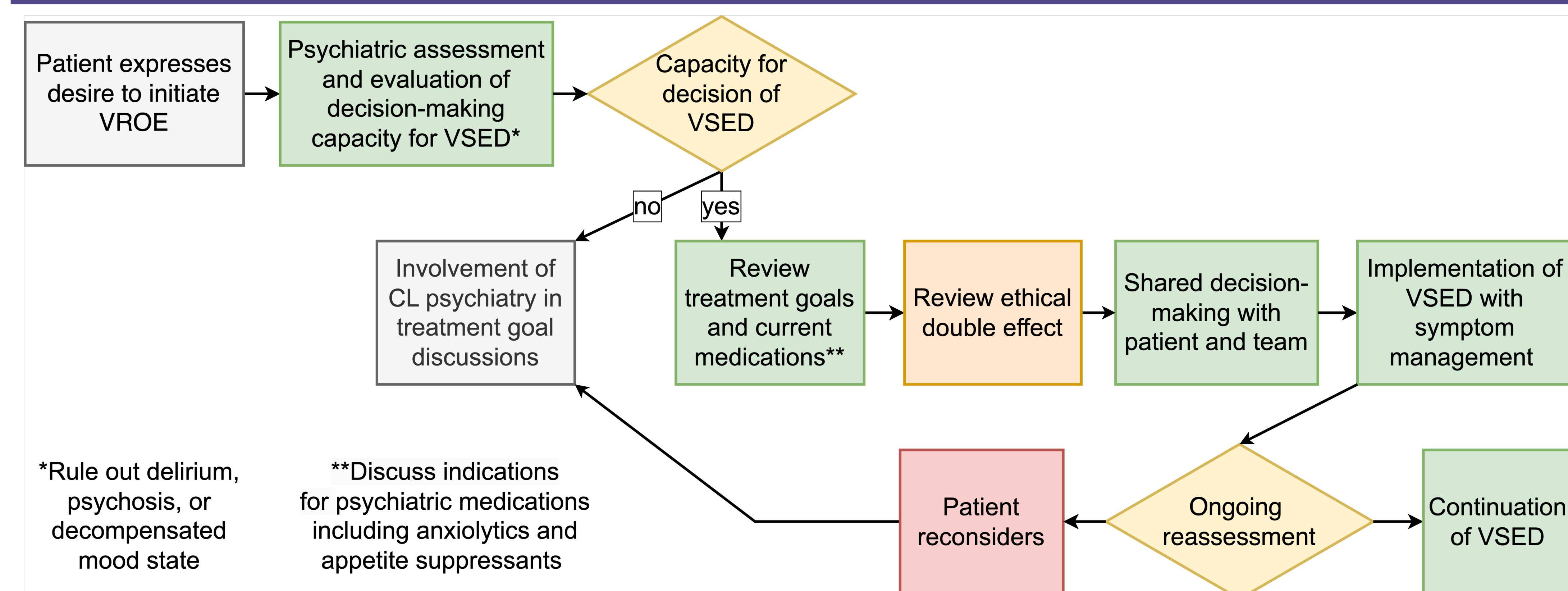
An action that has **both a beneficial effect** (e.g. symptom relief) and a **potentially harmful effect** (e.g. hastening death), is **acceptable** if the harmful effect is unintended and **the primary intention is to relieve suffering**.

Table 1. Double Effect in palliative sedation versus appetite suppression

	Palliative Sedation	Appetite Suppression
Primary Goal	Relieve pain and anxiety	Reduce discomfort from hunger
Secondary Effect	May hasten death by suppressing respiratory drive	May hasten death by making VSED easier to tolerate
Common Use	Palliative symptom management in terminal patients	Hunger management in any stage of VSED for extreme medical conditions
Legal/Ethical Status	Generally accepted under palliative care guidelines	Legal but requires ethical exploration and discussion, as it often causes team distress

Opioids and benzodiazepine use are common in palliative sedation, which is labeled as a double effect in both increasing comfort and risk of death concomitantly. Medication-induced appetite suppression during VSED creates a similar double effect, albeit with less imminent and probable risk of death. The double effect framework helps guide these difficult decisions, ensuring that the primary goal remains patient comfort and not hastening death.

Figure 3. The Role of CL psychiatry in such cases



*Rule out delirium, psychosis, or decompensated mood state

**Discuss indications for psychiatric medications including anxiolytics and appetite suppressants

Conclusions

This case emphasizes the role of CL psychiatry in supporting patients through VSED, not only by assessing decision-making capacity but by ethically navigating the use of psychiatric medications like bupropion to manage symptoms. While bupropion was ethically justified in this case to reduce hunger-related discomfort, its use underscores the need for continued exploration of the double effect and its implications in end-of-life care. Throughout VSED, patients experience progressive stages of dehydration, weakness, and metabolic changes. Symptom management during VSED focuses on patient comfort and dignity.

References

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2. Ganzini L, et al.: Nurses' experiences with hospice patients who refuse food and fluids to hasten death. *NEJM* 2003;349:359-365.
3. Wechkin H, et al.: Clinical guidelines for voluntarily stopping eating and drinking (VSED). *J Pain Symptom Manage* 2023;66(5):e625-e631.