

Suicidal ideation, end of life, or personality?

A case series of voluntarily stopping eating and drinking

ROLL, S., DO, NICHOLS, N., MD

DEPARTMENT OF PSYCHIATRY AND PSYCHOLOGY, NEUROLOGICAL INSTITUTE, CLEVELAND CLINIC, CLEVELAND, OHIO

BACKGROUND

Voluntarily stopping eating and drinking (VSED) offers patients with **decision-making capacity autonomy to end their own lives by declining all food and fluids** (Wenckin, 2023). **VSED is legal**, however typically utilized in the context of a **life-limiting illness**.

- Also known as **fasting to death** or voluntary refusal of food and fluids (VFFF).
- Acts to **end life** or **induce premature death**.
- VSED is generally accepted for patients with terminal illnesses who are nearing death to reduce prolonged suffering.

However, individuals **without a life-limiting illness** who are **not nearing death** should be **evaluated by psychiatry** for **underlying mood disorders** and **suicidal ideation**, as **quality of life** can be **improved** with **appropriate interventions** (Quill, 2018).

Here we present two patients requesting VSED, both without life-limiting illness.



Mr. G

- 73-year-old male with psychiatric history of **major depressive disorder** and significant **war-related trauma**.
- Admitted after **presumed intentional overdose via insulin** and transferred to geriatric psychiatric unit.
- Cited **poor quality of life** due to diminished extremity function following a stroke and peripheral neuropathy.
- Denied suicide attempt or overt suicidal ideation but **requested desire for VSED, by name**.
- He demonstrated **poor frustration tolerance**, rigid thinking, and **poor insight** into the impact of traumatic experiences on his life.

Mr. S

- 74-year-old male with no psychiatric history.
- Admitted with small lacunar stroke with right hemiparesis and language preservation.
- His reported **degree of impairment was not supported clinically or diagnostically**.
- He expressed a **choice to pursue VSED due to his stroke**. He began refusing all lab draws, medications, and PT/OT.
- Interestingly, prior advanced directives >10 years ago showed a **pattern of intolerance to any form of suffering**.
- Our team found no evidence of thought or mood disorder and no overt suicidal ideation.
- Mr. S demonstrated **poor frustration tolerance** with multiple characteristics consistent with underlying character pathology, particularly **cluster B (notable narcissistic) traits**.

In both cases, palliative medicine, bioethics, and psychiatry collaboratively determined that **each patient had capacity for medical decision-making**. However, **neither** patient met medical criteria for inpatient hospice.

Ethical challenges associated with VSED:

- Determining **true decision-making capacity**
- **Provider discomfort** with VSED
- Is hastening death always **morally wrong**?
- The line between **respecting patient autonomy and assisting in death**
- Managing symptoms of **starvation and dehydration** while a patient is undergoing VSED
- Ensuring healthcare providers are **adequately prepared to discuss** and **support** patients considering VSED

DISCUSSION

These cases present a challenge to CL psychiatrists as advances in medicine allow for prolonged life, which may be at the expense of quality of life.



In both cases, a **clear life-limiting illness was not defined**. Instead, health adversities in the context of personality traits, maladaptive coping skills, and social isolation were the motivating factor for VSED.

While suicide leads to death, it can be seen as rational if it **protects a person from a perceived greater harm**. If a patient with decision-making capacity and no mood or thought disorder believes that death is less harmful than ongoing suffering, their choice **may not be morally wrong** (Quill 2018).

For patients wishing to pursue VSED, it is important to **recognize and address** potential psychological distress, depression, or anxiety that may **impact their decision-making capacity**.

CONCLUSION

CL psychiatrists should be familiar with the concept of **VSED** and aware of **ethical complexities** in evaluating patients for decision-making capacity, particularly when there is an **intersection with character pathology**.

References:

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