



## END-OF-LIFE ETHICS: PATIENT OPTIONS

### DESCRIPTION:

Join HFA for an engaging session on end-of-life options including Medical Aid in Dying (MAiD), Voluntary Stopping Eating and Drinking (VSED), and the request to discontinue implanted cardiac devices. After attending this presentation, participants will leave with a better understanding of the medical options and ethics surrounding the request for, and management of patients who chose end-of-life options to hasten their death.

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### PROGRAM DETAILS:

This presentation features experienced professionals offering their own expertise on the topic. On the screen, you will see the slide presentation and will be able to hear the experts talking and presenting. If you login for the live version of the program, you'll also have the opportunity to email or text the experts' questions that they will discuss and answer during the program's Q & A session.

- RELEASE DATE:** Program originally premiered June 11, 2024
  - ON DEMAND:** Available for 1 year; until June 10, 2025
  - LENGTH:** 90 minutes
  - CEs:** 1.5 hours for a wide variety of professional boards
  - CONTENT LEVEL:** The program is mainly for professionals already working in the field but is practical for all levels of education – entry level, intermediate or advanced.
  - TARGET AUDIENCE:** Health care clinicians, social service clinicians and others working in the hospice, palliative care, counseling, hospital, nursing home, funeral home, or faith community environments
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### TECHNICAL REQUIREMENTS

To view the program, you will need a computer and screen, reliable internet access, and speakers.

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### PROGRAM FEES/MATERIALS:

**Registration includes continuing education and on-demand viewing for 1 year from live date.** As there are no refunds on registration (all registrations have immediate access to program video & materials), please be sure to test the system requirements prior to purchase.

#### ADVANCE PURCHASE Single Webinar Registration

Individual Viewer: Member: \$27.30 | Non-member: \$45.50  
Organizational Viewing: Member: \$156.00 | Non-member: \$260.00

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#### SAME DAY and ON-DEMAND PURCHASE Single Webinar Registration

Individual Viewer: Member: \$29.70 | Non-member: \$49.50  
Organizational Viewing: Member: \$165.00 | Non-member: \$275.00

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#### WEBINAR PACKAGE (9 programs)

Individual Viewer: Member: \$241.80 | Non-member: \$403.00

### HOW TO REGISTER:

Register directly online, on HFA's website: <https://www.hospicefoundation.org>

### MATERIALS AREA:

Materials are available on HFA's website at <https://hospicefoundation.org/Shop-HFA/My-Account>. From here, click on "Orders/Courses."

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### LEARNING OBJECTIVES:

At the conclusion of this webinar, participants will be able to:

1. List Medical Aid in Dying (MAiD) eligibility criteria and explain the ethical and legal concepts surrounding this end-of-life option.
  2. Define Voluntary Stopping Eating and Drinking (VSED), discuss the importance of advance care planning for this end-of-life option, and recognize the palliative symptom needs and ethical challenges associated with this end-of-life option.
  3. Define the different types of Cardiovascular Implantable Electronic Devices (CIEDs) and summarize the ethical and legal considerations in their deactivation.
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### PROGRAM OUTLINE:

- Medical Aid in Dying (30 min.)
    - Case 1 : A patient with a neurodegenerative disease who has lost the ability to swallow is requesting MAiD.
    - Case 2: A patient on hospice with a terminal cancer is requesting MAiD but the clinician is concerned about the patient's decision-making capacity.
  - Voluntary Stopping Eating and Drinking (25 min.)
    - Case 1: Patient with terminal cancer autonomously decides to pursue VSED in their home environment.
    - Case 2: Patient with new diagnosis of dementia who is completing advance directives and considering adding an option for VSED with a Ulysses Clause.
  - Deactivation of Pacemaker at the end of life (15 min.)
    - Case 1: Patient recently admitted to hospice with ESRD and HFREF and is requesting deactivation of both PM and AICD.
    - Discuss the various CIEDs and the ethics surrounding deactivation of these devices.
  - Q&A (20 min.)
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### CONTINUING EDUCATION:

This program is valid for 1.5 continuing education contact hours. CE hours are available until June 10, 2025.

A complete list of board approvals for this webinar program is posted to HFA's website at [www.hospicefoundation.org](http://www.hospicefoundation.org).

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### COURSE COMPLETION REQUIREMENTS:

Participants must attend the entire 1.5 hour program. Partial credit is not awarded. Participants must also complete the entire CE process online which includes a required evaluation form and

exam. The exam must be completed at 80% or above (*the exam may be re-taken, if necessary*).

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### **EXPERT PANELISTS:**

**Michelle Brassil, MD**, is a palliative care physician at Banner North Colorado Medical Center in Greeley, CO where she also serves as the Ethics Committee Chair. She completed her residency training in Physical Medicine and Rehabilitation at Spaulding Rehabilitation Hospital – Harvard Medical School before completing her fellowship in Hospice and Palliative Medicine at the University of Pennsylvania. When she and her family moved to Colorado in 2020 she educated herself on the Colorado End-of-life Options Act, and has had the privilege of serving as the attending physician for various patients pursuing Medical Aid in Dying.

**Adrienne Jones-Adamczyk, MSN, RN, ACNP-BC, ACHPN, HEC-C**, is the Senior Clinical Ethics Specialty Program Director for Banner University Medical Center in Phoenix, Arizona. She completed a Master of Bioethics from Harvard Medical School in May of 2023, and brings over 14 years' experience as a board-certified Acute Care Nurse Practitioner and Advanced Certified Hospice and Palliative Care Nurse to the clinical ethics space.

### **MODERATOR:**

**Bruce Jennings, MA**, is adjunct professor in the Department of Health Policy and the Center for Biomedical Ethics and Society at Vanderbilt University, and he serves as an ethics consultant with the Alive Hospice in Nashville, TN. He is also Fellow and Senior Advisor at the Hastings Center and co-author (with Nancy Berlinger and Susan M. Wolf) of The Hastings Center Guidelines for Decisions on Life-Sustaining Treatment and Care Near the End of Life.

### **REVIEWER:**

**Angela Novas, MSN, RN, CRNP, ACHPN**, *Senior Medical Officer*, Hospice Foundation of America

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### **BIBLIOGRAPHY/REFERENCES:**

Beauchamp, T., & Childress, J. (2012). *Principles of Biomedical Ethics*. New York: Oxford University Press

Doka, K. J., Jennings, B., Tucci, A. S., & Kirk, T. W. (2023). *End-of-life ethics in a Changing World*. Hospice Foundation of America.

Hosmer-Cernava, H., (September 4, 2013) "Ethics: Deactivating a Cardiac Pacemaker: Is it Ethical?" *OJIN: The Online Journal of Issues in Nursing* Vol. 18 No. 3.

Introduction. American Clinicians Academy on Medical Aid in Dying. (2022). Retrieved April 18, 2024 from <https://www.acamaid.org/introduction>

Key messages: Physician-hastened death. Canadian Society of Palliative Care Physicians. (2015, October). Retrieved April 18, 2024, from <http://www.cspcp.ca/wpcontent/uploads/2015/10/CSPCP-Key-Messages-FINAL.pdf>

McGee, E. (1997). Can Suicide Intervention in Hospice be Ethical? *Journal of Palliative Care.*, 13(1), 27–33. <https://doi.org/10.1177/082585979701300106>

Menzel, P. (2017). Three Barriers to VSED by Advance Directive: A Critical Assessment. *Seattle Journal for Social Justice*, 15(3), 673-700.

Menzel, P., & Chandler-Cramer, C. (2014, May-June). Advance Directives, Dementia and Withholding Food and Water by Mouth. *Hastings Center Report*, 23-37.

Oregon Health Authority: Public Health Division, Center for Health Statistics, "Oregon Death with Dignity Act, 2021 Data Summary." (February 28, 2022). Retrieved April 18, 2024 from <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/Documents/year21.pdf>.

Pope, T. (2011). Voluntarily Stopping Eating and Drinking: A Legal Treatment Option at the End of Life. *Widner Law Review*, 363-427.

Pope, T., & West, A. (2014). Legal Briefing: Voluntarily Stopping Eating and Drinking. *Journal of Clinical Ethics*, 25(1), pp. 68-80.

Pope, T. M. (2020). Medical aid in dying: Key variations among U.S. state laws. *Journal of Health and Life Sciences Law*, 14(1), 25–59. <https://doi.org/10.2139/ssrn.3743855>

Quill, T., & Byock, I. (2000, March 7). Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Food and Fluids. *Annals of Internal Medicine*, 132, pp. 408-414.

Quill, T. E., Pope, T., Menzel, P. T., & Schwarz, J. K. (2021). Voluntarily stopping eating and drinking: A compassionate, widely-available option for hastening death. Oxford University Press.

R. Lampert, D.L. Hayes, G.J. Annas, et al. HRS expert consensus statement on the management of cardiovascular implantable electronic devices (CIEDs) in patients nearing end of life or requesting withdrawal of therapy. *Heart Rhythm* 2010 (7), 1008-1026.

Shavelson, L. (2021, December 15). Update on Aid-in-Dying Pharmacology. The American Clinicians Academy for Medical Aid in Dying. Retrieved April 18, 2024, from <https://www.acamaid.org/wp-content/uploads/2021/12/12-21-21-DDMAPh-Time-to-Death-Data.pdf>

Shavelson, L. (2021, June 22). The Academy now recommends one single protocol for all. The American Clinicians Academy for Medical Aid in Dying. Retrieved April 18, 2024, from <https://www.acamaid.org/wp-content/uploads/2021/12/6-22-21-Separate-Digoxin-Eliminated.pdf>

Shavelson, L., Pope, T. M., Battin, M. P., Ouellette, A., & Kluger, B. (2022). Neurologic Diseases and Medical Aid in Dying: Aid-in-Dying Laws Create an Underclass of Patients Based on Disability. *The American Journal of Bioethics*, 1-11. <https://doi.org/10.1080/15265161.2022.2105422>

State statuses. Death With Dignity. (2022, August 25). Retrieved November 1, 2022, from <http://www.deathwithdignity.org/states/>

Tolle, S. W., Tilden, V. P., Drach, L. L., Fromme, E. K., Perrin, N. A., & Hedberg, K. (2004). Characteristics and proportion of dying Oregonians who personally consider physician-assisted suicide. *Journal of Clinical Ethics*, 15, 111-118.

Wright, J. L., Jaggard, P. M., Holahan, T., & Ethics Subcommittee of AMDA–The Society for Post-Acute and Long-Term Care (2019). Stopping Eating and Drinking by Advance Directives

(SED by AD) in Assisted Living and Nursing Homes. *Journal of the American Medical Directors Association*, 20(11), 1362–1366.

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**CONFLICT OF INTEREST:**

Planners (Panelists and Review Committee Members) disclose no conflict of interest relative to this educational activity. None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies.

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**FOR QUESTIONS, COMMENTS, OR ADDRESSING GRIEVANCES**

**Please contact Hospice Foundation of America (HFA)**

1707 L Street NW, Suite 220, Washington, DC 20036

[educate@hospicefoundation.org](mailto:educate@hospicefoundation.org)

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