End-of-Life Choices
By Jeanette Stehr-Green

Imagine this: You have a life-threatening illness. No treatment can cure your disease; it will lead to your death, sooner rather than later.

You can extend your life with other treatments (such as blood transfusions or recurring courses of antibiotics) but some part of you feels that that is only prolonging your death, not enabling the life you want.

In Washington state, competent adults with a terminal illness have the right to make decisions about how they live their final days and how they die. They can decline medical treatment. They can voluntarily stop eating and drinking to hasten their death. They can self-administer prescribed medications that lead to their death.

Declining Treatment

In all 50 states, adults of sound mind have the legal right to make decisions about their own healthcare. They can refuse curative medical treatment such as chemotherapy or surgery. They can refuse treatments that keep them alive such as dialysis or intravenous nutrition. They can refuse life-sustaining treatments such as cardiopulmonary resuscitation (CPR) if their heart stops beating or they stop breathing.

Declining treatment allows a person to have a natural death. It is a decision often made when recommended treatment is likely to increase suffering in the short term or has a low probability of being effective.

Voluntarily Stopping Eating and Drinking

Voluntarily stopping eating and drinking (VSED) means consciously refusing to eat any food or drink any liquids with the understanding that it will result in death. The decision is protected under the right to refuse medical treatment and is legal in all 50 states.

VSED does not require involvement of a healthcare provider. It is a deliberate, self-directed process and allows the patient to control the timing and manner of their death.

Every VSED experience is different depending on the age, health, and fluid intake of the patient. The average time from initiation of VSED to death is 10-15 days but can be longer. Death usually results from dehydration, not starvation.

Medical Aid in Dying

Medical Aid in Dying (MAID), sometimes referred to as “death with dignity” or “physician assisted death,” is the practice in which mentally competent adults with less than 6 months of life expectancy self-administer prescribed, life-ending medications.

MAID includes pre-medications that prevent gastrointestinal upset and a compound taken by mouth that eliminates pain, causes loss of consciousness, and leads to cardiac and respiratory arrest. Loss of consciousness occurs within 3 to 15 minutes of taking the compound and death occurs 30 minutes to a few hours later. In rare instances, death can take longer, but the medications will be effective, and the dying person should remain unconscious and without pain throughout.

MAID is strictly regulated and does not affect life, health, or accident insurance policies. As of April 1, 2026, MAID was legal in 13 states, including Washington, and the District of Columbia.

In Washington State, before a dying person can receive MAID medications, they must consult with their healthcare provider, make an oral request for the compound, have their case reviewed by a consulting healthcare provider, and make a written request followed by a second oral request.

Palliative Care

Although all of these paths can result in a peaceful death, at times they can be emotionally challenging as the dying person faces their impending death, declines physically, and needs more support from caregivers. Pain and discomfort can be an issue.

Palliative care can be provided concurrently with any of these choices to ease symptoms, reduce stress, and support emotional and spiritual well-being.

What is right for you?

Before making the decision, think about your values, priorities, and beliefs. Talk with your healthcare provider to better understand the likely course of your disease, the ins and outs of the various pathways, and the support you will need.

Share your decision with friends and family members. Whatever pathway you choose, you will need hands on help and emotional support from your caregivers.

Document your decision. Write an advance directive detailing acceptable treatments and those you do not want. Appoint a person who understands what you want and is willing to carry out your wishes as your Durable Power of Attorney for Healthcare.

Complete a Portable Orders for Life-Sustaining Treatment (POLST) form to document your desires about life-sustaining care. Have the form signed by your healthcare provider and readily accessible to emergency medical personnel if a health emergency occurs.

Seek support from End of Life Washington (EOL WA). EOL WA provides information, education, and services to patients and families about advance planning and end-of-life options.

Establish hospice care to support your palliative needs. Hospice care is distinct from MAID, but most hospice providers will continue to provide comfort care, symptom and pain management,

and open communication while supporting a patient's right to autonomy and freedom of choice throughout the dying process.

Finally, realize that you can change your mind. You can decide to pursue one option and then choose a different path if circumstances or your outlook changes. Living your final days as you choose is critical to a peaceful end of life.

Jeanette Stehr-Green volunteers at Volunteer Hospice of Clallam County along with a host of other community members who provide respite care, grief and bereavement support, and access to free medical equipment.