Speaker 1 ([00:02](https://www.rev.com/transcript-editor/Edit?token=8TK-m4IBxY9RIM5Qg3eWQtCXls57hnVcKN_5rTBmCD7tUMxsqTOSHz4qZnKhGb4T58GBetKXErX3uWQ2tI76lafl7I0&loadFrom=DocumentDeeplink&ts=2.87)):

Hello everyone. And welcome to this episode of ask a death doula. My name is Suzanne O'Brien today. We are gonna share the doula givers Vaid checklist. So many of you know that I am a former hospice nurse and oncology nurse, and I am the founder of the international doula givers Institute with end of life education V which stands for voluntarily stop eating and drinking is what I call no food for thought. That's my little take on it. And I've thought about this for almost two decades. Now, when we move into the end of life space, and when there's so much talk about dignity and comfort and also medical aid and dying, that's a very hot topic right now. There's something known as V V S E D voluntarily stopped eating or drinking. And it literally is what it sounds like it's stopping, eating and drinking when you have an advanced illness and allowing that natural end of life process to unfold.

Speaker 1 ([01:10](https://www.rev.com/transcript-editor/Edit?token=ljDoy1WDcdkKk2D_mT4VWdlCVvIbFNLpjU1ey07oS1wGOESundCgSDYiej0zwfeZu-6N_lZ3Ar6NxYSeeFL3WOjXEDY&loadFrom=DocumentDeeplink&ts=70.6)):

And so I put together a checklist because most people don't understand the pros and the cons and what really needs to be put in place. And I always will say, it doesn't matter what you choose for end of life care. The most important thing is that you make subjective informed decisions for yourself, and that means gathering all of your information. That's how you can make a really educated, subjective decision for what you would want for care or not want for care. And today I'm gonna share with you a checklist that I put together, so it can allow you to really understand what's needed in that space. If that is something that you may want to have as an option. So we're gonna go into a lot of this right now. The first thing that I wanna cover is the definition of visa. Visa stands for voluntarily stopping, eating, and drinking, and it is an intentional decision to stop drinking liquids and eating food for the specific purpose of causing death.

Speaker 1 ([02:15](https://www.rev.com/transcript-editor/Edit?token=nS70M1P4XgKiBlXeAuON1g-H7s4BiLTkOTMDVsOEAyANY1bUUNiJoFkVnRAh2N_qfth69mgTBV5bYCFAoR7bvbsIFx0&loadFrom=DocumentDeeplink&ts=135.73)):

It does not refer to stopping food or fluids provided by means of a feeding tube or to situations in which a patient has no appetite or is unable to eat or drink due to illness or disease time until death depends on a patient's underlining physical condition and diseased state, but typically takes place within about five to 21 days with the median time of death occurring in seven to 14 days after implementation, the cause of death is dehydration. So we're gonna go into that and we're gonna talk about what the challenges are within that, what you wanna look for. And of course, again, I'll always share with you what you want to be ready for as far as support what to anticipate. We always and do givers wanna anticipate the needs before we get there, right? Because it's very hard at the end of life to put things into place.

Speaker 1 ([03:11](https://www.rev.com/transcript-editor/Edit?token=FggCQJ43jypTU9DP1UfxDr90WmwtQL5GhyNizZ1fmyvwIS38VoAvhm1ut3yog_rllGiHW7jqQRUlJpmSFiWa5IMpRI8&loadFrom=DocumentDeeplink&ts=191.07)):

When we know about them, we can anticipate what might be needed and have that ready, very critical to, again, the comfort care every single day. So how does VED work? The exact process of dying from Vaid will not be the same for every individual. Despite being intentionally used to has and death. The dying process experienced by Vaid is a natural one. We love that in the first few days after ceasing intake of food and fluids, individuals may retain their energy levels for physical activity, but soon will become very weak. Once they begin to feel weak movement requires assistance in order to prevent falls or accidents, weakness or dizziness may occur suddenly, which is why 24 hour support is recommended. Once the individual begins, the fast mental alertness is replaced by longer and longer periods of sleeping. In many cases, individuals eventually remain in a coma state during the final stages of death.

Speaker 1 ([04:16](https://www.rev.com/transcript-editor/Edit?token=ACz14I8l6N6_1fB-QPNj51RHNZxLvGe9_ooVenlYCYuhdo9KYs0hesifFJ9ST9J2Wqeb9N5_H7rYxPWFOCKVnFLhSMA&loadFrom=DocumentDeeplink&ts=256.66)):

And in some cases, individuals have periods of alertness throughout the process up until death. The dehydration from Vaid affects the kidneys and the heart and each organ system in the body begins to shut down. So I wanna highlight a few things there that we talked about it being a natural process, and this is extremely important. One of the things that I want you to know about is that this is something that's naturally occurring in the end of life process. There is a part, and I talk about this all the time when we teach our end of life level one is that one of the first tell tale signs that somebody's headed into the transition phase is that they stop eating and drinking. This is naturally how the body starts to shut down and has its end of life V allows the person to have the intentional decision of speeding that up a bit when they have a terminal diagnosis, when they are again in that end of life journey.

Speaker 1 ([05:22](https://www.rev.com/transcript-editor/Edit?token=PqwlJgQQUY2xoGUczEuz_LQmXPxfIPoBE27hQuU9SbRbB5Ob4CvFI3XGbOKrm6b7amCVqZyYwZEGv7VtVrMSuNE0xxw&loadFrom=DocumentDeeplink&ts=322.74)):

And they can say, well, I'd like to just stop eating or drinking and bring that on a bit earlier. So this is a critically important for me to share this information because there's so much debate and discussion about medical aid in dying. And we understand that the most common reasons that people want to choose medical aid and dying is that they don't want to suffer and they don't wanna be a burden to their families. And I understand all of that, but there is also this option that you don't need to jump through the hoops or be, be in a state that has it legalized. You don't have to wait for someone else's permission. You can decide if this is an option that you would like to take and journey on, but again, I'm gonna give you the checklist to make sure that you can understand what's involved and if it's right for you.

Speaker 1 ([06:18](https://www.rev.com/transcript-editor/Edit?token=_eDKj9eife-ODOpWeD2r237eBCSSdM32Z5Hmo_gH-tOx_3iHEGyjbdWFvolqFXYZCkEeGyy8KEaAsTBZMasfpN95X7g&loadFrom=DocumentDeeplink&ts=378.11)):

So this is again a wonderful option. It gives the power back to the person. I don't think there's anything better than that, that empowering people with that information. So we're gonna talk about the checklist and what's important for Vaid. So now that we covered the fact that it is voluntarily stopped eating and drinking, that the actual end of life will be caused by dehydration, that it lasts typically between five and 21 days, the median around seven to 14, there is going to be a space that is extreme a window. That's extremely challenging when somebody gets weaker and weaker and starts sleeping a lot. But the dehydration, the Parness, the confusion that can come about that, somebody may forget that they're doing this and ask for something to drink and want something. And we totally understand that. But what that will do is that will set back the whole entire process.

Speaker 1 ([07:14](https://www.rev.com/transcript-editor/Edit?token=UbaDb2i4cSC9vrrKkVnqDyYKJ20kG-rFB--nvc6uCQqCUUHmw8X_IRTGY0RIhi3R7IFShVc4KAw26MnswSOsvk3ROv4&loadFrom=DocumentDeeplink&ts=434.41)):

So really having a clear understanding of what this journey would look like, what you wanna do for interventions at those times, what you can do for comfort is critically important. So here's the beginning of the C checklist. So the first thing that I want to put on this checklist and I did was your mental state. This can only be a choice for people of sound clear mind and thinking, okay. So if you're gonna decide to do this, you have to be of capacity. You have to, again, why there's a checklist for me is because it really lays out everything involved and it should be a yes and needs to be a yes, across the whole entire board. So the first thing is, are you mentally competent to make this choice? Okay. So that's the first thing. And again, there's legal ramifications to this. If you have family members, I wanna tell you a story about a patient that I had.

Speaker 1 ([08:08](https://www.rev.com/transcript-editor/Edit?token=Vh48lzX_7kfMf1bc7lOksEsmbcA75nBQg7Cq8hWO-KHd8R8GZ-sSbaDEoLnAavmgw-HSDc_POQtTuolNC-zDjN4lrf0&loadFrom=DocumentDeeplink&ts=488.04)):

If you have family members who are not on board with this, and let me just share with you that most of the time at end of life today, people are completely divided because of the dysfunctional relationship we have with death and the fear that's surrounding it. So you're not usually gonna have everyone on board with any decision, especially something like this. I ha I wanna share a story with you. I had a patient who called me up in 2015 and I met with him and he asked me a lot of questions about doula givers and about the support system and what his options were and things like that nature. And we talked about everything. And then we talked about, you know, Vaid and two years later, so he actually had a long journey with his end of life. He called me back two, 2017. You don't forget these things.

Speaker 1 ([08:57](https://www.rev.com/transcript-editor/Edit?token=Ecs5PGhD5f6J01rBmL07xyjDaFl8I0mPSrtTFjC-_ZPRuo8wKYegEPIUe-E6KM6otLxmjDB-Pg0pLwdqtvmIR5vygZI&loadFrom=DocumentDeeplink&ts=537.62)):

And he said, I'm ready. I'm ready to do V head. I'm ready to go into bed. I wanna have a meeting with you. He had a fiance. He was an older man. He had a fiance who was completely not on board, completely not on board. And even though there a hospice that was gonna be on board with him to do this, the fiance was not on board and very emotional that there were meetings that were booked and then canceled. And it was just so much energy around it that I had to step out of that situation. Um, because it, everyone has to be on board for it to work. And if there's, you know, work that that person individually needs to do to share with the fiance, why this is important and what's going on and how the support system would work, then that's exactly what needs to be done before.

Speaker 1 ([09:45](https://www.rev.com/transcript-editor/Edit?token=fxRgSf0cA9Zn-Ht5zDmLcNTbu1bJxmp2OyfjLooBhM5ox3dvDpR70IJAPQozHah80mmIaiGVXvwFYhyxL8lFPLGRbig&loadFrom=DocumentDeeplink&ts=585.69)):

This can actually be a part of a process. It wasn't really happening like that. And I had to remove myself because it was just not again in a healthy dynamic. So this checklist is extremely important. And again, it needs to be everyone on the same page or else you're gonna have complications. You can even have legal ramifications from it. So mental competency and then caregivers and loved ones who are on board and supportive. And I think the most important thing that I've seen that I know to be true is that when you have made a decision for yourself, that is of, you know, a subjective, educated decision, not just to make that decision and to share that decision, but to tell your loved ones, why you're choosing that, why is this important to you? I don't wanna suffer. I don't wanna be in pain. I don't wanna be a burden.

Speaker 1 ([10:44](https://www.rev.com/transcript-editor/Edit?token=0QK4Zpu0eYx2RtQ2_Vp2ULFJeS6Kcj2mixo_tXJajeEFz_cA888UL5UHr-mmPZHJ8Z0i4Lsbkny3RWD3XOQRtDx7C-Q&loadFrom=DocumentDeeplink&ts=644.04)):

They'll tell you you're not a burden, but we understand that there's a lot of stress involved. I love you, and I don't want to be a burden, or I love you. And I don't want to elongate this and have suffering and just be in that state. I like to just be in control a bit and, and make this decision. It might be extremely hard for them, but when you say that from the core of your heart, they will understand it. And it might take a minute for them to get on board. But I will tell you, I've never seen anyone when it's presented with that heartfelt, honest direction that you're giving and why it's important that families have not supported you in that. So you wanna make sure that caregivers and loved ones are on board, and that is extremely important. Then let's do let's talk legal because we just really have to be careful here.

Speaker 1 ([11:37](https://www.rev.com/transcript-editor/Edit?token=4zWE84xScM-C2m32uPYUCbX1x8zIo0jK01375oH0w_ZzciI2UVF2_ck7czdNv-xHe_lrvh6jQU0oXpj_mLGfiqLTsB0&loadFrom=DocumentDeeplink&ts=697.01)):

You know, the reason I stepped out of that situation is I could see that that fiance was so emotional and going back and forth and getting angry and getting upset. And this could turn into if you know, something that could really not be a good situation. So is there an advanced directive that's done? Is there a clearly written out advanced directive, advanced directive is, would share what you would want or not want for end of life wishes that is specifying specifying that you are choosing to do. V said. And what about your healthcare proxy? Your healthcare proxy is the person that you speak, your wishes, your choices that you've already made for you, making sure that that healthcare proxy is completely comfortable and on board with what you're asking about the visa process, having these documents signed and or notarized in this state that you're in, it's gonna depend where you are, but they're state sensitive having them notarized or, um, witnessed depending on the state and making everything legal.

Speaker 1 ([12:42](https://www.rev.com/transcript-editor/Edit?token=dZEiWRRRg0kyj4GUbZ3qGQtkTqgbpyO-5BtE_uYNB5v9wA7QiLpNBZcodi8vj_eKihhYKNvQd6Jy18zmdk3Ll7VAV4M&loadFrom=DocumentDeeplink&ts=762.58)):

I would even have them verified by an attorney that these are complete and accurate. Just again. So there's no loopholes. What about the possibility of doing a video of your wishes? So that there's no question that you are of sound mind and stating this is the option that you would like for your end of life. It's so easy today. You can do your tell iPhone or any kind of phone that you have with the video component. And you can put the date on there and you can say clearly what you're stating. So that again, the wish to do V said, understanding the process, say that, you know, what's happening clearly stating why you want it, and that it is solely your choice, that nobody is influencing that is fully your choice. Um, this is extremely important. And then that's the first step. And again, if none of this feels right, you can't go any further.

Speaker 1 ([13:37](https://www.rev.com/transcript-editor/Edit?token=BZgSXT70auGxH1XiDjQProj93kdwEdHyhv7GIjHaSeUa3g1JBaKabnvhShfVXEpBwicU9-awgpjUwbfKoh0dne1i-zg&loadFrom=DocumentDeeplink&ts=817.92)):

If you have loved ones and family members that are not on board with this, you can't go any further at this moment. This is about a collective again, making sure that everything is in place before you go on this journey, cuz it's gonna be difficult at times for everybody. So the medical evaluation, you, of course, this is only applicable to people with a terminal illness. This is not something that okay, I'm not happy in my life. And I think I'm just gonna stop eating or drinking. This is not what we're talking about. V is for those who have a terminal diagnosis and it's just speeding up that process a bit, the natural way that it would unfold at the end of life. Anyway. So you wanna have a medical evaluation done? Where is the patient in the current illness? Are they terminal? You know, what is the diagnosis?

Speaker 1 ([14:28](https://www.rev.com/transcript-editor/Edit?token=30qxZMDRct_LwrLrAU2VkNvqk9cTbKv6Q5TIBeWNEOcCs2aplu--6tnr--wiACKXMpk2sfOZEhl_7FtuDb6OwQVdRdM&loadFrom=DocumentDeeplink&ts=868.65)):

What is this disease process you need to have? And please hear this. You have got to have a medical doctor or a hospice on board that supports VED and that they're available or on call again, twenty four seven for the entire VED process. Why is this important? Think about it. People wanna be at home at this at this time period, your loved ones are caring for you. And there's gonna be more than not likely. There's gonna be a time in the Vaid process. There's gonna be that window of confusion of dehydration or even of pain that might start, that may happen at two o'clock in the morning. You wanna make sure that everything is in order and set up as best you can, but that you have a medical doctor on call to assist you with anything as it comes up critically important. Um, so that you have a medical doctor and again, or hospice doctor willing to order sublingual medications to manage comfort and agitation.

Speaker 1 ([15:31](https://www.rev.com/transcript-editor/Edit?token=oNbdZz25R5M5PBoFf0lA3w39QFC_VD-Nn5AZRJxI_eCjejRbkgHn_XXazswxo7t1LrefaGA4THi9TrBBsVNYwBbQ-oU&loadFrom=DocumentDeeplink&ts=931.02)):

The ones that we typically use are liquid morphine and anavan. And why do we have to have these on board? They're mandatory because there's gonna be a point that you can't swallow that they need sublingual medicine. And again, to have the pain relief and or agitation sublingually in liquid form is one of the things that has to be a part of this process. All right, now let's talk about patient readiness and the evaluations of that. There's a checklist here. If somebody is ready to have an end of life, there's work to be done and it's, and it's really important work, right? We want to make sure that we have everything wrapped up as much as we can before we say our final goodbyes. So do you have your last wishes done? Do you have legacy projects, finished photo albums letters that you wanna write, memoirs, whatever that may be.

Speaker 1 ([16:24](https://www.rev.com/transcript-editor/Edit?token=50U2gBjEhzozqqnuC-ymmUQ8VQbG3xP5OcGupKL6TMS-Ps9OUDme0Tx9kSf0qrGXnwFfExsmbX1xAUbOq34aEkThH3I&loadFrom=DocumentDeeplink&ts=984.16)):

And again, you can do this in a video form. There's many different ways to do that, to get creative. You need to, you need to make sure we cover this. If you don't wanna do a legacy project, that's fine, but I know that many people want to share something and leave things behind and having it in your voice the way you want is so again, healing and rewarding, and it's a great gift to others. What about last conversations? The very important words. Goodbye. I love you. Thank you, please forgive me. And I forgive you with your family members critically important to end of life. What about the person's acceptance of end of life? This is not something that should be looked at as a quick fix. Let's just do it, get it over with, you need to be in the space where there's okay. This is where I'm at.

Speaker 1 ([17:14](https://www.rev.com/transcript-editor/Edit?token=tc9IHGjjYZ3tdmG3dgua_4UPGo4nbZ1D1IpUePlCfWqiiPq62vjZB96srUMzcOxuM8ucUqfbUEdtqokXyAB5uz_4VKc&loadFrom=DocumentDeeplink&ts=1034.25)):

And a lot of times that comes with this, what we just shared, the goodbyes, the, I love you. The thank yous. The please forgive me. And I forgive you. The resolving of unresolved issues really important. Again, the most peaceful end of lifes I've ever seen are those with resolved issues. And usually that comes with forgiveness. And do you have a vigil plan and an after death plan done? Who do you wanna be there, you know, in this vigil time and how do you wanna be celebrated? How do you wanna be memorialized? What are your wishes? This is your journey. And we are here to support. You make sure that those are all known and done. Now let's talk about the physical care that's gonna be needed. The VED patient requires 24 7 support hiring caregivers are having family, friends give round the clock care who support the VED process is essential plan on needing them up to two weeks.

Speaker 1 ([18:12](https://www.rev.com/transcript-editor/Edit?token=Thojv7yNdzTEglj9Vmjsvouj7ylaZcfpBCSUIXUORtHfgKcdH_LE1sWHpTTCXEqTGujxgSzYilpAszhHWtTK9M-4rPc&loadFrom=DocumentDeeplink&ts=1092.859)):

Some cases may last up to 21 days, but that is unlikely. So usually it's within the two weeks. I always wanna plan for the longer time period, because then we're covered. Um, it's hard to again, try and extend it if you're not there. So again, we wanna plan on three weeks. It's usually about two weeks and you wanna make sure you have 24 7 care of supported caregivers, of supported family members. And of course the doctor on board visa is very emotional and physically draining. It's a very emotional and physically draining process. The main caregiver will need their own supportive care plan. Check in with your caregiver at least three times a day. If you are a friend or family member that there's a main caregiver, see how they're doing check in with them, make sure they express their emotions that they're getting rest and are eating a well balanced diet.

Speaker 1 ([19:03](https://www.rev.com/transcript-editor/Edit?token=wv_QNJ0Pd6rpMyHRYpV9G9TmON3A4PFvCRcfKj6lXJ40IOxMl-4997Y-qbDgurJxl3ZXOlnHTry4RJRkykl_FlgCHaU&loadFrom=DocumentDeeplink&ts=1143.49)):

And again, water, water, water. I ha remember there's this one beautiful doula whose father was ill recently and he ended up dying and she ended up fainting and hitting her head and she realized that she hadn't been eating or drinking water or probably sleeping for. She doesn't know how long. So we've gotta really check in and make sure that that's there arrange grief and bereavement support for the caregiver for during and after the death. You know, I think one of the things that we don't do correctly, obviously we have a long way to go with grief, cuz we're not doing end of life correctly, but grief is not just that support is not just needed after a death there's grief that comes in when somebody's ill, when somebody's going through the process, it's never too early to start that. And I really feel like the earlier we start things the better. All right, let's talk about supplies that you will need.

Speaker 1 ([20:03](https://www.rev.com/transcript-editor/Edit?token=ucAXIGxFsK3kBl_hazVsfCzN0lnexYxrh_faioBb6H72IK2RiaQVukYE4oy7PHXhm_PqILMIp_OoS5PWXL9p7FgvrWg&loadFrom=DocumentDeeplink&ts=1203.35)):

We're going to want. These are such important tools for comfort and they make a huge difference. So before this journey even starts, you wanna have these supplies in the home mouth swabs, mouth lubricant, lip balm, hypoallergenic, body lotion, eye drops, a small spray bottle, disposable chucks, adult style, diapers, reusable, waterproof chucks. That's another one that you can do and draw sheets, a gate belt for helping to stabilize when there's still walking, but need support a bedside commode urinals for men, a bed pan barrier cream to protect the skin, baby wipes, disposable gloves, a hospital bed, a room missed humidifier was cloth a bowl for bathing, a call bell or some kind of baby monitor or things like that. And non-skid socks. Those are wonderful tools. Now I'm gonna share with you that I understand that this decision is complicated and it's a hard one to make, but I will also share with you in my experience of being a doula giver and giving talks about end of life.

Speaker 1 ([21:25](https://www.rev.com/transcript-editor/Edit?token=DBppjAEMFZVQ1mt0fJWIM1itVkxbmUWUMdS6eLW1CcRcRnNXOJHvW7FrZjcypwt7RZACNrCsb2cXKxXQPLn-VE0FeJs&loadFrom=DocumentDeeplink&ts=1285.75)):

This option is becoming more and more wanted. And as we look ahead and know that the medical aid and dying is such a big topic, that so many people, I feel like again, they want control over their situation. They want to know that they have something that they're not gonna be in pain that they're not gonna be, you know, uh, kept in states that they don't wanna be in. And so having that pill gives them control, but this can give you control as well. And this is something again, that is exactly mirroring the natural way that the body has its end of life yet you're in control of when it's implemented. So it is gonna be challenging at times to be educated and prepared for this, the patient, the family members having the right support. And of course having the medical staff that is needed on board can make this process really smooth.

Speaker 1 ([22:24](https://www.rev.com/transcript-editor/Edit?token=RyGpm4kCH1Xga4C4U_E2Z2jBRwe_neflESPwMXERvtmHYFncnxI8_CiU7bkQ5AyyLCxazKB8cS6QDto8eOoYcOY_6yQ&loadFrom=DocumentDeeplink&ts=1344.18)):

So this is an option that people are taking. We're gonna have more discussions on this, but this information about your checklist is the first step. If you're even thinking about this, to make sure again, that all of those are a yes and covered, and then you can go further. If you have any questions about Vaid and the doula givers Vaid checklist, please leave a comment below. I'll be happy to answer them. And again, my name is Susan O'Brien and this is the ask a death doula podcast. I will see you in the next episode. Thanks everybody.