States where aid-in-dying is legal by statute (OR, WA, VT) have adopted two safeguards, contemporary competence and terminal illness, defined as prognosis of death within six months. Many people, however, fear extended life in severe dementia more than they fear suffering and loss of autonomy during their last six months. Yet once in severe dementia, they lack contemporary competence, and typically they are not terminally ill either.

One way individuals may control how they end their lives is through advance directives (ADs). However, ADs pose the following problem: when someone writes an AD, she is likely to have different interests, concerns, and values than those she has now. Should health care providers follow the instructions of the person as she once was or attend to the needs of the patient with dementia who is before them now? We argue that the AD should be respected, if certain conditions are met. This would mean dropping the contemporary competence and terminal illness safeguards, which is unlikely in states where aid-in-dying is legal; in any case, aid-in-dying remains illegal in most states. A legal alternative, however, is already available: voluntarily stopping eating and drinking (VSED). We argue that VSED, carried out in advanced dementia, can be part of a carefully constructed advance directive.