The Case for Palliative Sedation

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Disclosure

I have no conflicts of interest to disclose.

Objectives

Upon completion of this activity, participants will be able to:

- Review the different types of potential justification for palliative sedation.
- Identify strategies for resolving these cases that can guide policy development.

Care for Persons who are Seriously Ill or Dying

"*The task of medicine is to care even when it cannot cure*....Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life.... In this way *two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death*." [emphases added]

Ethical & Religious Directives for Catholic Health Care Services, Sixth edition, Introduction to Part Five

Alleviation of Pain

Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. *Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death….*" [emphases added]

Ethical & Religious Directives for Catholic Health Care Services, Sixth edition, Directive #61
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Existential Suffering

- Loss or interruption of meaning, purpose or hope in life
- Only those who are suffering can reconstruct their sense of personal meaning and once again find hope
- Offer an empathic presence that provides a safe environment for the patient/family in their work toward (i.e., reconstruction of) meaning and finding hope.

Principle of Double Effect

Four conditions:

1. The nature of the action is morally good or at least indifferent (neutral);
2. The good effect is intended; the bad effect can be foreseen, tolerated, or permitted;
3. The good effect is not produced by means of the evil effect; and
4. There is a proportionately grave reason for permitting the evil effect.

Organizational Policy and Procedure

POLICY

- Policy statement specifically permitting Palliative Sedation under appropriate circumstances, with clinical and ethical rationale

- Definition of Palliative Sedation
- Indications for Palliative Sedation
- Guidelines for patient, family, and interdisciplinary team assessment and support throughout
- Guidelines for annual case review and quality improvement process

Organizational Policy and Procedure

PROCEDURES

- Interdisciplinary procedure and criteria for assessing the need for Palliative Sedation.
- Procedure for accessing a consulting pharmacist, psychiatrist, or other relevant professional, when necessary.
- Procedure for accessing an ethics committee or other ethics expertise, when necessary.
- Informed Consent process is in place and followed

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Organizational Policy and Procedure

PROCEDURES

- Checklist for intractable and intolerable symptoms, and full spectrum of available and reasonable medical, physical, and psychosocial interventions; identification of those trialed/failed
- Checklist for patient/family education and informed consent
- Clarification, plan and rationale for concomitant treatment decisions, e.g., assisted nutrition and hydration, resuscitation

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Organizational Policy and Procedure

PROCEDURES

- An evidence-based protocol for clinical administration of sedative medication(s), and ongoing evaluation of their efficacy and impact;
  - Use of validated tools and processes to assess symptom burden during induction and throughout sedation, and regular modification of sedation level, as appropriate, in response to assessment.
- A process for responding to a decision-maker's request that sedation be discontinued and allowed to wear off.
- Checklist for regular and ongoing support of family and interdisciplinary team during patient sedation
- Procedure for documenting, documenting, documenting

Resources

- *Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition*. United States Conference of Catholic Bishops. © 2009, 2018. www.usccb.org
- "The Rule of Double Effect: Clearing Up the Double Talk". Daniel P. Sulmasy, OFM, MD, PhD, and Edmund D. Pellegrino, MD. Archives of Internal Medicine, Vol. 159, March 22, 1999
- "Killing and Allowing to Die: Another Look". Daniel P. Sulmasy. Journal of Law, Medicine & Ethics, Vol. 26(1998): 55-63.
- "Talking Points Regarding Palliative Sedation Practices and 'Stealth Euthanasia' ". Kevin Murphy, PhD, in collaboration with the Supportive Care Coalition Ethics and Church Relations Committee. July 2016. www.supportivecarecoalition.com
- "Palliative Sedation: Indications, Concerns, Cautions". Myles N. Sheehan, S.J., MD. Catholic Health Association Ethics Webinar, April 29, 2014. www.chausa.org
- "Palliative Sedation in Hospice and Palliative Care". National Hospice and Palliative Care Organization (NHPCO). July 2012. www.nhpco.org
- "National Hospice and Palliative Care Organization (NHPCO) Position Statement and Commentary on the Use of Palliative Sedation in Imminently Dying Terminally Ill Patients". Timothy W. Kirk, PhD, and Margaret M. Mahon, PhD, RN, FAAN. Journal of Pain and Symptom Management, 39(5) May 2010.
- "Developing policy, standard orders, and quality-assurance monitoring for palliative sedation therapy". Virginia L. Ghafoor, Pharm.D., and Lauren S. Silus, Pharm.D. American Journal of Health System pharmacy, Vol.6, March 15, 2011.