

1.14 Intentional Sedation

Key Points

1. The intended result of intentional sedation, also called sedation at Life's End and terminal sedation, is to achieve comfort in a decreased level of consciousness when a patient at Life's End suffers from unrelieved and unbearable symptoms despite treatment.

The physician will not need to consider intentional sedation frequently if symptoms are well controlled. More than 95% of patients with pain can achieve adequate relief with standard therapies.

2. Weigh burden and benefits of intentional sedation, including perceptions of patient and family regarding burden of suffering; consider all reasonable alternatives for symptom relief; seek consultation of multidisciplinary team; and scrupulously document considerations.
3. Serious moral implications extend to withholding as well as administering, sedation in patients with unrelieved suffering at Life's End.

Clarity on cause of death aids consideration. The underlying illness, not any treatment provided by the medical team, causes the patient's death.

4. Intentional sedation involves the principle of double effect (all actions may have both positive and negative effects and a specific action is ethical if the intent is for patient's benefit) and follows the ethical principles of autonomy, beneficence, and non-maleficence.

The physician provides medical care consistent with the Goals of Care of the patient and family and with the best and most appropriate treatment for a patient whose suffering is unrelievable and unbearable. The physician avoids harmful treatments, assures that DNAR orders are written, and that orders for analgesic medicines do not expire.

5. Intentional sedation, a palliative treatment of last resort to relieve suffering, differs ethically and in practice from physician-assisted suicide (PAS) and euthanasia.

In PAS, legal only in Oregon, the intention of both physician and patient is death rather than the relief of unbearable symptoms. In fact, most patients who avail themselves of PAS do so to maintain a sense of control over their dying and in anticipation of future symptoms. In euthanasia, which is legally considered murder and never considered ethical, the physician's intention is the patient's death rather than the relief of unbearable symptoms.

Intentional Sedation

The Palliative Response



Mr. Johnson's Case

Diagnosis and Status of Disease

- Widely metastatic non-small-cell lung cancer
- No longer responsive to treatment

Symptoms

- Severe pain from spread of tumor to bone
- Dyspnea due to lung damage from both the tumor and past treatment

Prognosis

- Grave: Life expectancy probably hours to days
- Medical team, patient, and family are all aware

Mr. Johnson's Course of Palliation

- Admission to palliative-care unit
- Symptom-control efforts with all available and appropriate treatments
- Symptoms unrelieved and, by Mr. Johnson's description, unbearable
- Suffering relieved only when sedated with medication that the team is trying to titrate to control the pain and delirium

Mr. Johnson's Status with Palliation

- Not eating or drinking much fluid
- Bed confined
- Continued on medication combination
 - Opioid*
 - Benzodiazepine*
 - Neuroleptic*
- Pain and dyspnea seem to be relieved; he seems to be sleeping
- Mr. Johnson dies 3 days later

Intentional Sedation: Definition

Process and intention

- Administer medication at Life's End to induce sedation, sleep-like state, decreased consciousness

Indication

- Unrelieved/unbearable suffering from pain, dyspnea, delirium, etc. despite efforts
- Usually considered only when prognosis is hours to days or days to a few weeks

Other names

- Terminal sedation, sedation at Life's End

Role of Good Pain Control

- The physician will not need to consider Intentional Sedation frequently if symptoms are well controlled
- Greater than 95% of patients with pain can achieve adequate pain relief with standard therapies

Moral Considerations

- Consider moral implications
- Consider all reasonable avenues to relieve symptoms causing suffering
- Consider burden/risk of Intentional Sedation
Balance with potential benefits
Consider perceptions of patient/family regarding the burden of suffering

Seeking Consultation

- Access expertise of the multi-disciplinary palliative care team
- Pastoral care often plays an important role in consideration of Intentional Sedation
Care for patient, family, clinical team as unit
- Ethics committee
Consult may be helpful but not required in considering Intentional Sedation

Moral Implications Withholding Sedation

Serious moral implications of withholding, as well as administering, sedation in patients with unrelieved suffering at Life's End

- Clarity on cause of death may help clarify the consideration
- The underlying illness, not the treatment, causes the patient's death

The Principle of Double Effect

- Reality of double effect
All actions may have both positive and negative effects
- Determination of ethicalness
A specific action is ethical if the intent of that action is for the patient's benefit even though a negative effect may occur

Purpose Sedation versus PAS

- Purpose of intentional sedation
To alleviate unrelieved, unbearable suffering with medication administered by physician
- Purpose of physician-assisted suicide
To assure that the patient will die as a result of medication provided by physician

Ethical Consideration Autonomy

- Consult and inform
Physician should consult and inform patient—or surrogate if patient has lost capacity—about treatment options
- Honor preferences
Experience of suffering and ability to bear suffering are highly subjective and individual
Some patients and families choose to accept increased sedation in the face of unrelieved suffering

Ethical Consideration

Beneficence

Intention of medical provider

- To provide medical care consistent with the Goals of Care of patient and family
- To provide the best and most appropriate treatment for a patient whose suffering is unrelieved and unbearable at Life's End

Ethical Consideration

Non-Maleficence

Intention of medical provider

- To avoid harmful treatment for patients
- Examples

Avoid harmful interventions

Assure that Do Not Attempt to Resuscitate orders are written

Assure that orders for analgesic medicines do not expire

Intentional Sedation Is Not Physician-Assisted Suicide

- Level of acceptance of PAS

A legal option only in Oregon

- Prevalence of PAS

Most patients avail themselves of PAS to maintain a sense of control over their dying

Reasons for PAS are usually not primarily the current symptoms but the anticipation of future symptoms

Intentional Sedation Is Not Physician-Assisted Suicide

- Timing of PAS

More likely considered with grave prognosis

More likely weeks to even months before anticipated death

- Intention of PAS

Death versus relief of unbearable symptoms

Intentional Sedation Is Not Euthanasia

- Process and intention of euthanasia

Physician administers medication

Physician's intent is that patient will die

- Ethics of euthanasia

Euthanasia is never considered ethical

Euthanasia is legally considered murder

Intentional Sedation The Palliative Response

- Palliative treatment to relieve suffering

Treatment of last resort

Openly discuss

Scrupulously document

- Contrast with PAS and euthanasia

Differs ethically

Differs in practice

Intentional Sedation

Selected Readings

Definition and Review of Terminal Sedation in Palliative Medicine

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