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Understanding Terminal Sedation

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Recently in the media, the question of whether terminal sedation was a form of euthanasia was raised. In trying to address the issue of terminal sedation, it is necessary to understand what is meant by the term, but there is no standard definition which all can agree upon. Complicating the issue is discussion about legalizing euthanasia and/or physician-assisted suicide (also referred to as physician-assisted death). To understand what is meant by terminal sedation, this article will explore Catholic teaching on this issue and how the term is understood by others involved in end-of-life care.

The concept of "terminal sedation" is not new. In fact, Pope Pius XII discussed the morality of terminal sedation in an address given to anesthesiologists in 1957. The Pope was asked the question "Is the suppression of pain and consciousness by the use of narcotics …permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees the use of narcotics will shorten life)?"[1] The Pope's answer was "Yes". He said that "[I]f no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes."[2] According to Pope Pius XII, terminal sedation would be permissible for those whose suffering cannot be alleviated by any other means. The patient must also have been given the opportunity to fulfill any moral obligations. This would include receiving the sacraments, assuring one's affairs are in order, and saying goodbyes. Suffering does have value for the Christian since it provides an opportunity to unite oneself to the sufferings of Christ. The Pope reminded us that heroic suffering, while admirable, is not obligatory.

In May 1980 the Congregation for the Doctrine of the Faith (CDF), issued a document called *Iura et bona,* the *Declaration on Euthanasia*, in which the meaning of suffering and the use of painkillers were addressed. It was noted that according to Christian teaching, suffering, especially during the last moments of life, has a special place in God's saving plan as it is a sharing in Christ's passion.[3] Some Christians may choose to limit the amount of painkillers, but the CDF points out that it "would be imprudent to impose a heroic way of acting as a general rule."[4] The CDF reiterated Pope Pius XII's teaching on the use of terminal sedation. Painkillers that may cause unconsciousness may be used if no other treatment can relieve pain, and if the person has been given the opportunity to make his/her spiritual duties. The CDF emphasized that the intention in using these painkillers was to relieve pain and not to cause death. If the intention were to cause death, then this would be euthanasia, which is morally wrong.

Pope John Paul II, in his encyclical *Evangelium Vitae,* spoke about palliative care and the question of painkillers. He noted that palliative care enabled patients to be supported during their final stages of life and that it assisted them in making suffering more tolerable. The Pope re-affirmed Pope Pius XII's teaching that it is honourable for a person to accept his/her suffering by forgoing painkillers, but that this is not the duty of everyone.[5] The use of painkillers, even if they decrease consciousness and may shorten life, is morally acceptable provided there are no alternatives and the patient has been given the chance to fulfill his/her spiritual duties. The Popes and the CDF all pointed out the seriousness of depriving a person of consciousness unless there is a justifying reason.

The Pontifical Council for Pastoral Assistance to Health Care Workers published the *Charter for Health Care Workers* in 1995, which addressed the use of painkillers for the terminally ill. It based its statements on previous papal teachings and the *Declaration on Euthanasia*. Again, it pointed out the licit use of painkillers even if it diminished consciousness or shortened life. The criteria of having exhausted all other options, and the opportunity to fulfill spiritual duties are still required. The intention of using painkillers is to

alleviate the patient's suffering caused by pain. Under no circumstances can painkillers be used with the intention of ending the patient's life. Such an action would be euthanasia.

Catholic teaching permits this use of terminal sedation when necessary and as long as certain conditions are met, as previously noted. The amount of medication used must be carefully measured and monitoring of the patient's status is vital. Terminal sedation in this sense is **not** euthanasia or some form of it. Medication used in terminal sedation is for the purpose of alleviating pain so that the patient does not suffer unbearably. There may be some cases where the medication shortens life but this is acceptable as it is **not** directly intended. The Principle of Double Effect (PDE) is sometimes used to support this position.

The principle (PDE) has four conditions. They are:

1. that the action itself is good or morally indifferent,
2. that the good effect is not produced by means of the evil effect,
3. that the evil effect is not directly intended, and
4. that there is a proportionate reason for allowing the evil effect.[6]

The PDE allows for terminal sedation because:

1. the administration of medication to alleviate pain is a good,
2. hastening of death (the possible evil effect) is not necessary to achieve the beneficial outcome (pain relief),
3. the intention is to alleviate pain, not to cause death even though it may be foreseeable, and
4. the proportionate reason is to relieve the suffering of a patient which cannot be achieved by any other means.

The PDE takes into consideration the good effect of alleviating pain but also recognizes that a foreseen but unintended bad effect may result (the hastening of the death of the patient). The PDE allows for a patient to receive medication to alleviate pain even if there is a chance of death. To deny a patient the option of alleviating intractable pain would be cruel and unreasonable, and could cause psychological, emotional, or spiritual distress.

In summary, the Catholic Church allows for terminal sedation as long as certain conditions are met. Before giving a patient painkillers which can cause unconsciousness and even death, all other therapies must have been exhausted and terminal sedation must be the only way to alleviate the intractable pain. The patient must have been given the opportunity to fulfill his/her spiritual duties. The physician must have the clear intention of alleviating pain and not intending the death of the patient. Finally, as with all medical treatment, informed consent must be given by the patient or his/her appointed decision maker.

The remainder of this article will attempt to address the following questions: What are some other definitions of terminal sedation? Under what circumstances is terminal sedation considered? Is the term "palliative sedation" more appropriate than the term "terminal sedation"?

There are various definitions for terminal sedation found in the literature on palliative care and end-of-life care. The term "palliative sedation" is sometimes preferred over the term "terminal sedation" because the word "terminal" can be misleading, giving the impression that the goal of such sedation is the termination of the patient's life. Below are four definitions. In three of them, the term "palliative sedation" is preferred over "terminal sedation".

Definitions:

1. Terminal sedation is "the clinical practice of utilizing therapeutic sedation in imminently dying patients, as a means of palliating symptoms which are not ameliorated by other, less aggressive measures." The author also notes here that "…the focus of drug titration is symptom relief, not the patient's death."[7]

2. Palliative sedation can be defined as "the act of purposely inducing and maintaining a pharmacological sedated and unconscious state, without the intent to cause death, in select circumstances complicated by refractory symptoms."[8]

3. Palliative sedation is "the use of sedative medications to relieve intolerable and refractory distress by the reduction in patient consciousness."[9]

4. Palliative sedation is "the intentional sedation of a patient when, despite aggressive management of pain and other symptoms, the patient continues to suffer from that underlying symptom."[10] "Palliative sedation is the purposeful rendering of the patient unconscious so that he/she no longer suffers the pain and symptoms associated with the disease."[11]

When looking at these definitions, the common understanding of terminal/palliative sedation is the intentional sedating of a patient to the point of unconsciousness in order to relieve intolerable pain which cannot be controlled any other way. Two of the definitions clearly point out that the intention of such sedation is not to cause the death of the patient. In formulating a definition, this point would be very important to include.

Under what circumstances should palliative sedation be considered? Is it just for physical pain or should existential pain also be considered? The goal of medicine is to alleviate suffering whether it is physical, emotional or existential.[12] Palliative care focuses on the relief of suffering through the treating of symptoms endured by the patient, and it also takes into account the spiritual and emotional state of the patient.

Palliative sedation should be considered when the patient is suffering from refractory symptoms. Refractory symptoms are those that "cannot be adequately controlled despite aggressive efforts to identify a tolerable therapy that does not compromise consciousness."[13] Refractory symptoms usually refer to physical pain, but some authors note that emotional and existential suffering can be severe and unremitting as well.[14] Some physical refractory symptoms can include nausea, vomiting, shortness of breath, gastrointestinal pain, and uncontrolled bleeding.[15] When people suffer physical pain, we can understand the need to alleviate it and use the appropriate medication. When the suffering is intractable, we consider the use of palliative sedation. But how do we treat non-physical suffering? Do we recognize it as being as severe as physical suffering?

Existential suffering refers to pain resulting from non-physical symptoms. It can include spiritual and psychological distress such as feelings of hopelessness, disappointment, questioning the meaning of one's life, remorse, anxiety, feelings of being a burden to loved ones, and fear of death. Suffering in this sense is very real even though it cannot be empirically measured. Among medical professionals the use of palliative sedation in these circumstances remains open for debate. Paul Rousseau, a palliative care physician, suggests some criteria that should be used before palliative sedation is considered for those experiencing existential suffering. He suggests the following criteria:

1. that the patient must have a terminal illness,
2. that a DNR (do-not-resuscitate) order be in effect,
3. that all palliative treatments must be exhausted, including treatments for depression, anxiety, and other maladies,
4. that a psychological assessment be completed by a skilled clinician,
5. that an assessment of spiritual issues be done by a skilled clinician or clergy member,
6. that informed consent be given by the patient or his/her substitute decision-maker, and
7. that consideration is given to an initial respite of sedation.[16]

Rousseau's criteria show the importance of assessing not only the patient's physical needs but also the psychological and spiritual. Many terminally ill patients suffer from depression and have unresolved spiritual issues. By addressing these concerns the need for palliative sedation for existential suffering should decrease. Rousseau's last criterion is an important one. He suggests that the patient only be sedated for a prescribed period of time, then the amount of sedation should be decreased until consciousness reappears. This may help to alleviate fears about palliative sedation (PS) and "may break the cycle of anxiety and distress that precipitated the request for PS and nullify the need for further sedation."[17]

Terminally ill patients need to have their physical, psychological and spiritual needs met. The dying process may be a time of reconciliation and spiritual enrichment. If

physical pain cannot be alleviated by other means, then palliative sedation should be considered. The use of palliative sedation for existential suffering requires cautious consideration. However, if existential suffering cannot be alleviated, then Rousseau suggests that palliative sedation offers an alternative to intractable distress.[18] This question is one that will need further investigation.

Those who would like to see euthanasia and/or physician-assisted suicide legalized also use the word "terminal sedation." For these individuals the intention of "terminal sedation" is to terminate the patient's life. The intention is to kill the patient by administering a lethal drug with the successful outcome of immediate death. When a physician administers the lethal dose this is euthanasia. Physician-assisted suicide (or physician-assisted death) is where a physician intentionally helps a person to commit suicide by providing drugs for self-administration. When terminal sedation is understood in this way (i.e., intending the death of the patient) it is morally wrong. "The dominant view of professional medical and bioethics communities holds that palliative sedation is ethically different from physician-assisted suicide or euthanasia."[19] They understand that the intent of palliative/terminal sedation is to relieve the patient's suffering, not to intend the patient's death.

When quality end-of-life care is not available, some people who are suffering consider euthanasia and physician-assisted suicide. Terminal patients who may be suffering from depression, anxiety, or spiritual distress may also ask for euthanasia or physician-assisted suicide. This only reinforces the pressing need for good quality palliative and end-of-life care which considers the whole person; mind, body, and spirit. Since the term "palliative sedation" / "terminal sedation" can mean different things, it is very important to define the Catholic understanding of the term. Since legislation may be introduced in Canada to legalize euthanasia and/or physician-assisted suicide, it is more important than ever to understand how terms are used and what is morally acceptable. For Catholics and those who support the sacredness of human life, euthanasia and physician-assisted suicide are never acceptable options. Rather, as our population ages, the better option is to demand quality palliative and end-of-life care for all. ■

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[1] Pius XII, "*Allocution to the International Society of Anesthesiology*". AAS 49 (1957): 147.
[2] *Ibid.,* 147.
[3] Congregation for the Doctrine of Faith, *Declaration on Euthanasia,* 1980, Section III.
[4] *Ibid.*
[5] Pope John Paul II, *Evangelium Vitae,* 1995, n. 65.
[6] Richard Gula, *Reason Informed By Faith* (Mahwah, NJ: Paulist Press, 1989), 270.
[7] W. Clay Jackson, "Palliative sedation vs. terminal sedation: What's in a name?" *American Journal of Hospice & Palliative Care* 19, no. 2 (2002): 81.
[8] Paul Rousseau, "Existential suffering and palliative sedation: A brief commentary with a proposal for clinical guidelines." *American Journal of Hospice & Palliative Care* 18, no. 3 (2001): 151.
[9] T. Morita, S. Tsuneto, and Y. Shima, "Definition of Sedation for Symptom Relief: A Systematic Literature Review and a Proposal of Operational Criteria." *Journal of Pain and Symptom Management* 24, no. 4 (2002): 447.
[10] M. Carr and G. Mohr, "Palliative Sedation as Part of a Continuum of Palliative Care." *Journal of Palliative Medicine* 11, no.1 (2008): 76.
[11] *Ibid*., 76.
[12] John Peppin, "Intractable Symptoms and Palliative Sedation at the End of Life." *Christian Bioethics* 9, nos. 2-3 (2003): 343.
[13] Paul Rousseau, "Existential suffering and palliative sedation: A brief commentary with a proposal for clinical guidelines." *American Journal of Hospice and Palliative Care* 18, no. 3 (2001): 151.
[14] John Peppin, "Intractable Symptoms and Palliative Sedation at the End of Life." *Christian Bioethics* 9, nos. 2-3 (2003): 345.
[15] National Ethics Committee, Veterans Health Administration, "The Ethics of Palliative Sedation as a Therapy of Last Resort." *American Journal of Hospice and Palliative Medicine* 23, no. 6 (2007): 483.
[16] Paul Rousseau, "Palliative Sedation." *American Journal of Hospice and Palliative Care* 19, no.5 (2002): 296.
[17] Paul Rousseau, "Existential suffering and palliative sedation: A brief commentary with a proposal for clinical guidelines." *American Journal of Hospice and Palliative Care* 18, no. 3 (2001): 153.
[18] *Ibid*., 153.
[19] National Ethics Committee, Veterans Health Administration, "The Ethics of Palliative Sedation as a Therapy of Last Resort." *American Journal of Hospice and Palliative Medicine* 23, no. 6 (2007): 484.

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