Special Article

Palliative Sedation Versus Euthanasia: An Ethical Assessment

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Abstract

The aim of this article was to review the ethical debate concerning palliative sedation. Although recent guidelines articulate the differences between palliative sedation and euthanasia, the ethical controversies remain. The dominant view is that euthanasia and palliative sedation are morally distinct practices. However, ambiguous moral experiences and considerable practice variation call this view into question. When heterogeneous sedative practices are all labeled as palliative sedation, there is the risk that palliative sedation is expanded to include practices that are actually intended to bring about the patients' death. This troublesome expansion is fostered by an expansive use of the concept of intention such that this decisive ethical concept is no longer restricted to signify the aim in guiding the action. In this article, it is argued that intention should be used in a restricted way. The significance of intention is related to other ethical parameters to demarcate the practice of palliative sedation: terminality, refractory symptoms, proportionality, and separation from other end-of-life decisions. These additional parameters, although not without ethical and practical problems, together formulate a framework to ethically distinguish a more narrowly defined practice of palliative sedation from practices that are tantamount to euthanasia. Finally, the article raises the question as to what impact palliative sedation might have on the practice of palliative care itself. The increasing interest in palliative sedation may reemphasize characteristics of health care that initially encouraged the emergence of palliative care in the first place: the focus on therapy rather than care, the physical dimension rather than the whole person, the individual rather than the community, and the primacy of intervention rather than receptiveness and presence. J Pain Symptom Manage 2014;47:123–136. *© 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

Key Words

End-of-life care, ethics, euthanasia, hospice philosophy, palliative care, palliative sedation, physician-assisted dying, terminal sedation

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Introduction

The concept of "terminal sedation" was first introduced in the palliative care literature by Enck[1] in 1991 to describe the practice of drug-induced sedation for symptoms that are difficult to control. Since then, sedation practices for patients who are terminally ill or in the final stages of dying have rapidly

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The core ideas outlined in this article were presented previously at the 2011 Conference of the International Association of Catholic Bioethicists in Philadelphia, PA.

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Accepted for publication: March 6, 2013.

0885-3924/$ - see front matter
http://dx.doi.org/10.1016/j.jpainsymman.2013.03.008

expanded. At the same time, there has been an extensive and growing debate about the ethical assessment of these practices. Almost from the start, the practices were considered controversial. Critics claimed that it was "slow euthanasia" or mercy killing in disguise.[2–4] They argued that the adjective "terminal" was not simply an indicator of time, reflecting the final phase of a patient's life when such sedation was typically administered; instead, it revealed the real purpose of the intervention, that is, to terminate the patient's life. Because the concept of terminal sedation was deemed confusing, ambiguous, and open to different interpretations, it was argued that it should be abandoned altogether.[5,6]

To prevent confusion with terminating human life and in an explicit attempt to dissociate this practice from euthanasia, new wording was proposed, such as "controlled sedation" and "sedation for intractable distress in the dying."[5,7] But the term that found its way into the scholarly literature was "palliative sedation."[8,9] Recommendations, guidelines, and standards for the appropriate implementation were issued by national and international organizations, all which emphasize the ethical differences between palliative sedation and euthanasia. Examples include the guideline of the Royal Dutch Medical Association (RDMA) originally published in 2005 and revised in 2009,[10] the recommendations of the National Ethics Committee of the Veterans Health Administration (NEC-VHA) issued in 2007,[11] the international framework published in 2009 by the European Association for Palliative Care (EAPC),[12] and the position statement of the National Hospice and Palliative Care Organization (NHPCO) from 2010.[13]

But these developments have not subdued the controversies. Opponents continue to challenge the dominant view and not without cause. In this article, we discuss the dominant view that palliative sedation and euthanasia are categorically different practices and the challenges against that view. We compare and contrast theoretical perspectives and actual practices, showing that the latter often digress from the former, further fueling the aforementioned controversies.

The Dominant View

The NEC-VHA has defined palliative sedation as "the administration of nonopioid drugs to sedate a terminally ill patient to unconsciousness as an intervention of last resort to treat severe, refractory pain or other clinical symptoms that have not been relieved by aggressive, symptom-specific palliation."[11(p484)] The NHPCO describes palliative sedation as "the lowering of patient consciousness using medications for the express purpose of limiting patient awareness of suffering that is *intractable* and *intolerable*."[13(pp914,915)] The scope of the NHPCO statement is limited to patients who are imminently dying.

These definitions and the many others in the palliative care literature not only reveal significant differences but also express several agreed-on characteristics of palliative sedation: its aim is to relieve refractory symptoms; this aim is accomplished by lowering the patient's consciousness; the means used to achieve this outcome are sedative drugs; it is not an isolated intervention but a symptom control strategy within a palliative care trajectory; and it can only be used as an intervention of last resort.

In the aforementioned two definitions, the ethical differences between palliative sedation and euthanasia are implicit. They become more explicit in the definition proposed by Broeckaert and Nunez Olarte:[9(p170)] "Palliative sedation is the intentional administration of sedative drugs in dosages and in combinations required to reduce the consciousness of a terminal patient as much as necessary to adequately relieve one or more refractory symptoms." This definition captures the main elements listed previously and emphasizes several additional elements that are important for the ethical assessment of palliative sedation and that are reiterated in subsequent publications:[14–17] sedation is not itself the aim of the intervention but merely a means; the aim or intent is to relieve symptoms (and not to render the patient unconscious, let alone end the patient's life); thus, the patient's consciousness shall be lowered only as much and as long as necessary to relieve the symptoms; hence, all types of sedation are captured in the definition (continuous/intermittent, reversible/not reversible, and mild/deep); this