Palliative Sedation and Catholic Moral Teachings

What is palliative care?

According to the Center to Advance Palliative Care:

> *Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment*.

As a medical specialty and philosophy of care, palliative care seeks to prevent and alleviate the physical, social, emotional, and spiritual distress that patients living with serious illness may experience. Hospice is a type of palliative care, regulated by the Centers for Medicare and Medicaid Services (CMS), for patients with a life-expectancy of six-months or less. Hospice is also a philosophy of whole-person care for patients at the end of life and those who support them.

What is palliative sedation?

Palliative sedation refers to a spectrum of interventions where sedating medications are used to relieve the physical pain and/or distressing symptoms of a dying patient in the last hours or days of their life. Sedation is usually implemented by means of an infusion of a sedative drug. It is an option of last resort to address intractable symptoms such as severe shortness of breath, nausea, vomiting, and other forms of intolerable pain. Palliative sedation is not euthanasia; the direct goal of palliative sedation is to address the intractable symptoms and not to hasten the death of the patient. Euthanasia is illegal in all U.S. jurisdictions.

How is palliative sedation utilized?

- *Time limited trial (also known as "respite sedation"):* Palliative sedation may be used for a defined period to attempt to control severe symptoms that have otherwise not responded to treatments. After the agreed upon time has lapsed, the patient is awakened to see if symptom control has been achieved.
- *Double-effect sedation*: Palliative sedation may be used to treat a symptom with a drug known to cause sedation as a side effect that is foreseen and tolerated, but not directly intended.
- *Continuous deep sedation:* In extremely rare situations, palliative sedation may be used as an intervention of last resort to relieve symptoms that have so overwhelmed consciousness that we are not robbing the patient of consciousness because it is already, in effect,

gone. Continuous sedation may or may not be preceded by a time limited trial of sedation. The patient is imminently dying and is not awakened.

Are palliative sedation practices consistent with Catholic moral teachings?

Directive 61 in the *Ethical and Religious Directives for Catholic Health Care Services* states:

> *61. 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. Medicine 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. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.*

The ethical understanding of palliative sedation is framed within the principle of double effect (PDE). The Catholic moral tradition, utilizing the principle of double effect, supports offering palliative sedation to address a patient's intractable symptoms, even if this therapy may indirectly shorten the patient's life so long as the intent is not to hasten death.

Simply stated the four conditions of PDE are as follows:

1) The **action is good,** or at least indifferent;
2) The good effect, and not the evil effect, is **intended**;
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.

The PDE provides an ethical framework for palliative sedation:

1) The **action** of giving sedation to address intractable symptoms is considered **good palliative care**.
2) The **intention** of sedation is **to relieve the patient's intractable symptoms**.
3) Although the patient's death may be hastened, **symptom relief is produced by sedation,** not the patient's death.
4) The patient's intractable symptoms are **proportionate reasons** to use sedation, even though the patient's death may be hastened.

What are some of the concerns about palliative sedation?

Concerns about participation: Some may believe that the principle of double effect is not a reasonable or effective distinction. As a result, they may feel that palliative sedation is too similar to euthanasia.

> **Response:** The ethical permissibility of many health care actions depends on the principle of double effect. For example, in the case of medical necessity, an amputation can be a good action, intending a good effect, for a proportionately grave reason, even though the outcome is the loss of a limb. Palliative sedation is not euthanasia; euthanasia is the direct and intended killing of a patient, often through lethal injection and is illegal in all U.S. jurisdictions.

Concerns about physician-assisted suicide and euthanasia: Some may fear that utilization of palliative sedation will normalize and further the legalization of physician-assisted suicide and/or euthanasia.

> **Response:** While concerns about the growing legalization of physician-assisted suicide (PAS) in the U.S. and euthanasia outside of the U.S. are genuine, providing greater access to specialty trained hospice and palliative care will lessen the fears that often drive requests for physician-assisted suicide. Similarly, access to palliative sedation provided by board-certified hospice and palliative care physicians, in the rare setting of intractable symptoms at the end of life, offers a legal and morally permissible option that may reduce requests for physician-assisted suicide.

Concerns about abuse: Some clinicians may worry that palliative sedation will be used without discretion, as in cases of existential or spiritual suffering.

> **Response:** Palliative sedation is not an acceptable treatment for existential or spiritual suffering since this type of suffering is not relieved through sedation but through increased spiritual support. Since, like many medical procedures, abuses of palliative sedation are possible, it is imperative that hospice and palliative care interdisciplinary team members (physicians, nurses, social workers, and chaplains) work in consultation with their medical colleagues and ethics teams to ensure that all other options for treating the intractable symptoms have been exhausted and that all measures to reduce the unintended side effect of hastened death are in place.

The field of hospice and palliative medicine continues to research new interventions to best respond to intractable symptoms at the end of life to guarantee that the needs and dignity of patients remain the primary focus of care. Within Catholic-sponsored hospice and palliative care, we are morally and ethically obligated to accompany the dying with utmost care and clinical expertise. Even though severe shortness of breath, nausea, vomiting, and other forms of intolerable pain are rare at the end of life, it is incumbent upon clinicians to skillfully and ethically use every tool available to make certain that every patient's dying is as dignified, peaceful, and sacred as possible.

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