The Ethics of Terminal Sedation as a Treatment for End-of-Life Pain and Suffering

> *Give beer to those who are perishing, wine to those who are in anguish; let them drink and forget their poverty and remember their poverty no more*
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> \- Proverbs 31:6, 7 (NIV)

Introduction

The writer of Proverbs seems to lend credibility to the notion that we should sedate those who suffer. The Greek philosopher, Socrates, is credited with having said, "Young men fear death; old men fear dying." Young men fear the loss of all they might have accomplished and experienced over a normal life span, while old men, having experienced whatever life had to offer them, fear the dying process itself. In the modern age where control and efficiency are the crowning virtues, people fear of dying alone, dying in pain and being a burden on others. They fear the kind of dying process that modern medicine is capable of inducing.

The debates over legalizing physician assisted suicide and euthanasia have grown more intense in recent years, fueled by the dwindling influence of Judeo-Christian ethics, an aging population and rising health care costs. Oregon already permits physician-assisted suicide and Hawaii's legislature narrowly defeated a similar law by a mere three votes.

Terminal sedation is portrayed as a way to reconcile the objections to physician assisted suicide/euthanasia while providing the maximum in comfort care. Its proponents argue that it is an ethical and humane means of addressing the needs of the dying. Despite the improvements in pain and symptom management for terminal patients, a small number of patients continue to experience severe pain and other distressing symptoms that many would consider intolerable. In response to this small percentage of terminal patients, some caregivers believe terminal sedation is warranted.

Terminal sedation is the term that describes a form of end-of-life treatment that has gained increasing acceptance among both ethicists and physicians, in part because they view the practice as a valid alternative to physician-assisted suicide for those patients whose pain and suffering cannot be relieved by existing pain management techniques. In this article, I will explore the nature of this form of palliative (comfort) care and discuss the ethical issues that it presents for the Christian medical practitioner, patients and families.

Terminal Sedation Defined

Terminal sedation generally refers to the deliberate termination of a person's awareness through the use of drugs that induce deep sleep and the withholding or withdrawal of life support technologies such a food and fluids. Terminal sedation places a person in virtually the same state as that of a person under anesthesia prior to and during surgery. However, with terminal sedation, all supportive care is stopped and drugs are administered in an amount sufficient to make the patient unconscious and unaware. When instituted in this manner, terminal sedation results in the death of the patient within a short period of time. This is why the procedure is called terminal – it is intended to produce death.

Ethical Issues

The justification for using terminal sedation is the difficulty of effectively managing end-of-life symptoms that become increasingly unresponsive to standard medical interventions. Proponents of terminal sedation argue that such a death is desired by the patient and welcomed by the family because it releases the patient from a conscious awareness of their deteriorating condition. Opponents of the practice argue that terminal sedation is simply physician-assisted suicide by another name.

Perhaps the most obvious ethical question is this: Does terminal sedation represent a more benign-appearing form of killing, what some call “slow euthanasia?” Is the administration of terminal sedation to an imminently dying patient an act that deserves to be called killing? Does terminal sedation undermine the long-held tradition of hospice – that death should neither be hastened nor prolonged? May a Christian practitioner morally provide terminal sedation to a consenting adult patient? If terminal sedation becomes a widespread practice with the terminally ill, might it be administered to patients who are not terminally ill? Might the use of terminal sedation smooth society’s slide toward active euthanasia?

Is terminal sedation a form of killing?

If it isn’t, why does it look so much like killing? The clear intention is to hasten the patient’s death when sedation is accompanied by the standard practice of withdrawing or withholding food, fluids and other supportive care. Only one conclusion to be drawn from such an act – the death of the patient is intended.

Some argue that the only motive is to relieve pain and suffering for someone whose symptoms cannot be managed in any other way. This is akin to Jack Kevorkian’s claim that when he administered carbon monoxide to his “patients” his only intention was to relieve their pain. Likewise, when sedation is accompanied by removal or withholding of all supportive care, the clear outcome will be death.

Some proponents claim that terminal sedation accompanied by withholding/withdrawal of supportive care is simply the principle of double effect at work – achieving a desired effect (i.e., relief of pain) while experiencing an undesired effect (i.e., hastened death). While appeals to the principle of double effect may carry weight in situations where pain management requires administering increased dosages of medications at the risk of hastening the patient’s death

through the suppression of respiration, such claims in relation to terminal sedation with hydration/nutrition withdrawal are bogus.

Administering drugs to control pain may increase the risk of a hastened death, albeit an unintended result, however, inducing deep sleep accompanied by ceasing all supportive care does not leave the outcome in doubt. If death is the intended result, then the means by which it is achieved makes no moral difference, regardless of whether the killing is done under medical auspices or not.

Does terminal sedation undermine the long-held tradition of hospice?

Due to lingering misconceptions, hospice workers must continuously strive to assure patients and their families that hospice does not practice euthanasia. The goal of hospice is to provide dying patients with the highest quality of life for however much time they have to live. While hospice patients are diagnosed as terminal, which means death is expected to occur within a year, this in no way means hospice workers “ensure” that death occurs within this one year window.

Terminal sedation appears to undermine the core values of hospice by involving hospice personnel in a protocol that is intended to result in the patient’s death – a hastened death – and because of the not-so-subtle message being sent to other hospice patients that perhaps they, too, should spare their loved ones the additional “burden” and choose a quicker death. While many hospice patients die in their homes, away from other terminal patients, the educational effect of inducing unconsciousness and removal of supportive care undoubtedly spills over to other patients and other families. Furthermore, if terminal sedation is indeed killing, it most definitely violates the care giving tradition of hospice.

Is the latter charge somewhat mitigated by the nature of the person's suffering? Must we keep a dying person conscious for as long as possible? Do Christian ethical principles require a terminally ill person to remain conscious throughout the dying process? The answer to all of these questions is simply this: a person is not morally required to consciously experience all of the pain and suffering their dying might entail, therefore, the appropriate use of pain and sedating medications is an acceptable form of comfort care. However, to make a person permanently unconscious and withdraw or withhold food and fluids is not comfort care – it is killing, and by definition it violates the care giving tradition of hospice. For these reasons, the Christian physician may not utilize terminal sedation as an ethically valid form of treatment.

Terminal sedation for non-terminal patients

Terminal sedation is not a rarely used last resort, as some proponents claim. Despite the fact that there have been just a few studies on the use of terminal sedation, its use runs as high as 52 percent among the terminally ill. When aggravating factors such as cost containment, overburdened caregivers and heightened patient awareness of its availability are considered, the incidence of terminal sedation being used for patients experiencing stroke, dementia and other serious illnesses will likely increase.

The precedent has already been set. Living wills and other advance directives have already been used to terminate supportive care for patients who are not imminently dying. Tolerating just a little bit of deliberate death, albeit with "safeguards," will not be so bad since it provides patients with more control at the end of life. This is how we should expect a culture of death to think.

Closing Thoughts

Many families reflect fondly on the moments immediately preceding the death of a loved one. They tell of being blessed to take part in meaningful conversations and to hear their loved one's parting words.

How might terminal sedation alter such deathbed experiences? Perhaps family members could say "good-bye" prior to sedation, but the conversation would end with the words, "Now we're going to kill you." Is this the sort of loving memory anyone desires?