Palliative Sedation: Clinical and Ethical Controversies (SA538-A)
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Objectives
- Define palliative sedation practices and definitions.
- Understand concepts of broad and narrow intent in relation to palliative sedation.
- Appreciate the use and disuse of concurrent life sustaining therapies with palliative sedation.
- Recognize the debate between physical and existential suffering leading to palliative sedation.

Background: When physicians titrate sedating medications to relieve refractory symptoms, unconsciousness is an unintended but not unforeseen side effect. A survey of US physicians found that 72% thought it would not be acceptable to sedate a patient to unconsciousness until they died, while 85% felt unconsciousness to be an acceptable side effect but should not be directly intended.

Case Description: 80-year-old male with end stage CHF, PVD, s/p bilateral BKA due to Berger’s disease and stage IV pressure ulcer along with history of bladder cancer and bilateral rotator cuff injuries. PPS of 30% and was admitted to the hospice home with CHF exacerbation in order to optimally manage his pain and SOB. During this time he stated, “things were not moving along fast enough.” After multiple discussions he was found not to be depressed and his pain was optimally managed, yet he exhibited substantial existential suffering. Palliative sedation was discussed, which patient and family then agreed upon. Following initiation of Versed he died 2 days later.

Conclusion: Palliative sedation remains both clinically and ethically controversial. At its core is the claim that it is ultimately PAS or euthanasia in disguise. A host of other controversial topics surrounding palliative sedation include the variation in its practice and definition; the distinction of intention between euthanasia and palliative sedation; palliative sedation and its utility in proximity to death or terminality; concurrent use of life-sustaining therapies; and intolerable, refractory physical suffering versus existential suffering. In exploring these controversies, and exposing the beneficial aspects of palliative sedation at the end-of-life, I argue that when other treatments fail to relieve physical suffering in the imminently dying patient, palliative sedation is a clinically and ethically valid therapeutic option and that an interprofessional team approach is paramount to achieving good clinical and ethical practice of palliative sedation.