Should This Patient Be Sedated?

Clinical Case

An 83-year-old male patient was diagnosed three years ago with colon cancer stage IV, but until recently enjoyed a good quality of life. The patient had a history of dyslipidemia, hypertension and ischemic heart disease, cholecystectomy, and mild COPD. After the diagnosis, a hemicolectomy was performed, followed by oncological treatment with chemotherapy. During one of his revisions, hepatic metastases were observed, however, they did not require intervention. After being evaluated by the digestive tumors board, the oncological team tries a variety of treatment methods until all treatment options were exhausted. After three months, there was an increase in liver metastases along with vertebral bone metastases and metastasis to the right iliac blade, in addition, multiple pulmonary metastases were also detected. The patient presents with bone pain, progressive dyspnea with minimal effort and at rest, as well as intense asthenia.

The physician informs the patient that he is not responding to oncological treatments and suggests the need to adopt a more palliative care-oriented treatment plan. The patient asks the physician for more information regarding palliative care and decides to take some time to think and discuss things before making their final decision. The physician reassures the patient that they are there to answer any questions, doubts, or needs the patient may have during the course of their decision-making process as well as during palliative care.

Four months later, the patient's condition had significantly deteriorated, both clinically and overall. He has become more dependent on his family, which has overwhelmed them. The palliative care team gradually increased the dose of morphine to control the dyspnea and pain.

Two months later, the patient, together with his family, came to the emergency department complaining of severe dyspnea. He was admitted to the oncology ward. Upon admission, the patient told the physician that the palliative care team had discussed the possibility of palliative sedation in case of refractory symptoms (with no response to treatment). He also expresses feelings of guilt because he feels like a burden to his family and expresses that he is tired of the whole medical process that he has been going through. After stating all this, the patient suggests to the physician that it might be best to sedate him. The oncologist is very conflicted about sedating this patient at this time. He is not sure whether sedation is appropriate and does not want to be the one who "causes the patient's death with the sedation." The physician also admits to being afraid of the possible legal repercussions if he sedates him.

Should this patient receive palliative sedation?

Ethical Analysis of This Case

In this case, the wish of the patient, who has requested sedation as a consequence of his terminal illness and his suffering great pain, is in conflict with the prolongation of his biological life. Respect for patient autonomy in end-of-life situations sometimes clashes with the medical objective of prolonging longevity.

In terms of the professional's fear of violating the law, it should be emphasized that palliative sedation (defined below) when properly performed, is considered good clinical practice. However, this must always be performed in accordance with the laws in each given country, which in many cases are in flux.

In terminally ill patients at the end of life and with refractory symptoms, palliative sedation is primarily intended to provide the greatest possible relief without shortening the life of the patient. In palliative sedation, sedative drugs are used with the necessary doses to achieve adequate symptomatic control. Palliative sedation is also used under the guise of the double-effect principle, which is used to justify its ethical relevance. Under this construct, if the use of sedative drugs shortens the patient's life as a collateral effect (double-effect), it could be justified because the primary objective is the patient's comfort and symptomatic control. In other words, the objective of palliative sedation is not the death of the patient, but rather his or her well-being.

In (terminal) end-of-life patients, many believe that therapeutic goals should focus on care and symptomatic relief, not so much on life preservation, i.e., avoiding more aggressive measures that may prove futile. In such cases, it is still important to maintain good, open communication with the patient and his or her relatives. Maintaining trust between the patient and the care team improves patient management and prevents them from feeling abandoned.

Possible Courses of Action:

- Assess the patient's competency to make decisions and examine their cognitive and emotional state
- Respect the patient's decision and sedate the patient in accordance with the clinical guidelines on sedation so that the patient does not suffer.
- Include the family in the decision-making process provided that the laws of each country allow it, or if the patient's written consent to do so, has been obtained
- While the oncologist makes a decision, notify the ICU and intubate the patient so that he/she does not die of respiratory failure.
- Do not sedate the patient, because it is not appropriate and because sedation may cause death.
- Record the decisions made in the patient's medical records.

Recommended Course of Action:

- Perform a complete evaluation of the patient's history, symptomatology, treatments, prognosis, foreseeable symptomatology, and possible future therapeutic options. During this evaluation process, it is essential to provide the patient with ample information which may assist in managing symptoms and improving the patient's discomfort, not only physically, but

mentally as well. In this case, the patient's feelings of guilt should be addressed, perhaps by the inclusion of a mental health professional on the patient's health care team. A study should be conducted to determine whether all treatment options have been exhausted, once determined palliative treatment can begin. During this process, physicians should be willing to address any questions or needs the patient may have regarding sedation.

- Assess the patient's competency to make decisions, which, in this case, appears to be intact. It is important to note that even if the patient is competent under the legal definition, he or she may still be in distress or suffering from emotional difficulties which should be examined and addressed in treatment.
- Respect the patient's decision and sedate him/her in accordance with the clinical guidelines on sedation so that he/she is not suffering. After careful evaluation of the case, if the patient continues to be symptomatic and continues to state that he/she prefers to be sedated rather than continue to suffer from the symptoms he/she has, sedation should be initiated per the clinical practice guidelines. If the physicians responsible for the case lack experience in palliative sedation, they should consult with physicians who have expertise in palliative care. The patient or his/her legal representative has to have given their consent prior. The document will reflect what treatment is to be followed, the possible alternatives, and the consequences of the treatment.
- In many cases, clearance will need to be obtained from the hospital's ethics board. This must be verified.
- It is important to try to include the patient's family and relatives in the decision-making process and throughout the process as a whole. In some countries, the patient's prior written consent is required in order to inform family members, or other desired parties, of the patient's medical situation and enable them to participate in decision-making. In this case, the patient has expressed concern that they are a burden on their family; they and their relatives should be offered psychological and/or spiritual support if they deem it necessary.
- The entire process should be recorded, as thoroughly as possible, in the patient's medical record.
- All of the abovementioned must always be followed in accordance with the applicable laws in each country.

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
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