

Responding to intractable terminal suffering: The role of terminal sedation and voluntary refusal of food and fluids. Position Paper.

Quill TE, Byock IR. Ann Intern Med. 2000; 132:408-414.

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Abstract:

When provided by a skilled, multidisciplinary team, palliative care is highly effective at addressing the physical, psychological, social, and spiritual needs of dying patients and their families. However, some patients who have witnessed harsh death want reassurance that they can escape if their suffering becomes intolerable. In addition, a small percentage of terminally ill patients receiving comprehensive care reach a point at which their suffering becomes severe and unacceptable despite unrestrained palliative efforts; some of these patients request that death be hastened. This paper presents terminal sedation and voluntary refusal of hydration and nutrition as potential last resorts that can be used to address the needs of such patients. These two practices allow clinicians to address a much wider range of intractable end-of-life suffering than physician-assisted suicide (even if it were legal) and can also provide alternatives for patients, families, and clinicians who are morally opposed to physician-assisted suicide. This paper will define the two practices, distinguish them from more standard palliative care interventions and from physician-assisted suicide, illustrate them with a real clinical scenario, provide potential guidelines and practicalities, and explore their moral and legal status. Although medicine cannot sanitize dying or provide perfect answers for all challenging end-of-life clinical problems, terminal sedation and voluntary refusal of hydration and nutrition substantially increase patients' choices at this inherently challenging time.

Comments:

Strengths/uniqueness: The position paper is a carefully written explanation of a controversial topic. The authors present the views of a consensus panel of experts in end-of-life care in expressing a reasonably balanced description of the issues and alternative points of view.

Weakness: In discussing both terminal sedation and voluntary refusal of food and fluid, the authors have avoided the more controversial discussion of patients presenting with psychosocial / existential distress in the absence of the physical problems listed in the General Guidelines (Table 1). A further major weakness is the failure to discuss the need to consider decreasing medications, particularly opioids, in increasingly dehydrated patients who will inevitably develop renal failure. The potential complication of opioid metabolite accumulation causing hallucinations, myoclonus and agitated delirium is arguably the reason that terminal sedation was needed in the described patient situation.

Relevance to Palliative Care: This position paper will hopefully encourage further discussion of these difficult issues, and ideally research into the questions that are well summarized by the authors.