Author's response to reviews

Title: European Association for Palliative Care (EAPC) framework for palliative sedation: an ethical discussion

Authors:

Niklas Juth (niklas.juth@ki.se)
Anna Lindblad (anna.lindblad@ki.se)
Niels Lynöe (niels.lynoe@ki.se)
Manne Sjöstrand (manne.sjostrand@ki.se)
Gert Helgesson (gert.helgesson@ki.se)

Version: 3 Date: 6 September 2010

Author's response to reviews: see over
Dear editor and reviewers,

Again, we like to thank the reviewers for their hard and good work. The first reviewer had some remaining concerns, which we address point-by-point in the following.

“Reviewer's report:
Thank you for the adapted version of Juth et al. The authors have taken the advices of my review serious and the article has improved. At least much of the concern raised by taking a diverse collections of texts as a formal EAPC viewpoint has been eliminated. Apart of some comments about the first part of the text, my major concern is with the second part of the paper that discusses the relation between palliative sedation and euthanasia and the conclusions section. I am not convinced by the conclusion of the authors that there is no moral difference between euthanasia and palliative sedation. I don't think that this strong claim is sufficiently supported by their arguments (see my remarks below).

Discretionary revision:
1. The last sentence of the discussion section [it is therefore unclear...abuse and why], is not clear.”

We have changed the formulation in a way that we hope clarifies the sentence, by substituting “what” for “when”.

“2. Conclusions section. I am not sure to what extent the EAPC framework, primarily directed to clinicians, should work out these ethical discussions in detail. A recommendation of the authors may be that the Ethics section of the EAPC (re)considers the issues raised in their paper.”

We hope that they will, as a result of the paper. We also hope and believe that clinicians too are interested in the justification of their framework.

“Major compulsory revision
1. Discussion section on intolerable suffering. I think that the authors raise an interesting point in their conclusion [of the first section] that the relation between unbearable (existential) suffering and underlying (somatic) refractory symptoms needs further exploration. However, I disagree with their recommendation (in the conclusion section) that, because this aspect needs further exploration, the patient alone is autonomous in deciding on palliative sedation (or not). As far as I know, patients and doctors have distinguished roles in a decision making trajectory for a medical intervention. As a professional, a physician should be able to estimate which alternatives for palliative sedation can be medically effective and whether alternative treatment options are readily available. Also the EAPC stresses the explicit notification of ‘lack of other methods for palliation’. Why did the authors not consider this?”

We probably formulated ourselves too strongly in the conclusion. We have qualified the second paragraph of the conclusion, so that it hopefully is clearer that we do not think that
doctors have no role in decision-making and we do not think that the patient alone should be totally autonomous in deciding on palliative sedation.

“2. Section on intending of death. This section remains difficult to understand and the conclusions, as stated now, seem too strong. The authors take up several discussions.

a. First, that intentions can be ambiguous and that, for this reason, the moral difference between palliative sedation and euthanasia ‘fade somewhat’. I think that the authors confuse aim and intention. It is possible to hope or expect that a terminal patient will die soon, but at the same time aim at symptom relief and refrain from active hastening of death. Have the authors considered this?”

We have. However, we are not talking about ambiguities of intentions in concrete situations (in the way the reviewer exemplifies), but about an ambiguity in the concept of intentions (indeed, the very ambiguity the reviewer mentions, although the reviewer uses the term “aim” instead of “ultimate end”, which is the term we use). We have changed the word “term” to the word “concept” in order to make clearer that we are speaking about a conceptual ambiguity, rather than ambiguities relating to specific intentions to perform specific actions.

“b. The authors discuss the principle of double effect and seem to conclude that this principle is (1) difficult to apply for palliative sedation when it comes to life shortening effects and (2) that this principle does not discriminate between palliative sedation and euthanasia because both realize a good effect by means of a bad effect. Considering the first point: the rule of double effect is difficult to apply because the bad effect for sedation –life shortening- is mostly absent (which the authors seem to acknowledge). This seems to make a clear case for a moral difference between sedation and euthanasia, at least as far as it concerns life shortening. Why have the authors concluded otherwise?

Concerning the second point, the argument is difficult to follow and I am not certain whether this is a correct application of the double effect rule (but I leave this to the authors). At least, I would have expected more literature references here. However, even if it appears that the rule of double effect does not discriminate between palliative sedation and euthanasia, other ethical principles or viewpoints may be applicable and may point to a moral difference. The authors have not explored this which should make them more reluctant in drawing too strong general conclusions on the moral difference between palliative sedation and euthanasia.”

Our conclusions are different. We argue (in the sixth paragraph of the section “Intending death”) that if the principle of double effect (PDE) allows continuous deep palliative sedation until death, which seems reasonable to hold at least if the circumstances mentioned in this paragraph are fulfilled, the PDE would also allow euthanasia if the circumstances are the same (since in these circumstances, it is hard to maintain that the permanent loss of consciousness or death are bad effects at all). We have clarified this in the first and fifth sentences in this paragraph. Furthermore, we have added two sentences in the end of the paragraph in which we clarify the modest implications of this conclusion. The reviewer is certainly right that we have not excluded that there is no ethical principle that could account for the moral difference between continuous deep palliative sedation until death and euthanasia. In the fifth paragraph, we merely point to the difficulty of taking a stand on the
applicability of the PDE by presenting the wide range of views on if and how the PDE is relevant for palliative sedation.

“c. Conclusions section: see above, the authors could be more reluctant in drawing too strong conclusions.”

We have tried to accommodate this by qualifying and clarifying the conclusions (see comments to 1 and 2b above).

Minor revision:
1. Section on refractory symptoms: The line of argument is sometimes confusing. In particular the phrasing about intolerable suffering as a sufficient or a necessary condition. I am not sure whether the EAPC framework is correctly interpreted here.

We were unable to meet this request, since we could not see what it was that was confusing more specifically.

This manuscript has not, in parts or as a whole, been published previously and is not under consideration in any other journal. Nor has its content been presented in any conferences. All the authors have read and agreed to the content of the manuscript.

Best regards,

The authors
(Niklas Juth, Anna Lindblad, Niels Lynöe, Manne Sjöstrand, Gert Helgesson)