Reviewer's report

Title: European Association for Palliative Care (EAPC) framework for palliative sedation: a critical appraisal

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Reviewer: JUDITH RIETJENS

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General

The authors reflect in their paper on the EAPC framework for palliative sedation. They focused on texts that explicitly set out to make policy recommendations for palliative sedation, leveled by the EAPC or some of its representatives. These texts include texts about palliative sedation posted on the EAPC forum (written by several authors), De Graeff & Dean’s recommendations for standards, the recent EAPC recommended framework for palliative sedation, and 2 papers written by Materstvedt et al about euthanasia and physician assisted suicide on behalf of the EAPC ethics task force.

Overall, the paper raises several interesting issues for discussion, and appears to be well thought through and clearly presented. There are a few suggested changes that would help to further focus and clarify things for readers.

Major Compulsory Revisions

1. The aim of this paper is to provide a critical appraisal of some of the underlying principles of these texts. However, while there are indeed several common elements in these documents, there is also variety in viewpoints and in arguments that are used, eg with respect to term, judgment of refractory symptoms, sedation for existential suffering, and the use of the doctrine of double effect. Apparently, the EAPC recommendations are not that straightforward or comparable across these documents (which can be understood because these documents have different aims, were written by different people, in different points in time). Commenting on the different documents in one paper results in a rather long and unfocussed paper that could gain strength, in my opinion, by focusing e.g. on the sedation documents (leaving out the euthanasia papers, because that does not seem the focus), or even by choosing to comment only on the most recent EAPC publication about their suggested framework. As it seems to me, the main points the authors want to make could also be made while only focusing on this recent EAPC publication. In any case, the authors should in my view better motivate the choice of the documents, the fact that there are differences between these documents (and what this means for their use), and also it should be motivated how and according to which criteria they identified the themes they wanted to comment ons.

2. In definitions the authors discuss the fact that the definition of continuous PST includes normative elements that distinguish it from euthanasia/assisted suicide.
They acknowledge that such a definition might, however, be of use for empirical research. It can also be argued that such a definition might not be suitable for empirical research because empirical research would be better served with descriptive definitions, see e.g. JPSM 2008; 37:e10-1.

3. Paragraph intolerable suffering and refractory symptoms. The authors state that de Graeff’s definition does not include psychological/existential suffering; however, their definition does not specifically address the source of suffering, thus therefore does not exclude psychological/existential suffering.

4. Same paragraph. The authors argue that the EAPC is apparently not concerned about life-shortening when this concerns the forgoing of nutrition or hydration. However while the recent EAPC framework does indeed not specifically address this issue, de Graeff does pay attention to it, although not in a very concrete way (“If the sedation is intended to be transient or if deep sedation is considered for a patient with a life expectancy of longer than a week, then hydration may be medically indicated”).

5. In the remaining of the paragraph, the authors address the question whether proportional sedation should also be used when there is a risk that this might hasten death. While the authors claim that the use of sedation could in fact hasten death, this is not acknowledged by the EAPC. For the EAPC therefore there is no reason to compare the life-shortening effect through the forgoing of nutrition/hydration versus through the use of sedating medications. The argument that sedation can shorten life needs therefore, in my view, some more foundation and clarification.

Minor Essential Revisions
Two times, the issue of intent is discussed, in a partly overlapping way (terminology and intending death). The paper will gain focus if this could be integrated in one piece of text.

Paragraph nutrition, hydration, and sedation. Please add a reference for “With patients suffering from braintumors […]” and for “In other cases, where nutrition and hydration is provided […]”.

Discretionary Revisions
The authors raise several questions but in general refrain from suggesting alternative solutions or recommendations. Doing so could make their points stronger.

Quality of written English: Acceptable, but needs spelling checker.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a
statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'