Reviewer's report

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

Version: 2 Date: 22 July 2010

Reviewer: J Hasselaar

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.
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.

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?
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?

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.

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

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.

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

Quality of written English: Needs some language corrections before being published

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