

Presidency of the Council of Ministers



COMITATO NAZIONALE
PER LA BIOETICA

Abstract

DEEP AND CONTINUOUS PALLIATIVE SEDATION IN THE IMMINENCE OF DEATH

29 January 2016

The subject was initially brought to the attention of the Committee by Prof. Francesco D'Agostino; at a later date Hon. Paola Binetti posed a query (given in the attachment) inviting the Committee to go into the ethical aspects of deep sedation in more depth, asking in particular whether or not it can be distinguished from euthanasia.

Deep sedation is an issue that is linked to the subject of palliative care, which the Committee dealt with in the Opinion *Pain therapy: bioethical guidelines (2001)*. In drafting the Opinion the Committee puts forward a number of reflections with the aim of clarifying the definition and ethical conditions of deep sedation at theoretical level, as well as offering practical guidelines for healthcare professionals.

The Committee criticises the expression 'terminal sedation' which is used in literature owing to the ambivalence and imprecision that it conveys and proposes the terminology 'deep and continuous palliative sedation in the imminence of death' to indicate the intentional administration of drugs, in the dosage required, to reduce to the point of annulling the patient's state of consciousness, in order to alleviate pain and the physical and/or psychological refractory symptom which has become intolerable for the patient in the imminence of death.

The NBC identifies a number of conditions that are ethically indispensable for the carrying out of deep sedation: an incurable illness in an advanced state; imminent death; the presence and assessment of one or more refractory symptoms or acute terminal events with intolerable suffering for the patient; the informed consent of the patient. The procedures for the application of deep sedation require proportionality, the monitoring of drug usage and the entering of the procedures in the medical record.

The Committee addresses the distinction between deep sedation and euthanasia and for this purpose, procedures and outcomes, considers that deep and continuous sedation, which is continued until the patient's loss of consciousness, must be recognised as a healthcare treatment and not confused with euthanasia or assisted suicide or consensual homicide.

The question of the patient's informed consent is specifically dealt with, as well as advance care planning, also relying on advance statements about medical treatment, deep sedation in paediatric patients and the professional training of healthcare workers.

In its final recommendations the Committee stresses that it is a fundamental right of the dying person (adult or child) to receive adequate support aimed at controlling suffering in the respect of their dignity. Particularly with regard to children, the Committee recommends that the parents be suitably informed and supported on the issues linked to deep and continuous sedation and that the best interests of the child are respected and that their will is respected too within all possible limits.

Lastly, a full application and integration of Law No. 38/2010 will hopefully be implemented, regulating palliative care and pain management in Italy, since unacceptable inequalities are found among regional areas.

The Opinion includes two appendices: a normative and a technical/medical one.

The Opinion contains a personal remark by Prof. Carlo Flamigni and a statement by Prof. Demetrio Neri, explaining the reasons for their dissent from the document.

The group was coordinated by Prof. Lorenzo d'Avack, who supervised the drafting with the contribution of Profs. Rodolfo Proietti and Laura Palazzani.

A number of experts were invited to give their professional advice on the subject during the plenary session including Prof. Carlo Peruselli, President of the Italian Society for Palliative Care (26 June 2015), Prof. Rodolfo Proietti, full professor of anaesthesiology and reanimation at the Catholic University of the Sacred Heart (25 September 2015) and Prof. Ferdinando Cancelli, palliative care physician (25 October 2015).

The document was debated in the plenary sessions of 20 November, 11 December 2015 and 29 January 2016, and approved with votes in favour by the members: Amato, Battaglia, Canestrari, Caporale, Casonato, D'Agostino, Dallapiccola, Da Re, d'Avack, De Curtis, Di Segni, Frati, Garattini, Gensabella, Morresi, Nicolussi, Palazzani, Proietti and Toraldo Di Francia and voted in favour by the advisory members: Benato, Bernasconi and Petrini. The members Flamigni and Neri voted against the document and Zuffa abstained.

Caltagirone, Scaraffia, Sargiacomo and the advisory members Conte and Palamara were absent at the voting but endorsed the Opinion at a later date.