

Palliative Sedation: The Case of Mrs. Thompson

Sarah Thompson, age 63, is in the terminal phase of breast cancer that was diagnosed 13 years ago. She was admitted to the Palliative Care Unit of the QEII Health Centre ten days ago for crisis management of her severe bone pain and nausea. These symptoms had stopped responding to treatment modalities administered in her home, where she had been followed regularly for a year by outpatient palliative care nurses. Sarah had hoped to die at home but agreed to the hospitalization in the hope that interventions offered in the Palliative Care Unit would afford her relief from her constant pain and nausea.

Since her admission, Sarah's nausea has been manageable with significantly restricted feeds and the use of subcutaneous antiemetic agents. However, her bone pain has not improved. In the last two days, it has been unrelenting and worsening despite trials of all available specialized palliative care modalities including escalating dosages of narcotic medication. It is obvious to her family and health care providers that Sarah is in profound distress, and her nurses observe obvious signs of physical pain even when she is significantly sedated. Sarah makes a conscious decision to stop eating and drinking, and requests that medication be used to 'put her out of her misery for good'.

The attending palliative care specialist, Dr. Rideout, reluctantly decides to explore the option of palliative sedation with the family. Although Sarah has clearly indicated her wishes for permanent relief, Dr. Rideout believes that she is no longer capable of providing informed consent for the initiation of palliative sedation. He arranges for an urgent family conference. When the nursing staff hear about this, intense discussion ensues about whether or not PS should be provided. Some of the nurses who work closely with Sarah consider this to be the best solution, given their patient's intolerable and intractable pain. Other unit nurses consider palliative sedation to be a form of euthanasia and refer to this practice as 'killing the patient'. Sarah's husband is exhausted and deeply depressed. At the beginning of the family meeting, he states that he is unable to make this decision for his wife. The couple's three adult sons, who have gathered in Halifax in anticipation of their mother's imminent passing, have differing opinions about whether PS should be initiated. One of them believes that all forms of human life are sacred and should not be artificially interfered with.