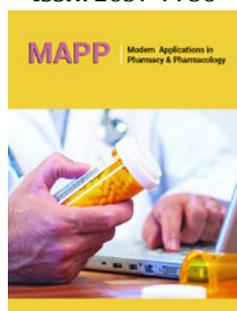


Managing Cases of Terminal Sedation: “Doctor, I’m Troubled by this Prescription”

Robert A Buerki*

The Ohio State University College of Pharmacy, Division of Pharmacy Practice and Science, USA

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***Corresponding author:** Robert A Buerki, The Ohio State University College of Pharmacy, Division of Pharmacy Practice and Science, USA

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Abstract

Pharmacist Ed Patch has a problem. He has just received a prescription for an unusually strong dose of a sedative for Mr. Durkheim, one of his long-time patients who has recently been confined to bed for a terminal illness. In checking the prescription order with Dr. Menninger, he is surprised to learn that the dosage schedule is correct, and that Mr. Durkheim and his family have agreed to discontinue further treatment, including nutrition and hydration, totally sedate Mr. Durkheim, and allow him to pass away quietly in his sleep. Ed has always held the health and well-being of his patients as his highest concern, and he is disturbed that one of his patients has entered into such an agreement to end his own life. Ed’s discussion with Dr. Menninger has confirmed that Mr. Durkheim faces a long and painful ordeal that could last for several weeks. Ed is reluctant to fill the prescription but realizes that Mr. Durkheim would continue to experience a long and painful period of decline before his death. What should Ed do? Are there any provisions in the 1994 Code of Ethics for Pharmacists that Ed can look to for guidance?

Commentary

Situations such as the one that pharmacist Ed Patch has encountered are now a reality of professional pharmacy practice, so much so that the phrases “pharmaceutically mediated death” and “pharmaceutically assisted death” have been added to the medical lexicon. These enigmatic phrases embody a range of clinical activities, including terminal sedation, and are important to profession of pharmacy because they highlight the role pharmacists play in these cases. Moreover, these phrases underscore the importance of decisions made by pharmacists as they struggle to meet their obligations in providing quality pharmaceutical care. Indeed, some authors argue that the failure of effective pharmaceutical care is a necessary condition for pharmaceutically mediated death [1]. There is no universally accepted definition of terminal sedation; however, most clinicians describe the effort as: 1) intentionally producing and maintaining deep sleep, but not deliberately causing death, and 2) entering into an agreement with the patient stating that when the patient reaches a point at which his or her condition is intractable or refractory to standard palliative treatment and is in a deep sleep, the patient will no longer receive any further supportive treatment, allowing death to occur. Some clinicians prefer to name this procedure “palliative sedation” or “sedation in the imminently dying [2,3]. This case presents challenges on many fronts. Traditionally, pharmacists have recognized a moral, even legal, duty to fill valid prescriptions; at present, some pharmacists question their right of refusal to fill prescriptions on the grounds of conscience. Ed will first have to settle that issue and in so doing will need to more completely examine the circumstances of the case. Ed will need to ascertain the intention of the physician in proposing terminal sedation; he also will need to be satisfied that the explicit intention of the prescribed sedative is for the relief of suffering and not the hastening of death. Furthermore, Ed will need to confirm that the patient made a voluntary and informed choice for sedation and refusal of food and fluids. Once these facts are confirmed, Ed can decide whether or not he wants to cooperate by preparing the medication. In making his decision, Ed will probably be torn between two widely held principles of moral behavior: the avoidance of killing and autonomy.

Although the principle of avoidance of killing is not specifically addressed in the Code of Ethics for Pharmacists, it seems apparent to Ed that killing is just inherently wrong, even if the patients who die are better off than if they had lived. While Dr. Menninger has assured Ed that the intent of the sedative was not the death of the Mr. Durkheim, Ed realizes what the ultimate outcome will be. At the same time, Ed recognizes and fully supports the respect for patient autonomy statement in the Code of Ethics for Pharmacists and concludes that Mr. Durkheim has the right to decide such an outcome for himself. In order to resolve this matter, Ed will need to carefully examine these principles and decide if one principle has priority over the other, whether the principles need to be balanced

against each other, or whether they can be combined for a final resolution to the challenge.

References

1. Kathleen MD, Karen LK (1998) Longing for mercy, requesting death: pharmaceutical care and pharmaceutically assisted death. *American Journal of Health System Pharmacy* 55(6): 578-585.
2. Tatsuya M, Satoro T, Yasuo S (2001) Proposed definitions for terminal sedation. *Lancet* 358(9278): 335-336.
3. Daniel P, Sulmasy, Wayne AU, Judith CA, Mark Siegler, et al. (2000) Publication of papers on assisted suicide and terminal sedation. *Ann Intern Med* 133(7): 564-566.

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