

## Question on notice: Professor David A. Jones, Anscombe Bioethics Centre

### Is there evidence that palliative sedation is practiced differently in Belgium than it is in the UK?

This evidence is taken from Sigrid Sterckx, and Kasper Raus, 'The practice of continuous sedation at the end of life in Belgium: how does it compare to UK practice, and is it being used as a form of euthanasia?' in David Albert Jones, Chris Gastmans, and Calum MacKellar (eds) *Euthanasia and assisted suicide: Lessons from Belgium*, Cambridge: Cambridge University Press, 2017, pp. 86-100. The chapter analyses the results of an international interview study with Belgian, Dutch and UK nurses, physicians and relatives who had recently been involved in the care for a sedated patient.

These authors found that sedation at the end of life was practiced differently in the UK and Belgium:

#### 1) Is it a distinct practice aiming at permanent unconsciousness?

In Belgium, 'palliative sedation' was regarded as a distinct practice aiming to produce permanent unconsciousness. It was 'often recorded as such in the medical file' and 'often preceded by a goodbye moment where loved ones said their goodbyes to the patient.'

In contrast, 'no UK physician or nurse used the label "palliative sedation"... physicians and nurses instead referred to, for example, "symptom control"'. It was not thought of as a 'distinct practice' but as the result of a gradual process of continuing care.

#### 2) Are sedatives given in proportion to symptoms?

In the UK, there was a great emphasis on proportionality 'which they interpreted as starting with the lowest possible dose and then increasing or decreasing the dose when deemed necessary'.

In Belgium, they stated that sedation should be proportionate but they 'generally appeared to be less worried about giving higher doses... At times it was an explicit goal to sedate a patient deeply from the start'.

#### 3) Do doctors sometimes intend to hasten death?

In the UK 'physicians and nurses were especially adamant in stressing that they never had the intention to shorten a patient's life'.

In Belgium, while physicians 'mostly denied an intention to hasten death', the possibility of life shortening was 'seen as less of an issue than for UK physicians and nurses'. Moreover, 'some Belgian physicians and nurses openly admitted to having had a clear intention to shorten life when using continuous sedation.'

It is clear that in Belgium palliative sedation is used sometimes as an alternative to legal euthanasia as shown by the following quotations from interviews with Belgian doctors:

*we regularly see [...] for patients who choose euthanasia, the family has a really hard time accepting this so [the patient] ends up saying: 'okay then do palliative sedation instead'.*

*We don't do euthanasia in weekends. We always plan this and want to prepare ourselves, [...] so I said: 'I propose to do palliative sedation, starting tomorrow'.*

It is clear that the practice of palliative sedation in Belgium is different from the use sedatives in the UK. It is not that sedatives are used more in Belgium but they are used in a different way. The presence of euthanasia has resulted in people also using palliative sedation as an alternative to euthanasia, a way to hasten death intentionally but outside the law.