



LETTER TO THE EDITOR

Continuous deep sedation and euthanasia**Sedación profunda terminal y eutanasia***Dear Editor,*

During my master's internship in the Social Psychology of Health at the Oncology and Palliative Care Department at La Timome Hospital in France, I had the opportunity to attend an interdisciplinary medical board in order to assess the request of a terminally ill patient for continuous deep sedation, motivated by the patient's wish to die and to relieve the pain caused by his disease. This request led me to question why continuous deep sedation instead of euthanasia? Given that in my native Colombia, euthanasia has been a decriminalised medical procedure since 1997.¹ I was surprised to discover that this medical practice is prohibited in France.

In such cases, the role of the psychologist is not oriented towards decision-making, on the contrary, the psychologist highlights the psychological process the patient is undergoing and the motivation to make such a request. But what is the difference between continuous deep sedation and euthanasia, which many people perceive to be the same, but with different procedures?

Euthanasia is a process that accelerates the death of a patient with a terminal illness that causes incurable pain. This process must be carried out under the supervision of a specialised medical team responsible for administering the medication that brings out the patient's death.² Euthanasia represents the end of chronic pain, it helps the patient to end their agony and suffering so that the patient can die in peace and without any pain, with full awareness of their decision. Another advantage of euthanasia is that it is a completely voluntary decision, a process in which the patient and all those involved agree to proceed.³ On a social level, it could be said that euthanasia is socially known as mercy killing.

Continuous deep sedation involves the administration of a series of medications that reduce the patient's consciousness until the end of their life. The aim is to reduce the pain experienced by the patient in their final moments in order to make death as comfortable as possible.⁴ However, continuous deep sedation is not intended to cause death.

This procedure aims to deliberately decrease the patient's consciousness under a certain medication to avoid suffering caused by symptoms that cannot be alleviated by medical treatment.⁵ In the case of euthanasia, a single action is required to bring about the patient's death; in the case of continuous deep sedation, medication is administered to patients for hours or even days until the patient's death. Similar to euthanasia, it requires the patient's consent.⁶

Generally, people tend to oppose euthanasia because of religious or political views, simply because it is an anti-life practice. In contrast, very few people tend to oppose continuous deep sedation as it is considered an end to suffering not only for the patient but also for their own family, as patients are not aware of the physical and psychological discomfort they experience due to the medication.

But what happens in cases where the analgesics provided by doctors are insufficient to relieve the patient's pain? It is clear that over-medication can lead to death, so is sedation still insufficient in its objective, and should the patient be allowed to continue to agonise until the imminent arrival of death? These questions seem to be difficult to answer in the French context as it leads to an ethical, political and moral dilemma for many health care professionals in the country.

Although both procedures are intended to alleviate the suffering of the patient, continuous deep sedation only ends conscious life but not biological life, and we even see patients lying in bed, asleep, with no signs of physical or psychological discomfort.

But why prolong the pain and suffering of terminally ill patients who also know they are going to die? Why judge personal decisions of patients who choose to end their pain? Why put our way of understanding and comprehending the world before that of others? Or should governments around the world simply prioritise the development of treatments to eliminate patient suffering rather than eliminating the patient who suffers?

There are questions that seem difficult to answer which not only raise controversy but also allow for the development of proposals that can improve the care of terminally ill patients, as in this case.

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Conflict of interest

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