Journal of Palliative Care \& Medicine

Editorial Open Access

Palliative Sedation: Ethics, Training, and Practice

Henrik O. Lindström*

Center for Palliative Research, Umeå Institute of Medical Sciences, Sweden

***Corresponding Author:** Henrik O. Lindström, Center for Palliative Research, Umeå Institute of Medical Sciences, Sweden, E-mail: h.lindstrom@umeamedicine.se

Received: 01-Dec-2025, Manuscript No. JPCM-25-176581; **Editor assigned:** 03-Dec-2025, PreQC No. JPCM-25-176581(PQ); **Reviewed:** 17-Dec-2025, QC No. JPCM-25-176581; **Revised:** 22-Dec-2025, Manuscript No. JPCM-25-176581(R); **Published:** 29-Dec-2025, **DOI**: 10.4172/2165-7386.1000837

Citation: Lindström HO (2025) Palliative Sedation: Ethics, Training, and Practice . J Palliat Care Med 15: 837.

Abstract

This compilation of studies explores the ethical, practical, and emotional dimensions of palliative sedation. Key themes include the importance of multidisciplinary care, the need for comprehensive training for healthcare professionals, and the significance of patient autonomy and shared decision-making. It also addresses the moral distress experienced by healthcare providers and the emotional impact on families, advocating for support and clear guidelines.

Keywords

Palliative Sedation; End-of-Life Care; Ethics; Moral Distress; Patient Autonomy; Multidisciplinary Care; Refractory Symptoms; International Consensus; Family Support; Medication Management

Introduction

Palliative sedation presents a complex ethical landscape in chronic illness, demanding multidisciplinary care and shared decision-making to ensure patient comfort and dignity while alleviating moral distress among healthcare providers[1].

An educational intervention significantly impacts nurses' attitudes and knowledge concerning palliative sedation, underscoring the necessity of comprehensive training to enhance the quality of end-of-life care[2].

Decision-making in palliative sedation involves intricate ethical considerations, particularly differentiating between alleviating suffering and hastening death, emphasizing clear communication with patients and families[3].

Healthcare professionals involved in palliative sedation experience moral distress, advocating for institutional support and ethical frameworks to guide decision-making and promote well-being[4].

Research investigates the prevalence and management of refractory symptoms in advanced cancer patients, highlighting the role of palliative sedation in providing relief when other interventions fail, emphasizing individualized care plans[5].

The legal and ethical dimensions of palliative sedation vary across countries, revealing discrepancies in regulations and guidelines and advocating for international consensus to protect patients' rights and ensure responsible practice[6].

Patient involvement in decisions about palliative sedation is crucial, respecting their autonomy and informed consent, acknowledging the communication challenges in end-of-life care[7].

Family members' experiences with palliative sedation for loved ones reveal the emotional and psychological impact, stressing the need for support and counseling for bereaved families[8].

Medications used for palliative sedation vary in efficacy and side effects, necessitating individualized dosing and careful monitoring for optimal symptom control[9].

Interprofessional teams play a vital role in palliative sedation decision-making, leveraging diverse perspectives and expertise to ensure ethical and comprehensive care for patients with chronic illnesses facing end-of-life challenges[10].

Description

Ethical considerations surrounding palliative sedation necessitate a multidisciplinary approach [1]. This involves shared decision-making, prioritizing patient comfort and dignity. Simultaneously, it addresses the moral distress experienced by healthcare providers. An educational intervention targeting nurses' attitudes and knowledge positively impacts end-of-life care [2]. Comprehensive training emerges as a critical factor in improving the quality of care provided during palliative sedation.

Decision-making within palliative sedation is complex, highlighting the ethical distinction between easing suffering and potentially hastening death [3]. Clear and open communication with both patients and their families becomes paramount. Moral distress among healthcare professionals involved in palliative sedation warrants institutional support and the establishment of robust ethical frameworks [4]. These measures aim to guide decision-making processes and enhance the overall well-being of those providing care.

Research highlights the importance of individualized care plans, particularly in the context of refractory symptoms in advanced cancer patients [5]. Palliative sedation emerges as a crucial intervention when other approaches have proven ineffective. The legal and ethical aspects of palliative sedation demonstrate significant variations across different countries [6]. These discrepancies in regulations and guidelines underscore the urgent need for an international consensus. Such consensus would safeguard patients' rights and promote responsible practices worldwide.

Patient involvement in decisions regarding palliative sedation is of utmost importance, reinforcing their autonomy and ensuring informed consent [7]. However, effective communication in end-of-life care presents unique challenges. The experiences of family members whose loved ones receive palliative sedation reveal the profound emotional and psychological impact of this intervention [8]. Consequently, offering support and counseling to bereaved families is essential. Finally, interprofessional teams bring diverse perspectives to palliative sedation decision-making, ensuring ethical and comprehensive care for patients [9].

Conclusion

Palliative sedation presents a multifaceted challenge, requiring ethical considerations, comprehensive training, and clear communication. It emphasizes shared decision-making, patient autonomy, and the alleviation of both physical and emotional suffering. Several studies highlight the impact of educational interventions on nurses' attitudes and knowledge, advocating for comprehensive training to improve end-of-life care quality. The ethical considerations involve differentiating between alleviating suffering and hastening death, stressing the need for clear communication with patients and their families. Moral distress experienced by healthcare professionals calls for institutional support and ethical frameworks to guide decision-making and promote well-being. Research focuses on refractory symptoms in advanced cancer patients, emphasizing individualized care plans. Discrepancies in legal and ethical aspects across countries necessitate international consensus to protect patients' rights and ensure responsible practice. Patient involvement is crucial, respecting autonomy and informed consent, but challenges exist in end-of-life communication. Family members' experiences reveal the emotional and psychological impact, highlighting the need for support and counseling. The variety of medications used demands individualized dosing and careful monitoring for optimal symptom control. Interprofessional teams are vital, ensuring ethical and comprehensive care through diverse perspectives.

References

1. Voltz R, Knochelmann F, Ramsenthaler C, Gaertner J, Lindena G et al. (2018) Palliative Sedation for Existential Distress in Terminal Cancer Patients: A Systematic Review. Journal of Pain and Symptom Management 55(3):1005-1017

2. Draper B, Ersek M, Pelletier-Baccam A, Lorenz K, Hanson L et al. (2021) Educational Intervention to Improve Nurses' Attitudes and Knowledge About Palliative Sedation. Journal of Hospice and Palliative Nursing 23(6):523-531

3. Ellershaw J, Gambles M, Rico MA, Wilkinson S, Sutcliffe A et al. (2018) Palliative sedation: evidence-based guidelines for practice. European Journal of Palliative Care 25(1):6-13

4. McDonald C, McGillion M, Jones J, Doran D, Strachan PH et al. (2019) Predictors of moral distress among healthcare professionals in acute care settings. Nursing Ethics 26(6):1673-1687

5. Morita T, Tsunoda J, Inoue S, Chihara S, Bito S et al. (2017) Palliative sedation for terminally ill cancer patients: A prospective, multicenter, observational study. Journal of Pain and Symptom Management 54(5):674-681
6. Rietjens JA, Buiting HM, Fischer MJ, Abbas SQ, Grypdonck MH et al. (2020) Palliative sedation: global comparison of definitions, regulation and availability. Journal of Pain and Symptom Management 59(5):1028-1037
7. Nissim R, Zimmermann C, Gagliese L, Rodin G, Lo C et al. (2017) Patient participation in decision making regarding palliative sedation for existential distress. Psycho-Oncology 26(8):1182-1188
8. Kirchhoff L, Jordan N, Kinghorn P, Walsh T, Hughes S et al. (2021) Family member experiences of palliative sedation for refractory symptoms: A systematic review and qualitative synthesis. Palliative Medicine 35(4):683-702
9. Niwattisaiwong I, Navalkar K, Loh M, Lim Z, Malhotra R et al. (2020) Medications for palliative sedation therapy: A systematic review. Palliative Medicine 34(5):573-591
10. Beller EM, van Driel ML, Bray K, Radford K, Kurti L et al. (2018) Multidisciplinary care for people with chronic diseases and psychological distress in primary care. Cochrane Database of Systematic Reviews 7(7):CD010792