

## FACTSHEET 23: The Principle of Double Effect

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At the heart of the ethical debate over palliative sedation is the differentiation between sedation for intractable symptoms and euthanasia. The distinction lies in the intent. The intent of palliative sedation is relief of intractable distress, whereas the intent of euthanasia is to end life. The ethical justification for palliative sedation is the doctrine of double effect.

The ethical principle of Double Effect is used to justify medical treatment designed to relieve suffering where death is its unintended (though foreseen) consequence. It comes from "the rule of double effect" developed by Roman Catholic moral theologians in the Middle Ages as a response to situations requiring actions in which it is impossible to avoid all harmful consequences.

Under the rule, administering medication in dosages likely to cause death in order to relieve a terminally ill patient's suffering is morally correct, providing the doctor does not intend for death to occur. Intention in the mind of the doctor is the crucial factor in judging the moral correctness of the actions of the doctor.

There are many who regard the rule of double effect as seriously flawed. Grounds for rejection include

- In some cases the moral and legal validity of a particular medical treatment will rely on the claimed but unable to be proven intention of the doctor.
- Intentions are often ambiguous. They may be contradictory, and they are subjective.
- When serious suffering cannot be relieved 'terminal sedation' is legally permissible, even though this renders the patient unconscious until death occurs. Life-preserving measures are withheld so that death is hastened. It is reasonable to argue that in these instances the accelerated dying process is intended; death is not only foreseeable but also an inevitable consequence of the decision.

In ordinary life we hold ourselves and others morally responsible for the reasonably foreseeable consequences of our actions.

While the principle of double effect provides a defence for a doctor, it takes no account of the wishes of the patient.

Sound public policy requires that the moral and legal validity of the doctor's actions be determined by

- the requirement that a doctor should always work in the best interests of the patient
- the patient's right of self-determination and bodily integrity
- the provision of informed consent
- the absence of less harmful alternatives acceptable to the patient
- the severity of the patient's suffering.

See also Medscape article at [http://www.medscape.com/viewarticle/550666\\_4](http://www.medscape.com/viewarticle/550666_4)