Basic Rule and Application in Medicine

The ethical Rule of Double Effect explains how actions precipitating effects that would be ethically wrong if caused intentionally can be permissible under certain circumstances when the effects are *foreseen but unintended*. In other words, when an action has a double effect -- one "good" and one "bad" -- there can be conditions under which the action is ethical in spite of the "bad" effect.

In modern medicine, Double Effect is often used as the ethical basis and guide for the provision of medication in end-of-life care to relieve suffering (e.g., pain or air hunger), recognizing that there is a *chance* that the medications may hasten the dying process. The following apply: 2

1) The intent of practitioners must be relief of symptoms.
2) The primary intent of the treatment (relief of symptoms) is appropriate and a compelling reason to provide the treatment and possibly risk an unintended outcome [e.g., suppression of respiration].
3) This should be the least harmful but effective option to relieve suffering, if all other options have been exhausted or are [judged to be] unduly burdensome to the patient.
4) An unintended outcome (such as hastening the death of the patient) may be unavoidable in the overall pursuit of symptom relief.

Example of Double Effect in End-of-Life Care: the provision of morphine to an end-stage cancer patient with severe, intractable dyspnea. "The dose required to relieve the dyspnea may be foreseen to shorten the patient's life by causing respiratory depression and a decrease in consciousness. At all times, however, both the health care team (under the direction of the attending physician) and the patient (or family) are under the clear understanding that the primary therapeutic goal of the morphine is to relieve suffering, not to end life. In contrast, if the physician foresees that the dose of the drug is virtually certain to cause the patient's death, it is euthanasia…. There is no defense that the motive (the reason for giving the drug) was to end the patient's suffering. On the other hand, if the physician foresees that the dose of the agent will relieve suffering but that, as a consequence of relieving suffering, it may hasten dying (that is, running the risk, but not the absolute certainty, of the outcome), then the physician has acted [properly]." 3

Role of Continual Assessment and Proportional Response

For care at the bedside by physicians and nurses, the most practical process by which the Rule of Double Effect guides end-of-life treatment lies in the *continual assessment* of patients for unrelieved suffering and the subsequent *titration* of medications to provide relief. This proportional response ensures that effective treatment is gained from the least harmful interventions necessary. The intention to relieve suffering (and not specifically to cause death) is "evidenced by practices that rely on an ongoing assessment of the patient's comfort, coupled with judicious titration of sedation and analgesia in accordance with clinical guidelines." 4 This proper intention is manifest in documentation in the medical record.

Pain medications given preventively/prophylactically (e.g., morphine given prior to the withdrawal of a respirator) may still qualify as a proportional response -- and be ethical under the Rule of Double Effect -- even though such intervention is not truly a response after the fact of signs of patient suffering. It is nevertheless a proportional *initial* response when it complies with standard medical practice, which is based upon the collective experience of the field of medicine about risks of suffering vis-à-vis risks to life. In short, the administration of pain medications preventively is not only ethical but it champions the goals of humane care, as long as it is not excessive (according to standard medical practice) or intended to hasten death.

Note: Palliative sedation (or "terminal sedation") can similarly be seen as a proportional response to patient suffering.

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1 This explanation of "double effect" does not address medical care in states where euthanasia is legal.
2 Adapted from "Palliative Sedation for the Relief of Refractory Symptoms in Patients Who are Imminently Dying," guideline currently in the process for adoption within UPHS (March 2010).