

Understanding Suffering: Euthanasia, Palliative Sedation, and End-of-Life Decisions

Comprender el sufrimiento: eutanasia, sedación paliativa y decisiones al final de la vida

Dra. Ericka Parra Gavilanes¹ , Dra. Mariana Vallejo Martínez² 

1 Postgraduate Professor of Palliative Care, Universidad Católica Santiago de Guayaquil.

2 Postgraduate, Director of Palliative Care, Universidad Católica Santiago de Guayaquil.

Received: 12/12/2024

Accepted: 25/02/2025

Published: 30/04/2025

“I can’t take it anymore”, a phrase commonly repeated by patients in the context of a terminal illness, when accompanying symptoms or situations such as pain, dyspnea, bleeding, delirium, loneliness are decisive factors to ask healthcare personnel for options. Faced with this scenario, the interest in anticipating death (euthanasia) has gained social and medical prominence. This editorial presents a reflection on patient’s suffering at the end of their lives, the ethical obligation to provide options to alleviate that suffering, and the importance of clearly distinguishing between euthanasia and palliative sedation as a compassionate, ethical, and legal alternative [1].

It is important to remember that, in palliative care, we understand that pain is not only physical. The concept of total suffering, introduced by Dame Cicely Saunders, a pioneer in this branch of medicine, explains that it encompasses the physical, emotional, social, and spiritual components [2]. The individual process and the way in which each person experiences these components or spheres condition the overall well-being of the terminally ill patient. The problem arises when symptoms do not improve and the person loses autonomy, control over his/her body, ability to make decisions and, in many cases, there is also a feeling of losing dignity.

Pain so intense that makes blurs the mind; dyspnea that prevents speaking or resting; bleeding that frightens and, at times, stains tranquility with red; delirium that hurts and hinders reality. Last but not least, emotional and social isolation, feelings of fear and loss of meaning in the face of life finiteness do not always find space to be expressed or adequately accompanied. All this can turn suffering into an impossible burden to bear [3].

In this context, many patients see death as a liberation; however, palliative care guarantees an individualized assessment that brings us closer to comprehensive and respectful relief, recognizing the complexity of suffering in each of its dimensions. It neither advances nor delays death, as indicated by one of its fundamental principles, defined by the World Health Organization (WHO) [4].

Palliative sedation is a compassionate and ethical alternative in palliative care. It is reserved for patients whose symptoms do not respond to conventional therapy and who suffer intolerable physical or psychological illnesses. It is applied with respect for the patient’s dignity and only seeks to reduce suffering, with no intention of hastening

* **Corresponding Author:** Dra. Ericka Parra Gavilanes, ericka.parra@cu.ucsg.edu.ec

How to cite: Parra Gavilanes E, Vallejo Martínez N. Understanding suffering: Euthanasia, Palliative Sedation and End-of-Life Decisions. *Oncología (Ecuador)*. 2025;35(1): 1-3. <https://doi.org/10.33821/782>

death. It is essential to clearly distinguish palliative sedation, which seeks to alleviate symptoms and ensure a peaceful death, from euthanasia [5] [6].

The European Association for Palliative Care (EAPC) recognizes palliative sedation as a relevant, widely accepted mediation for patients with life-limiting illness with refractory symptoms [7].

Unlike euthanasia, which aims to deliberately provoke the death of the patient [8], palliative sedation is considered within the principles of proper medical practice and respect for the rights of the patient, who is informed at all times when opting for this procedure. It is important to understand the principle of double effect, which states that alleviating symptoms may decrease the level of consciousness or, in rare cases, shorten life. The key will always be the goal: to relieve suffering [5]. Its application requires interdisciplinary assessment, informed consent, and continuous monitoring; thus ensuring compassionate care and humanity in one of the most delicate moments of life.

Hearing the word euthanasia is an invitation to listen deeply to what lies behind this request; it implies looking beyond the words, recognizing that, often, what is being asked is not to die, but to stop suffering.

As health care professionals, we have an ethical responsibility to provide relief. This care can be provided by any specialty. Of course, when indicated, we can offer palliative sedation within an ethical, legal, and compassionate framework that allows the patient to be accompanied with dignity without hastening or postponing the patient's outcome [1].

It is vital to work and strengthen end-of-life education, both for the medical community and for society. In this way, we will be able to promote informed decision-making, avoid misjudgments and, above all, provide humane responses to suffering.

True medicine not only cures, but also accompanies with respect and presence, prioritizing the individuality that goes hand in hand with the dignity of each patients and their families.

1. Abbreviations

WHO: World Health Organization.

EAPC: European Association for Palliative Care.

2. Administrative Information

2.1 Authors' contribution

Dr. Mariana Vallejo: Conceptualization, formal analysis, research and writing of the original draft, and approval of the manuscript.

Dr. Ericka Parra: Conceptualization, formal analysis, research, and writing of the original draft.

2.2 Conflict of interest

The authors declare no conflict of interest.

3. References

1. Porta-Sales J, Altisent R. Sedación paliativa y eutanasia. *Aten Primaria*. 2007 Oct;39(10):537-40.
2. Saunders C. The evolution of palliative care. *J R Soc Med*. 2001 Sep;94(9):430-2.
3. Coyle N. Embracing Cicely Saunders's concept of total pain. *BMJ*. 2004 Dec;329(7479):1249-50.
4. World Health Organization. Palliative care [Internet]. Geneva: WHO; 2020 [cited 2025 Apr 10]. Available from: <https://www.who.int/news-room/fact-sheets/detail/palliative-care>
5. RECIAMUC. Sedación en cuidados paliativos [Internet]. [cited 2025 Apr 10]. Available from: <https://reciamuc.com/index.php/RECIAMUC/article/view/1334>

6. Delgado Rengifo AN, Solórzano J. Sedación en cuidados paliativos. RECIAMUC. 2024;8(1):926.
7. Surges SM, Brunsch H, Jaspers B, Apostolidis K, Cardone A, Centeno C, et al. Revised European Association for Palliative Care (EAPC) recommended framework on palliative sedation: An international Delphi study. *Palliat Med*. 2024 Feb;38(2):213-28. doi:10.1177/02692163231220225. Epub 2024 Jan 31. PMID: 38297460; PMCID: PMC10865771.
8. Rivas García F. Sedación paliativa en el final de la vida: ¿un cajón de sastre? *Rev Iberoam Bioet*. 2022;(18):1-10.