



Position statement on the doctrine of double effect

Ethical dilemmas create tension within professional teams and misperceptions amongst the public. As an organisation, Trinity Hospice and Palliative Care Services has, therefore, decided to make clear position statements on a number of common, challenging ethical dilemmas including the doctrine of double effect. These are intended to work as a succinct guide on the issue for members of staff and users of our service.

This statement takes into account opinions expressed by staff, the current law as well as predictions of the impact of the statement on patient care across the family of services that make up Trinity Hospice and Palliative Care Services.

Statement

Trinity Hospice and Palliative Care Services does **not** accept that morphine, related drugs and sedative drugs, when used appropriately to manage symptoms associated with end of life care, hastens death.

As an organisation, Trinity Hospice and Palliative Care Services believes that the correct use of the majority of drugs that are routinely used in palliative care address symptoms and have no impact on length of life.

Background

The doctrine of double effect states that the risk of a potential known (foreseen), unintended consequence or side effect of treatment is justified only if all the following criteria are met:

- The intended effect is good in itself
- The clinician's intention is solely to produce the good effect
- The intervention is proportionate to the situation
- The good effect is not achieved through the bad effect

There is no credible research evidence to suggest that a patient's life is shortened either by opioids or sedatives when used in line with accepted palliative care practice.

Susan Salt Medical Director

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