'Charon index' Venice 2006 abstract no. 398.	**Palliative sedation**	Grey area	**Euthanasia**
Indication	Refractoraly unbearable symptom	Undetermined indication alongside the two approved indications	Unbearable suffering in prospect
Initiator(s)	Caregivers (patient)	Caregivers, (family), (patient)	Patient (family)
Decision process	Predominantly consensus of all those concerned	Untransparant	Patient & physician (& independant verification)
Mutual counsel	By phone or bed side / palliative team available	Infrequent or after irreversible individual decisions	Bed side counseling compulsory
Consent patient	Predominantly	Varying	Always
Performer	Physician & team	Physician, (nurse), (family), (patient)	Physician
Common lanquage	Sleep infusion	Drop off infusion	A syringe
Conduct	National guidelines	Neither viable nor desirable to be grasped in guidelines	National guidelines
Medical treatment	Item of usual course	Disputable as medical treatment	Decision making and implementation are special medical treatments
Medication	Sedatives (if needed co-medication on medical grounds)	Varying options and combinations (opiates, sedatives, antipsychotics)	Euthanatics
	Dose: titration	Conscious intoxication	Dose: toxic
	Opiates are medical failures	Usually many medical failures	Opiates are medical failures
Progress of the illness	Breakdown process continues	Breakdown process continues	Quick death
	Complications possible	Often complications	Complications seldom
	Medical care continues	Medical care varies	Medical utmost care stops
	Evaluation is part of active continuation process	Evaluation is seldom transparant	Evaluation is direct
	Continuous clearly defined & additional nursing aid	Vague targets & possibly counter productive	Nursing aid stops
	Burn-out risk for relatives	Burn-out risk relatives and health carers	Burn-out seldom
Dying process	Theoratically not accelerated	Is accelerating	Abrupt
	Death uncertain (mostly < 1 to 3 days possibly up to a fortnight)	Moment of death uncertain, hours - days	Moment of death on agreed time
	medicalised natural dying	Medicalised unnatural dying	Medicalised dying
	Sleeping (sometimes option to intermittent awakening)	Delirium - sleeping	Clear headed till shortly before dying
	Mourning is delayed, starts after decease	Mourning is delayed, leave taking seldom possible	Mourning promptly starts after leave taking
Ethics	"theory of double effect"	"double intention" is mistaken for " double effect"	Self determination and "Autonomy principle"
Legislation	No need for special Parliamentary Order	Item of debate, often contradictory to the meaning of legislation	Legislation
	Care requirements need to be exercised by medical professionals	Nature of alternative goes beyond the bounds of care requirements	Layed down and exercised medical supervision by legislative branch of government
	Natural death certification	Unnatural death certification (mostly concealed)	Unnatural death certification (seldom concealed)
	Reporting or verifying is not compulsary. Clear medical notes	No room for verifying, reporting is evaded. Unclear medical notes	Reporting and verifying is compulsary and regulated