Palliative Sedation

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Learner Goals

- Define Palliative Sedation
- Identify at least two pertinent Ethical Issues for the patient, family and clinicians
- Define Refractory Symptoms
- Discuss the controversies around the meaning of suffering, especially Existential Suffering
- Discuss Palliative Sedation Protocol

Palliative Sedation

- Often defined as
  - Controlled sedation for refractory suffering
  - Total, palliative, or terminal sedation
- Sedation for intractable distress in the actively dying patient

- Broeckaert and Olarte definition –
  - Intentional administration of sedative drug (s) in dosages and combinations which reduces the consciousness of a terminal patient as much as is necessary to adequately relieve one or more refractory symptoms.

Palliative Sedation

- HPNA
  - The monitored use of medications intended to induce varying degrees of unconsciousness, but not death, for relief of refractory and unendurable symptoms in imminently dying patients.
- AAHPM
  - The use of sedative medications to decrease a patient's level of consciousness to mitigate the patient's level of suffering, and not to hasten death

Palliative Sedation

- NHPCO
  - Purpose of palliative care is to provide aggressive symptom management, supportive decision making, as well as supportive EOL care.
  - Palliative care is patient and family centered care.
  - In rare cases (5-20%), where patient suffering is significantly resistant to usual palliative treatments, palliative sedation is a reasonable option.

Palliative Sedation

- NHPCO
  - Palliative sedation is the lowering of patient consciousness using medications for the express purpose of limiting patient awareness of intractable and intolerable suffering (Pt perspective)
  - Palliative sedation is understood as an option for imminently dying patients by NHPCO.

Ethical Issues

- Principle of Double Effect
- Autonomy – patient, physician, nurse
- Informed Consent
- Suffering

Ethical Issues

- Double Effect
  - 16th and 17th Century, Roman Catholic Theology
  - Applied in situations where it is impossible to avoid all harmful actions
  - Help clinicians in deciding whether one potentially harmful action is preferable to another
- Beneficial intent outweighs any unintended harm

Ethical Issues

- 4 Basic Conditions
  - Nature of the act must b good or morally neutral; and not in a category that is absolutely prohibited or intrinsically wrong
  - Intent of the physician must be the good of the patient, the possible bad effect can be foreseen, tolerated or permitted --- good effect is intended not the bad effect (s)
  - Moral distinction between the means and effects – death is not the means to a good effect
  - Good effect must exceed or balance the bad effect

Ethical Issues

- Physician must align the patient's well-being with the use of palliative sedation
- Important to know the intent of the patient
  - ? Quick (er) death
  - Tease out depression, poor pain or other symptom management, pressure from family or others
  - Is suffering refractory and unbearable?
  - What about respite sedation?

Ethical Issues

- Autonomy of patient, physician and nurse
- Informed Consent
- Capacity for decision making
  - Pt is able to make reasonable decisions
  - Pt ‘s decision is consistent with their own values
  - Pt’s decision is similar to others made in similar situations
  - Pt can articulate the key concepts and issues germane to this decision

Ethical Issues

- Informed Consent
  - Present simple, truthful and clear description of treatment
  - Present benefits
  - Present risks
  - Present alternatives
- Demonstrate Capacity for decision making
  - Ability to receive and understand info
  - Ability to deliberate and choose between alternatives
  - Ability to communicate values and choices

Suffering

- Existential
  - Loss or interruption of meaning, purpose or hope in life
  - Only those who are suffering can reconstruct their sense of personal meaning and once again find hope
  - We offer an empathic presence that provides a safe environment for the patient/family in their search for hope and meaning.

Suffering

- Suffering is a sense of brokenness experienced as:
  - Split between self and their malfunctioning body
  - Sense of isolation from the human community
  - Sense of separation from the Transcendent
- Individuals have different degrees of loss and suffering
- Healing is the restoration of integrity for the person

Suffering

- Intolerable suffering
  - Perceived by pt as unbearable
  - Staff needs to assess symptoms with appropriate pain, dyspnea or anxiety/restlessness scales
  - Have pt articulate level of pain or dyspnea, etc and has it reached intolerable state for them
  - Have pt articulate values and trade-offs
- Intractable suffering
  - Not adequately responded to all possible and reasonable interventions
  - Cannot be adequately controlled despite aggressive effort to identify tolerable therapies

Respite Sedation

- Administered for a predetermined period of time to give the patient respite from refractory suffering.
- At the end of this predetermined time, the sedation is reduced ---
  - Allow the pt to awaken and assess if symptoms are better
  - Determine if sedation should continue or deepen

Refractory Symptoms

- Symptoms that cannot be adequately controlled despite aggressive efforts to identify tolerable therapy that does not compromise consciousness.
  - This person's suffering is unresponsive to usual interventions and usual titration of meds
  - Per the patient's choices and values, there are no other methods that will be effective for this actively dying patient
  - Complications and SE of usual methods outweigh benefit to patient

Some Ethical Controversies

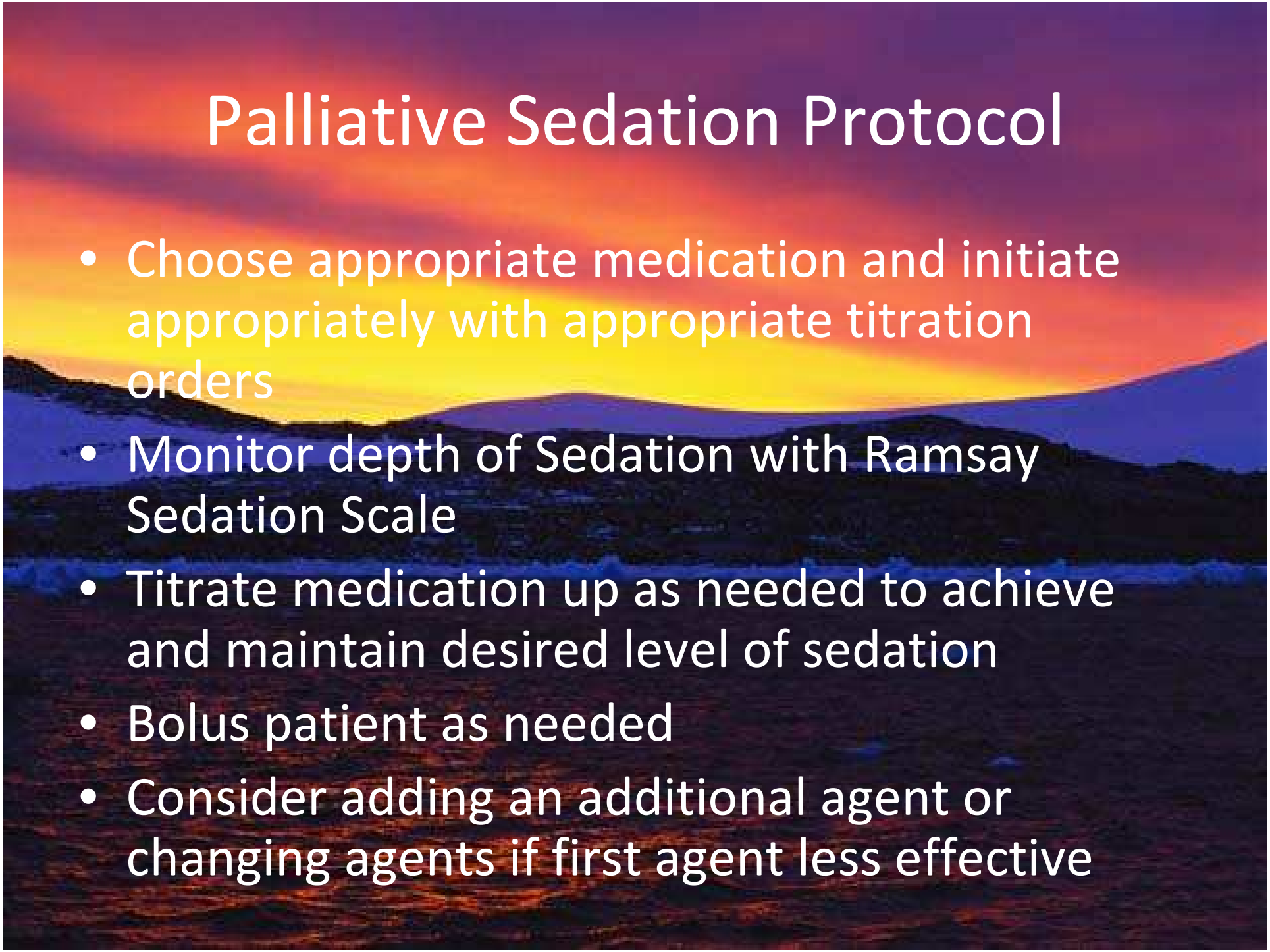
- Proper training of physicians and nurses in administration of sedation meds
- Distinguish between euthanasia, physician-assisted suicide and palliative sedation
- Discussions around palliative sedation, LST's, and ANH
- Definition of imminent death
  - In palliative care, our definition is hours to days

Palliative Sedation Protocols

- Terminal illness dx with refractory symptoms -- dyspnea, pain, restlessness, agitated delirium (terminal delirium)
- DNAR/Comfort Order
- Appropriate exploration and use of all reasonable and tolerated treatments for sxs
- Exclusion of treatable depression, anxiety or delirium
- Attention to family discord

Palliative Sedation Protocol

- Consider need for psych consult
- Consider need for spiritual care consult
- Consider need for ethics consult
- Clarify pros and cons of any continued nutritional support
- Obtain informed consent from patient or POA
- Consider trial of respite sedation if appropriate



Palliative Sedation Protocol

- Choose appropriate medication and initiate appropriately with appropriate titration orders
- Monitor depth of Sedation with Ramsay Sedation Scale
- Titrate medication up as needed to achieve and maintain desired level of sedation
- Bolus patient as needed
- Consider adding an additional agent or changing agents if first agent less effective

Palliative Sedation Meds

- Midazolam (Versed)
  - 0.5-5 mg bolus IV/SC
  - Cont infusion at 1-2 mg/hr
  - Titrate every 30-60 minutes as needed to achieve appropriate sedation level
  - Usual maintenance dose: 20-120 mg/day
- Lorazepam (Ativan)
  - 1-5 mg bolus IV/SC
  - Cont infusion at 1-2 mg/hr
  - Usual maintenance dose: 4-40 mg/day

Palliative Sedation Meds

- Thiopental
  - 5-7 mg/kg/hr bolus, then 20-80 mg/hr
- Phenobarbital
  - 200 mg IV/SC bolus, then cont infusion at 25 mg/hr
- Pentobarbital
  - 2-3 mg/kg bolus, then cont infusion at 1 mg/kg/hr
- Propofol
  - 20-50 mg bolus, 5-10 mg/hr


QUESTIONS
COMMENTS ???