

## Palliative Sedation Concepts, Considerations and Challenges in Clinical Practice

Dr. Ted Braun  
Calgary Health Region &  
University of Calgary  
Division of Palliative Medicine

On Demand Grand Rounds Concept (MP4/Streaming) accessible at

<http://video.google.ca/videooplay?docid=-2568874287566875516>

The following presentation  
was first delivered as a briefing  
for primary care providers.

It was a plenary session at a  
Saskatchewan Hospice Palliative  
Care Association (SHPCA) conference.

This grand rounds style educational  
session is intended for  
educational, information and  
discussion purposes only. Its use is governed by  
the Terms of Use at the end of this handout.

It is not intended to direct the  
care of individual patients, but rather  
to highlight the assessment and  
management challenges  
associated with palliative sedation  
in end-stage care.

Do not rely on, or use information  
presented herein, to direct the care  
of individual patients or as  
a substitute for clinical consultation.

## Session Overview

- Definition of Palliative Sedation
- Results of a retrospective chart audit study in Calgary program
- Palliative Sedation in the context of Delirium

## Definition - Chater, S., et. al. (1998)

- The *intention* of deliberately inducing and maintaining deep sleep...
- ... for the relief of one or more intractable symptoms...
- ... when all other possible interventions have failed...
- ... and the patient is perceived to be close to death.

### Definition - Chater, S., et. al. (1998)

- Also referred to as terminal sedation and sedation for intractable distress in the dying
- Definition does NOT include the management of delirium or the use of anxiolytic or psychotropic drugs for the management of symptoms such as hallucinations, paranoia, or myoclonus

### Principle of Double Effect

- Action must not be immoral in itself
- Good effect must be intended effect
- Bad effect must not be necessary in order to achieve the good effect
- Reason for the action must be compelling enough to place person at risk of the bad effect

### Directions in law and public policy

- U.S. Supreme Court rejected Physician Assisted Suicide (PAS) but affirmed legal acceptability of the principle of Double Effect
- Canadian Senate Subcommittee Report Of Life and Death recommended developing guidelines for using Palliative Sedation

### A basic quality issue...

- Local understanding of refractory or intractable symptoms?
- Variations in care when clinicians with differing skill levels suggest/ initiate Palliative Sedation
- Obtaining/documenting consent and decision-making process used

### Patient eligibility criteria (e.g. CPG)

- A terminal disease exists
- Patient suffers from at least one refractory symptom
- Death is considered imminent
- A "Do Not Resuscitate" order must be in effect

### CPG process steps (Calgary example)

- Attending physician requests a consultation from expert
- Discussion with patient, family or agent
- Palliative expert arranges for sedation and monitoring
- Criteria and decision-making are documented on chart

### Calgary chart audit study...

- Objective 1 – To assess use of sedation for intractable symptoms in Calgary Health Region
- Objective 2 – To assess impact of locally developed Clinical Practice Guideline (CPG) for sedation of intractable symptoms

### Calgary chart audit study...

#### Method

- Retrospective chart audit of all deaths occurring during two 4-month periods
- Pre- and post-implementation of the Clinical Practice Guideline

#### Locations of death studied

- 1 Hospice
- 3 Hospitals
- Home

### Calgary chart audit study...

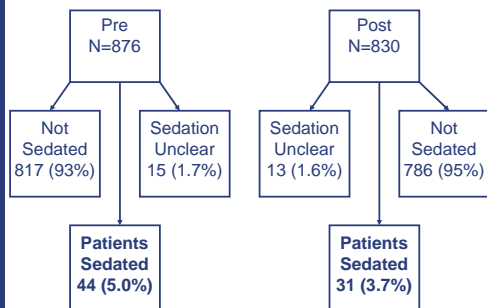
#### Sedation occurrence

- 91 patients/1699 patients (5.3%) documented on chart as receiving sedation

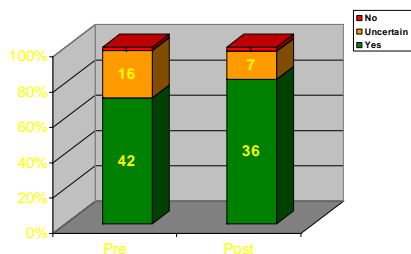
### Calgary chart audit study...

	Cancer	CV	CVA	Renal	GI	COPD	#hip	AIDS	Other	TOTAL
Pre	372	159	57	76	31	36	12	1	141	885
Post	295	136	74	75	37	51	15	3	128	814
<b>TOTAL</b>	<b>667</b>	<b>295</b>	<b>131</b>	<b>151</b>	<b>68</b>	<b>87</b>	<b>27</b>	<b>4</b>	<b>269</b>	<b>1699</b>

### Calgary chart audit study...

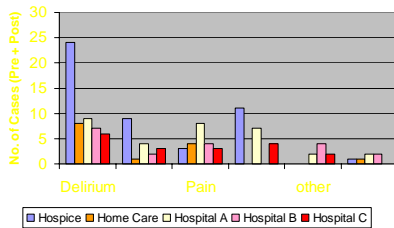


### Calgary chart audit study...



## Calgary chart audit study...

### Symptoms for which Sedation Initiated



The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Calgary chart audit study...

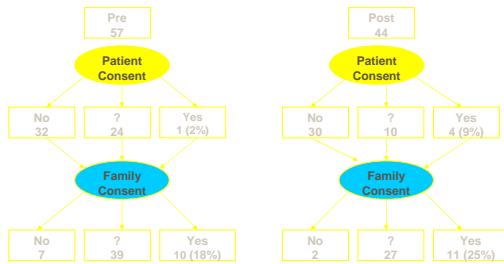
### Symptoms triggering sedation

- Delirium was most common
- Restlessness/pain next common
- Dyspnea
- Other

The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Calgary chart audit study...

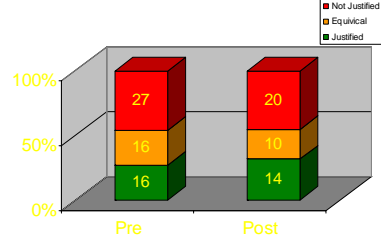


The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Calgary chart audit study...

### Justification of Sedation for Intractable Symptoms based on Health Record



The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Lessons learned from Calgary study

- Sedation often was used without process presented in CPG
- Systemic issues with adherence
- Sedation for intractable symptoms was somewhat dependent on location of care
- Delirium was the most frequent symptom for which sedation used

The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Lessons learned from Calgary study

- Under-recognition and mismanagement of Delirium and other difficult symptoms may lead to the use of Palliative Sedation

The Pallium Project  
le projet Pallium

Working Together to Improve the Quality of Living and Dying in Canada  
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

## Terms of Use

The Pallium Project, as represented by its Administrative Hosting Authority\* is the rightful owner, copyright holder and licensor of this digital object. It is important that you read and agree to these Terms of Use prior to using this digital object. Use of this digital object is considered by the Pallium Project as constituting agreement the Terms of Use by you, or your organization, as the case may be:

1. This digital object is licensed for: 1) individual continuing professional development (CPD)/self-directed staff/volunteer development by individuals working in a paid or a voluntary capacity in health care delivery generally, or Hospice Palliative Care (HPC) specifically, in Canada and 2) use in Canada in the provision of continuing professional development, staff/volunteer development, pre-service professional education or other associated training intended to contribute to Hospice Palliative Care capacity, by duly qualified personnel who are affiliated with an accredited educational institution, health services delivery organization including community-based hospice organization, or nationally/provincially/ territorially recognized professional association or professional regulatory college. Provided and for so long as you meet these qualifications for use, you are entitled to a license to use, copy without alteration and publicly or privately exhibit the contents of this digital object.
2. The Pallium Project retains all property, right, title and interest in and to the digital object, including all trademarks, trade names, copyrights and other intellectual property rights.
3. The digital object provided through this license is made available to you in Canada as a duly-qualified end-user "as is, as available" without warranty of any kind, either expressed or implied, including, but not limited to the implied warranties of merchantability, fitness for a particular purpose, or non-infringement. The Pallium Project or its agents assume no liability for or relating to the delay, failure, interruption or corruption of any data or information embedded in the electronic media associated with the digital object.
4. The Pallium Project, its agents, employees, participants and funders shall not be liable for any injury, loss or damage of any nature whatsoever suffered by you or any of your agents, employees, contractors or voluntary workers resulting from use or exhibiting of the digital object.
5. You agree to indemnify and save harmless the Pallium Project, its agents, employees, participants and funders from any and all losses, damages, expenses, actions and claims, including third party claims, that may be made, sustained or brought for any injury, loss or damage whatsoever arising from any willful misconduct, negligence or omission on the part of yourself, your employees or agents.
6. You agree with the following statements and will confirm such to end-users of material contained in this digital object: (a) the digital object is not a substitute for, and does not provide, medical advice; (b) the material contained in the digital object is for educational and informational purposes only and is not to be used for the direction of care of individual patients; (c) the material contained in the digital object is general in nature and is not intended in any way to be a substitute for a medical exam or professional medical advice, diagnosis or treatment; and (d) an end-user should never disregard or delay seeking consultative advice because of something they have read, heard or viewed as a result of use of this digital object.
7. The digital object or any of its component elements shall not be used to develop or derive any additional continuing professional development (CPD) or educational/training product or service for distribution or commercial sale without the written consent of the Pallium Project.
8. If the Pallium Project objects to the manner in which you are using, exhibiting or broadcasting the digital object, the Pallium Project may revoke this License Agreement upon written notice to you.
9. If you breach these Terms of Use, this license may be revoked immediately by written notice to you from the Pallium Project. In the event of termination, you must immediately return the digital object to the Pallium Project, or destroy it and certify this destruction in writing to the Pallium Project.
10. Inquiries regarding this license agreement can be made in writing to Pallium Project Development Office, Box 60639, University of Alberta RPO, Edmonton, Alberta T6G-2S8.

Effective 04 July 2006

\*The Alberta Cancer Board through its Medical Affairs and Community Oncology (MACO) Division is the Administrative Hosting Authority for the Pallium Project – Phase II. The Pallium Project is an intersectoral community of academic, health services delivery, voluntary sector, government leaders and citizens working together to building hospice palliative care capacity as part of Primary Health Care Renewal in Canada. Major funding from Health Canada through the Primary Health Care Transition Fund (PHCTF).