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/videoplay?docid=-256887438756875516

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.

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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

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

Pre
Post

N=876
N=830

Sedated
44 (5.0%)
31 (3.7%)

Not Sedated
817 (93%)
786 (95%)

Sedation unclear
15 (1.7%)
13 (1.6%)

Cancer: 372
CVA: 159
Renal: 57
GI: 31
COPD: 36
AIDS: 12
Other: 1
TOTAL: 885

Cancer: 295
CVA: 136
Renal: 76
GI: 27
COPD: 51
AIDS: 10
Other: 2
TOTAL: 814

TOTAL: 1699

Cancer: 42
CVA: 7
Renal: 1
GI: 3
COPD: 4
AIDS: 1
Other: 1
TOTAL: 58
Working Together to Improve the Quality of Living and Dying in Canada

The Pallium Project

Calgary chart audit study...

Symptoms for which Sedation Initiated

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No. of Cases (Pre + Post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium</td>
<td>32</td>
</tr>
<tr>
<td>Pain</td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>

Symptoms triggering sedation
- Delirium was most common
- Restlessness/pain next common
- Dyspnea
- Other

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

Lessons learned from Calgary study
- Under-recognition and mismanagement of Delirium and other difficult symptoms may lead to the use of Palliative Sedation
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Effective 04 July 2006

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