Palliative Sedation

Referred To As *Sedation for Palliative Purposes* (SPP) In The WRHA Clinical Practice Guideline

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Faculty/Presenter Disclosure

- **Faculty**: Dr. Michael Harlos

- **Relationships with commercial interests:**
  - None

Mitigating Potential Bias

- **Not applicable**

Objectives

By the end of this presentation, participants will:

- Have an understanding of the definition of palliative sedation and its potential role in palliative and end-of-life care
- Be aware of the distinction between palliative sedation and MAID
- Consider an approach to providing palliative sedation

Definition – From The WRHA Clinical Practice Guideline

Sedation for Palliative Purposes (SPP) is the planned and proportionate use of sedation to reduce consciousness in an imminently dying patient, with the goal to relieve suffering that is intolerable to the patient and refractory to interventions acceptable to the patient.

Sedation for Palliative Purposes

Sedation for Palliative Purposes is the **planned** and proportionate use of sedation to reduce consciousness in an imminently dying patient, with the goal to relieve suffering that is intolerable to the patient and refractory to interventions acceptable to the patient.

The intention of the intervention is to sedate, rather than sedation being the undesired yet predictable side effect of medications such as opioids or anti-emetics.

Sedation for Palliative Purposes

Sedation for Palliative Purposes is the planned and **proportionate** use of sedation to reduce consciousness in an imminently dying patient, with the goal to relieve suffering that is intolerable to the patient and refractory to interventions acceptable to the patient

Medications are titrated to the lowest effective dose. Respiratory rate and pattern are watched to prevent medication-related resp. depression

Sedation for Palliative Purposes

Sedation for Palliative Purposes is the planned and proportionate use of sedation to reduce consciousness in an **imminently dying** patient, with the goal to relieve suffering that is intolerable to the patient and refractory to interventions acceptable to the patient.

Expected natural death within 1-2 weeks from the underlying life-limiting condition, to avoid hastening the death through dehydration caused by prolonged sedation.

Sedation for Palliative Purposes

Sedation for Palliative Purposes is the planned and proportionate use of sedation to reduce consciousness in an imminently dying patient, with the goal to relieve suffering that is **intolerable to the patient** and refractory to interventions acceptable to the patient

The person experiencing the suffering is in the best position to judge "intolerable"

Sedation for Palliative Purposes

Sedation for Palliative Purposes is the planned and proportionate use of sedation to reduce consciousness in an imminently dying patient, with the goal to relieve suffering that is intolerable to the patient and refractory to interventions **acceptable to the patient.**

Proposed interventions may seem minor or trivial to the health care team, but unduly burdensome to the patient.

What SPP is **not**……

- Temporary sedation of a patient to manage symptoms
- An unintended adverse effect of treatment (e.g. opioid-related sedation)
- Sedation with the temporary use of antipsychotics to treat delirium
- Procedure-related sedation
- Sedation intended to hasten or cause death
- The sedation of patients whose life expectancy is more than 2 weeks.
- Medical Assist in Dying (MAID)

Palliative Sedation vs. MAID

	Palliative Sedation	MAID
Goal	Decrease suffering	Decrease suffering
Intent Of Provision	To sedate	To end the life of the patient
Process	Administration of sedating drug doses, titrated to effect	Administration of a lethal drug dose
Immediate Outcome	Decreased level of consciousness	Death
Physiologic Cause of Death	Natural progression of underlying illness	Respiratory arrest followed by cardiac arrest due to medications administered

Criteria Outlined in WRHA Guideline

- Estimated prognosis **less than 2 weeks**

Why 2 weeks?

- the standard of practice for palliative sedation involves the natural progression of the underlying illness towards death, not causing the death through complications of prolonged sedation (e.g. fluid deprivation)
- impact of sedation is similar to massive stroke or abrupt feeding tube withdrawal, where survival is generally 1-2 wks without support
- if the natural course of the underlying illness is expected to result in death within 1-2 wks, palliative sedation is not likely to cause the patient's death

Criteria – WRHA Guideline

- Estimated prognosis less than 2 weeks
- Intolerable suffering refractory to interventions acceptable to patient
- Goals of care should be consistent with WRHA ACP 'C'
- Health care team should have the needed expertise
- If the healthcare team involved lacks expertise in SPP, they must consult the WRHA Palliative Care program

Medications

- Opioids (morphine, hydromorphone, fentanyl)
  - **Not to be the primary/ sole sedative**
  - Pre-existing opioid needs will continue
- Antipsychotics (typically methotrimeprazine)
  - generally select those with higher sedating characteristics than haloperidol
- Benzodiazepines (lorazepam, midazolam)
  - Rarely sole agent
  - Paradoxical effect possible

Ongoing Assessment

- current level of sedation vs targeted level of sedation
- how are the patient, family, and staff doing?
- respiratory rate and pattern should be documented on an ongoing basis, to demonstrate adherence to standard of care

Where to find the guideline

- WRHA website (www.wrha.mb.ca)
  - For health professionals→
  - Evidence- informed practice tools →
  - Click on EIPT database tab →
  - Scroll for “Sedation for Palliative Purposes”

- http://www.wrha.mb.ca/extranet/eipt/database.php