Palliative sedation

Merrimack Valley Hospice
Lawrence, MA

Palliative sedation committee

- Sherry Ayoub, CNA
- Barbara Greenwell, RN
- Terry Holbrook, chaplain
- Nancy Kidd, MSW
- Dixie Kulik, RN
- Michael Jones, RPh
- Jennifer Reidy, MD

Objectives

- Define "palliative sedation"
- Understand its ethical basis
- Develop skills in initiating discussion & addressing misconceptions
- Learn details about the procedure
  - Plan of care, communication
  - Consent form
  - Medications

What is "palliative sedation?"

Case: Lucille

- 47 yo woman with small cell lung cancer
- Large tumor in mediastinum pressing on trachea
- Worsening dyspnea despite opioids, oxygen, steroids

Lucille…

- She & her husband fear she will "smother to death"
- Goals of care: no hospitalizations, no aggressive therapies (radiation, stenting)
- What can we do to help her?

Palliative sedation

- Monitored use of medications to cause decreased consciousness in order to relieve severe, refractory symptoms.
- Its purpose is to alleviate unbearable suffering and NOT to hasten death.
- It is a last resort after aggressive efforts have failed.

Requirements for use of palliative sedation

- Terminal illness
- Unendurable symptoms despite aggressive therapy
- Prognosis of hours to days
- DNR order in place
- Informed consent of patient or surrogate
- IDT, physician(s) agree & create plan of care
- Pain management maintained
- Issues of hydration, nutrition addressed

Controversies

- Palliative sedation for refractory physical symptoms is WIDELY accepted in hospice & palliative care
  - Regionally, nationally, internationally
- Palliative sedation for emotional, spiritual distress is very controversial
- Palliative sedation is misunderstood as euthanasia, "mercy killing"

Terminal restlessness

- Very common symptom
- Medications used to palliate restlessness are similar to those used for palliative sedation
- If the goal of treating severe restlessness is COMPLETE SEDATION, it is palliative sedation

Ethical basis for palliative sedation

Ethics

- Set of principles of right conduct
- Rules & standards governing the conduct of a person or members of a profession

Ethical issues in palliative sedation

- Autonomy: the individual has the right make informed decisions based on their values, beliefs & goals.
- Beneficence: clinicians should provide care that benefits the patient and does no harm. As such, relief of suffering is an ethical action.

Doctrine of double effect: intent

- The nature of the act must be good or morally neutral.
- The intent must have a good effect, but a bad effect may be predicted & permitted.
- The bad effect must not be the means to the good effect.
- The good effect must outweigh or equal the bad effect.

Legal precedent

- U.S. Supreme Court repeatedly rules in favor of patient autonomy and right to "bodily integrity"
  - Includes right to refuse life-prolonging treatment
  - Court acknowledges palliative sedation is legal, ethical if intent is to relieve suffering

PROFESSIONAL NURSES' POSITIONS

- ANA
- HPNA

Initiating discussion & addressing misconceptions

IMPORTANT: Your first thoughts

- Always discuss possibility of palliative sedation with IDT, medical director FIRST before talking with patient, family
- Assess location of care very carefully: most nursing homes, hospitals are unfamiliar with palliative sedation and will not allow it

Discussion with patient & caregivers

- Open ended questions best
  - How do you think patient is doing?
  - What are the goals for patient now?
  - What has been tried to reach goals?
  - What do you know about palliative sedation? (offering factual information and addressing misconceptions)
  - What are your questions/concerns?

Discussion…

- Do you know what physician, hospice team suggests re: this issue?
- Would you like to know how team arrived at this suggestion?
- Would you like to know specifically about the process of palliative sedation?
- Bereavement support available before, during and after process.

Discussion…

- Is there anyone who needs to say goodbye?
- Are there any religious concerns or supports available for you?
- Would you like to stay with loved one, hold her hand?
- Is there anyone we could call for you?

Protocol for palliative sedation

Creating a care plan

- Patient meets requirements for palliative sedation
- IDT assesses situation & agrees on palliative sedation
- Primary physician called & involved in decision-making with hospice MD
- Patient or HCP gives informed consent & signs consent form

Care plan…

- IDT & patient/family discuss discontinuation of hydration, nutrition, oxygen (therapies currently in place)
- Patient has a signed DNR order
- Family/caregivers understand procedure & what to expect
- If conflicts arise re:initiation of palliative sedation → ethics committee

Care plan…

- Physician writes order for palliative sedation
  - Route of administration (PR,SQ,IV)
  - Medication choice: ½ life, side effects
- Patient sedated to "first stage anesthesia" → onset of disorientation to loss of consciousness
  - Eyelash reflex
- Decrease sedatives if abrupt onset of heavy snoring, apnea
  - GRADUAL deterioration of respiration expected in dying process

Care plan…

- A registered nurse will assess patient continuously during initiation of therapy and every hour during titration until dose is stable
- Dose is increased only if evidence of patient distress
- Opioids will be continued at previous dosages to ensure pain control & prevent withdrawal

Sedation by Definition

- Sedation:
  - The inducing of a relaxed easy state especially by the use of sedatives

Merriam-Webster Dictionary

- Sedative:
  - A drug that calms a patient down, easing agitation and permitting sleep.

MedicineNet.com

  - Calming; quieting
  - A drug that quiets nervous excitement.

Stedman's Medical Dictionary

Medications

- Benzodiazepines
  - Midazolam (Versed®)
  - Lorazepam (Ativan®)
- Barbiturates
  - Phenobarbital
- Other
  - Chlorpromazine (Thorazine®)
  - Haloperidol (Haldol®)

Drug	Onset of action	Half-life
Midazolam (Versed®)	5 minutes	2.5 hours
Lorazepam (Ativan®)	10 to 15 minutes	10 to 20 hours
Phenobarbital	20 to 60 minutes	50 to 100 hours
Chlorpromazine (Thorazine®)	1 to 4 Hours	24 hours

Route of Administration

- Continuous IV infusion
- Continuous SC infusion
- Rectal suppository

Pain Management

- Current pain management is maintained
- Narcotics are NOT added to cause sedation

Suffering: a dynamic & transforming process

- Offers healing at the end of life
- Meaning making

SUFFERING

Spiritual distress
Liminal (thin) space

LIMINAL SPACE

- Definition
- Thoughts on liminality

SPIRITUAL-EMOTIONAL SUFFERING

- Fears of dying patients
- Shift in assumptive world
- Grief

EMOTIONAL-SPIRITUAL SUPPORT

- For patients:
  - Support their cultural, religious values
  - Provide opportunities for closure, final rituals
  - Provide opportunities to share feelings
- For families:
  - As above, plus bereavement support
- For ourselves:
  - Examine your own values & feelings
  - Ask questions, seek support from peers
  - Allow nursing staff, etc. to not participate, if they choose
  - Follow-up de-briefing of staff/team