## Palliative Sedation

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### Is Palliative Sedation legal in the UK?

Join at menti.com use code 7852 5278

8 lessons from the palliative sedation project



**Focus** 

What was new to us?
What has been explained better?



**Sources of information** 

Publications of the project

Insightful Dialogues



## Project Goals: to

- evidence and investigate the practice of proportional palliative sedation using:
  - Systematic reviews of the literature
  - An observational clinical study
  - A multiple case study
- investigate the use of moral case deliberation for palliative sedation
- revise the 2009 EAPC recommended framework for palliative sedation
- increase public and professional understanding of palliative sedation
  - an online education programme; policy recommendations about costs and effects; an ebook with best practice examples and patient summary of framework; a congress/webinar for professionals



# Funded by Horizon 2020



## What is the purpose of palliative sedation?

Waiting for responses ...





Palliative sedation aims to relieve refractory suffering through the monitored proportional use of medications intended to reduce consciousness in patients with lifelimiting disease.

Definition (deliverable 1.1: consensus on terms, and draft of the EAPC Guideline)

### Key issues in the concept

### Intended to reduce consciousness

- "Intentional sedation" (Kremling A., JPM 2022)
- Deliberate intervention
- Not an unintended side-effect of medication

### **Proportionality**

- The level of sedation should be the lowest needed to relieve suffering (Arantzamendi, 2021)
- Monitored intervention
- PS, not always deep and not always to the end:
  - Also, light or superficial sedation
  - Also, intermittent sedation

The aim of palliative sedation is to relieve refractory suffering, not to shorten life.

### Palliative sedation differs from euthanasia

- aim
  - to relieve suffering and not to end life
- means
  - to lower consciousness proportionally until distress is relieved and not to induce death by lethal medication
- result
  - relief of suffering with life-shortening as an exceptional side-effect and not lifeshortening by definition
- timing
  - continuous deep palliative sedation reserved for the terminal phase of life

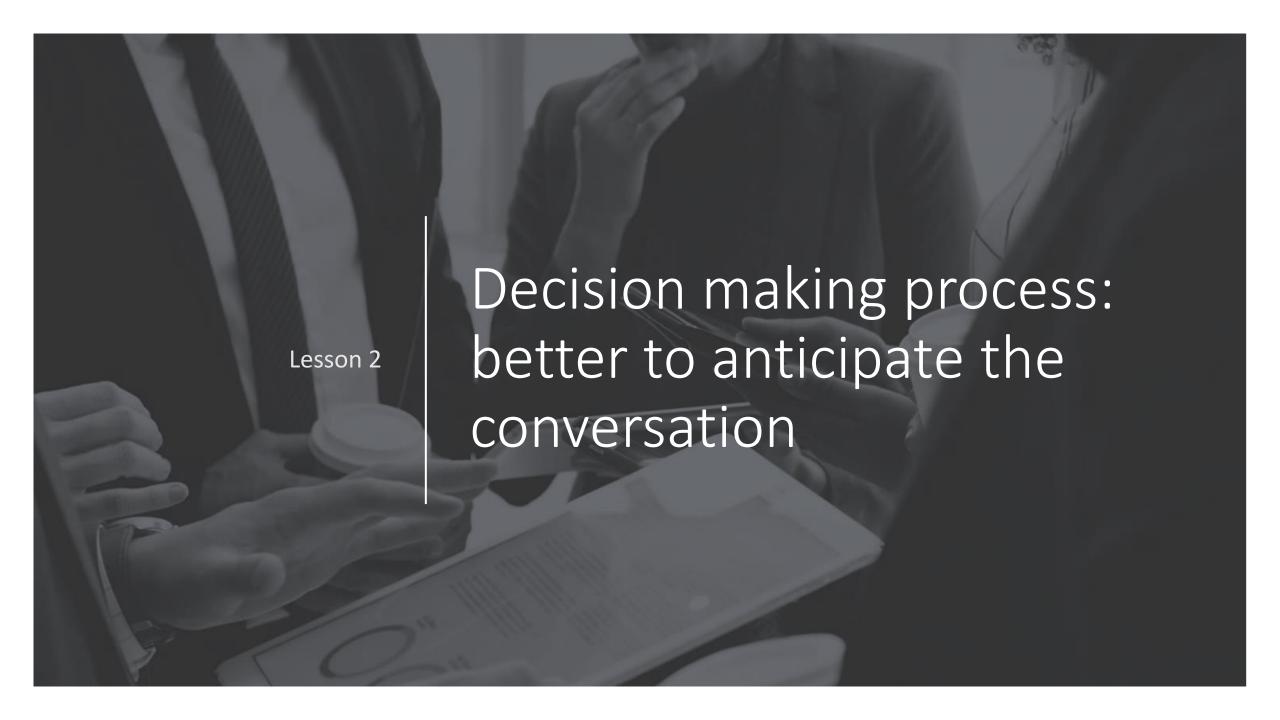
Draft of the EAPC Guideline

**Group work**: In your experience how is sedation used?



- Deep continuous?
- Proportional?
- Light?
- Do you monitor level of sedation?

Discuss for 5 minutes and nominate one person to feed back

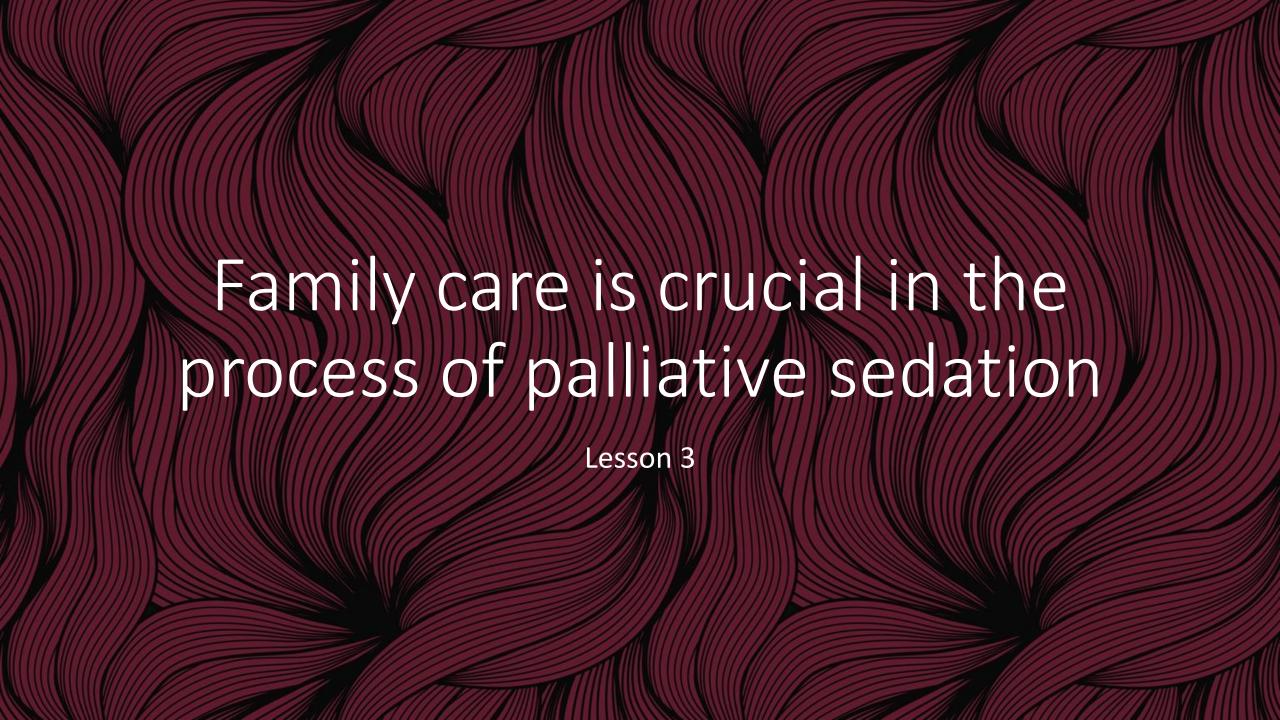


## Better to anticipate the conversation on potential role and contingency planning

- Only 2/10 prospective studies explicitly mentioned the involvement of patients in decision making.
- Shared decision making was between families and the regular health care professionals.
- Patient participation in decision making appeared to be compromised by limited physical or cognitive capacity.
- The possibility of palliative sedation should be discussed earlier in the disease process.

## Better to anticipate the conversation on potential role and contingency planning

- Discussing at the last minute can increase suffering and in some cultural context (south of Europe) can result inadequate (personal communication Spain)
- To anticipate the conversation (request for euthanasia in Belgium on arrival to the PC unit) - give the patient the real sense of control and autonomy that they needed. (personal communication Belgian team)



## How to care for the family or the main caregiver? Good communication

- Sedation is an equivocal term for many in the context of end of life
  - For family and/or professionals
- Wrong meanings
  - Shorten life: "why not sedate him now and finish"
  - It seems mandatory practice: "you must sedate her..."
  - Info: "death is approaching"
- Two sufferings at the time: separation and the moral distress





Have you tried to have these conversations in advance?

Unbearable Existential Suffering: An Exceptional Cause for Palliative Sedation (Also Included in Guidelines)



It is more difficult to establish the refractoriness of psychological symptoms and existential discomfort than other situations

- This distress may be very dynamic and idiosyncratic: adaptation and coping may occur
- This distress does not necessarily indicate an advanced state
- A consultation with experts skilled in psychological, social or spiritual care should be sought

Group work: Discuss when you have used it for existential suffering



Discuss for 5 minutes and nominate one person to feed back

Pharmacological approach in 3 steps, consolidated Lesson 5

### **MEDICATION**

- Consider intermittent sedation
- Initial bolus + maintenance dose
- Alternatives: Step 1: Lorazepam; Step 2: Chlorpromazine; Step 3: Phenobarbital or Dexmedetomidine

Draft of the EAPC Guideline Arantzamendi M, Review of Prospective 2022 Surges S. Review of Guidelines 2022

### Midazolam

1mg/h iv or sc, and titration until 10 mg/h

Initial bolus for light sedation 2,5 mg sc

Initial bolus for deep sedation5-10 mg sc



### To add Levomepromazine

by intermittent bolus 12-25 mg sc or iv Q6-8h or 1-5 mg/h

Initial bolus of 12-25 mg sc or iv



### **Propofol**

(very unusual need)

1mg/kg/h iv under anaesthesiologist supervision

Lesson 6

## Hydration therapy? An independent decision

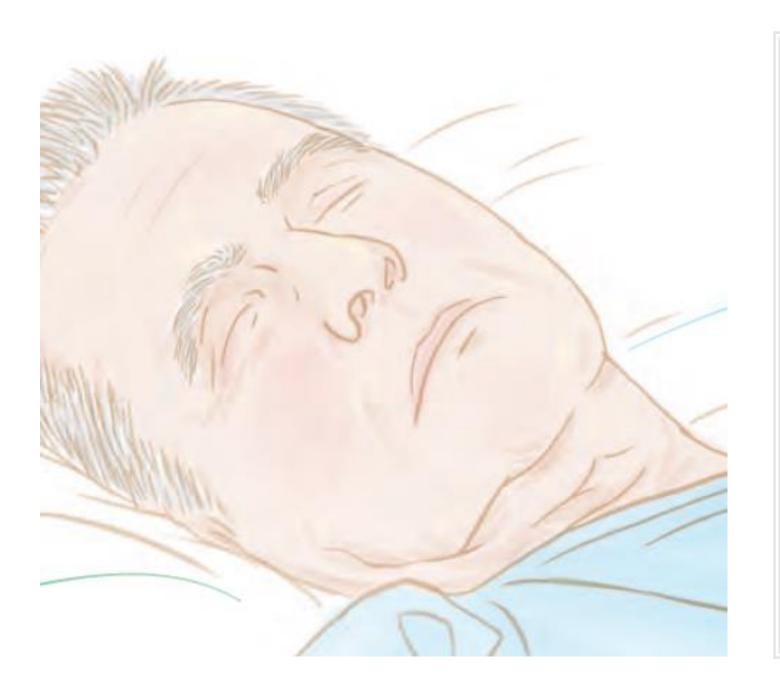


The decision about artificial hydration/nutrition therapy should be independent of the decision about continuous palliative sedation itself.

- Two different decision-making processes
- Pros and cons of hydration therapy have to be considered
- The inability to drink may be associated with emotional distress
- Cultural or religious concerns about stopping hydration must be addressed may lead to maintaining it (unless it harms).

Lesson 7

## Sedation evaluation must be improved



### **Evaluation**

Severity of suffering

Clinical impression

Level of consciousness, i.e., RASS-PAL recommended

Agitation

Response to stimuli

Distress with low consciousness

Discomfort Scale DS-DAT

Breathing

Vocalization

Facial expression

Drown

Body language

Restlessness

Lesson 8

Palliative sedation is complex, and communication remains a critical issue.

Research from our project should inform practice

### Palliative sedation at the end of life

#### When is it performed?

Palliative sedation is offered at the end of life, when there is intolerable suffering due to symptoms and/or severe distress that are not otherwise sufficiently relieved.



suffering

#### What is it?

The level of consciousness of the patient is reduced in order to relieve intolerable suffering. Midazolam is an example of medicine that is used.



### Team approach

It should only be started after consultation with a team with specialist expertise in palliative sedation. For complex patients, this team can advise the treating team and help with follow-up.







Suffocation, dyspnoea



### Anticipation and aftercare

In advanced disease, at regular intervals, it is good practice to find out patients' care preferences and talk with relatives regarding treatment and palliative sedation. In addition, the death of a loved one can cause a lot of grief and aftercare is therefore important.

### Face Calm expression

#### How is it evaluated?

Once sedated, the wellbeing of the patient is assessed by indicative signs of comfort and consulting with relatives.

### Breathing

Slow and silent

No negative vocalizations

Voice

Relaxed

#### Proportionality

Palliative sedation has to be proportional to the relief of intolerable suffering required in each patient.

It can be:

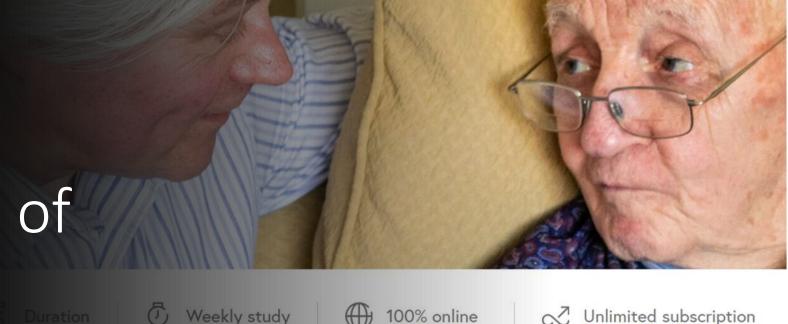
- Light / Deep
- Intermittent / Continuous

#### Palliative Sedation practice

This medical practice does not intend to shorten life: death happens naturally. Palliative sedation relieves patient's intolerable suffering at the end of life, which is a common concern.

Comfort

Information: Review of the scientific literature on palliative sedation, its clinical aspects and how to evaluate its effect. Articles published in: J Pain Symptom Manage 2021; 61 (4):831-844.e10 and Palliative Medicine 2021; 35 (2):295-314. Authors: ATLANTES research team, University of Navarra. European research group Palliative Sedation. Infographic: Fundamentium. This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 825700. Look out for facilitated runs of our MOOC



How it works

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https://www.futurelea rn.com/courses/dyingwell-the-role-ofpalliative-care-andsedation-in-end-oflife-care



NEW

Dying Well: The Role of Palliative Care and Sedation in End of Life Care

Improve your care as a healthcare professional or family caregiver with palliative treatment and sedation best practices.

### E-Book:

https://www.palliativesedation.eu/palliative-sedation-ebook/

# The role of Palliative Sedation in palliative care

eBook edited by Ian Koper, Jeroen Hasselaar and Cathy Payne

v2 October 2023



- Monitoring the clinical practice of palliative sedation (PALSED) in patients with advanced cancer: an international, multicentre, non-experimental prospective observational study protocol
   Maaike Rijpstra, Kris Vissers, Carlos Centeno, Johan Menten, Lukas Radbruch, Sebastiano Mercadante, Michael Van der Elst, Claudio Adile, Maria Arantzamendi, Evelien Kuip, Sheila Payne, Nancy Preston & Jeroen Hasselaar. BMC Palliative Care 22, 8 (2023)
   DOI: <a href="https://doi.org/10.1186/s12904-022-01125-w">https://doi.org/10.1186/s12904-022-01125-w</a>
- Regulations on palliative sedation: an international survey across eight European countries
   Eduardo Garralda, Csilla Busa, Eva Pozsgai, Veronika Osztromok-Lukacs, Agnes Csikos, Lukas Radbruch, Jeroen Hasselaar, Johan Menten, Sheila Payne, Claudio Adile, Flavia Hurducas, Carlos Centeno. European Journal of Public Health, Vol. 33, No. 1, 35-41, 27 October 2022
   DOI: <a href="https://doi.org/10.1093/eurpub/ckac153">https://doi.org/10.1093/eurpub/ckac153</a>
- An analysis of the experiences of bereaved relatives and health care providers following palliative sedation: a study protocol for a qualitative international multicenter case study
   M. Van der Elst1, S. Payne, M. Arantzamendi, N. Preston, J. Hasselaar, C. Centeno, A. Belar, B. Jaspers, H. Brunsch, S. Surges, C. Adile and J. Menten. BMC Palliative Care 21(227), 23 December 2022
   DOI: <a href="https://doi.org/10.1186/s12904-022-01117-w">https://doi.org/10.1186/s12904-022-01117-w</a>
- Review of European Guidelines on Palliative Sedation: A Foundation for the Updating of the European Association for Palliative Care Framework

Séverine M. Surges, Eduardo Garralda, Birgit Jaspers, Holger Brunsch, Maaike Rijpstra, Jeroen Hasselaar, Michaël Van der Elst, Johan Menten, Ágnes Csikós, Sebastiano Mercadante, Daniela Mosoiu, Sheila Payne, Carlos Centeno and Lukas Radbruch. *Journal of Palliative Medicine*, 12 Jul 2022

DOI: https://doi.org/10.1089/jpm.2021.0646

• The Decision-Making Process for Palliative Sedation for Patients with Advanced Cancer-Analysis from a Systematic Review of Prospective Studies

Alazne Belar, Maria Arantzamendi, Johan Menten, Sheila Payne, Jeroen Hasselaar and Carlos Centeno. *Cancers* 2022, 14(2), 301, 08 January 2022 DOI: <a href="https://doi.org/10.3390/cancers14020301">https://doi.org/10.3390/cancers14020301</a>

- Clinical Aspects of Palliative Sedation in Prospective Studies. A Systematic Review
   Maria Arantzamendi RN,PhD, Alazne Belar RN,PhD, Sheila Payne RN,PhD, Maaike Rijpstra MSc, Nancy Preston RN,PhD, Johan Menten MD,PhD,
   Michael Van der Elst MSce, Lukas Radbruch MD,PhD, Jeroen Hasselaar PhD, Carlos Centeno MD,PhD. Journal of Pain and Symptom Management,
   Volume 61, Issue 4, April 2021, Pages 831-844.e10
   DOI: https://doi.org/10.1016/i.jpainsymman.2020.09.022
- How to measure the effects and potential adverse events of palliative sedation? An integrative review
   Alazne Belar, María Arantzamendi, Sheila Payne, Nancy Preston, Maaike Rijpstra, Jeroen Hasselaar, Lukas Radbruch, Michael Vanderelst, Julie Ling and Carlos Centeno. Palliative Medicine, Volume 35, Issue 2 14 December, 2020
   DOI: <a href="https://doi.org/10.1177/0269216320974264">https://doi.org/10.1177/0269216320974264</a>
- European Palliative Sedation Project: Notes from the Editor Sheila A. Payne, PhD, Editorial Board Member and Jeroen Hasselaar, PhD, Project Co-Ordinator *Journal of Palliative Medicine*, 28 Jan 2020 DOI: https://www.liebertpub.com/doi/10.1089/jpm.2019.0606

## Any questions?