



HOSPICE INSIGHTS

VOLUME 90: Palliative Sedation

April, 2005

Palliative sedation is a term not familiar to many. It is also a term that might cause some to question why, when, where, and who would be a candidate for palliative sedation. Before any of those questions can be answered, it is necessary to define palliative sedation.

Palliative sedation is used when a patient's pain is unable to be controlled by conventional medications. This is accomplished by "purposely inducing and maintaining a pharmacologically sedated and unconscious state, without the intent to cause death, in select circumstances complicated by refractory symptoms".

Not only is palliative sedation used to treat physical suffering, but also can be used to treat existential (psychological and spiritual) suffering. However, when used for existential suffering it becomes very complicated because usually the patient is awake, cognitively intact, and socially interacting with others prior to sedation. Also, existential suffering may not be associated with physiological deterioration, complicating the ethical issues surrounding palliative sedation.

Because using palliative sedation for existential suffering is so controversial, the following clinical guidelines are proposed:

1. The patient must have a terminal illness.
2. A "do no resuscitate" (DNR) order must be in effect.
3. All palliative treatments must be exhausted, including treatments for depression, delirium, anxiety, and any other contributing maladies.
4. A psychological assessment by a skilled clinician should be completed.
5. An assessment for spiritual issues by a skilled clinician or clergy member should be completed.
6. If nutritional support or intravenous or subcutaneous hydration is present, discussion should be initiated regarding the benefits and burdens of such therapy in view of impending palliative sedation.
7. Informed consent should be obtained from the patient or surrogate decision-maker.
8. Consideration should be given to an initial trial of respite sedation. This last criterion involves sedating the patient for a predetermined amount of time, such as 24-48 hours and then titrating the sedative downward until the patient is conscious again. The benefits of doing this type of respite sedation are that it may break a cycle of psychological distress and take away the need for further sedation.

It is very important to note that palliative sedation is not a method of pain control, physical or existential, that is used routinely. Needless to say, a lot of thought and counseling goes into making the decision. Many times palliative sedation is the last resort for controlling pain and suffering.

Reference:

Rousseau, P. (2001). Existential suffering and palliative sedation: a brief commentary with a proposal for clinical guidelines. *American Journal of Hospice and Palliative Care*, 18 (3), 151-153.