The evolving role of palliative Sedation in the era of Medical Assistance in Dying (MAID)

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Declaration of interests:

I have no conflict of interest to declare

Disclosure:

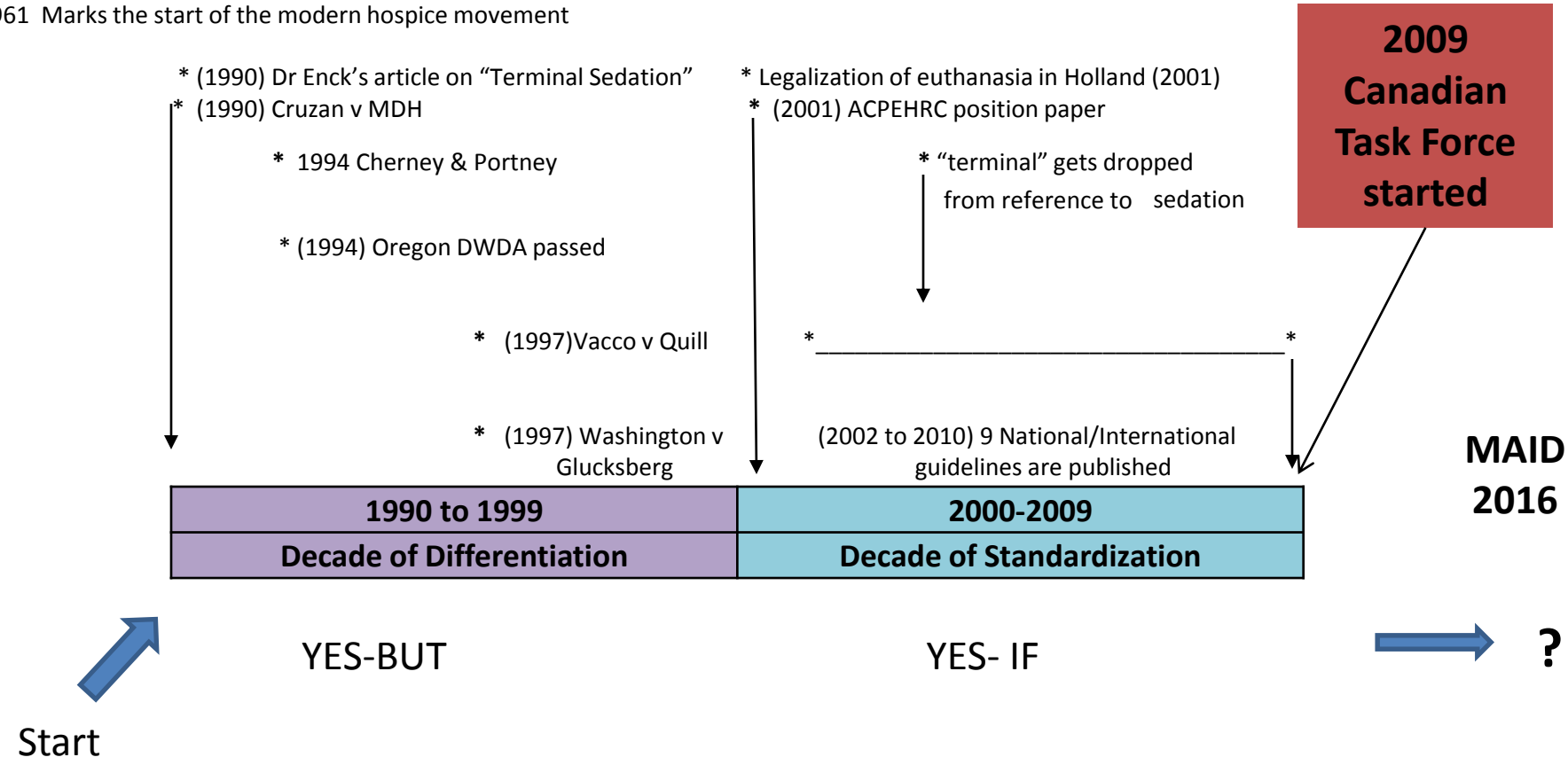
Sections of this presentation represent content jointly developed by Dr. David Henderson, Medical Director of the Colchester East Hants Palliative Care Program, N.S.

Road Map

To tell a story grounded in history, grounded in personal experience and grounded in observation…….

Historical Timeline Palliative Sedation

1959 Benzodiazepines introduced
1961 Marks the start of the modern hospice movement



What should we call it?

One of the early and even contemporary controversies continues to be the variety of labels/ names given to the practice of providing sedation to patients who are suffering at the end of life.

What's in a name

Over 300 potential permutation

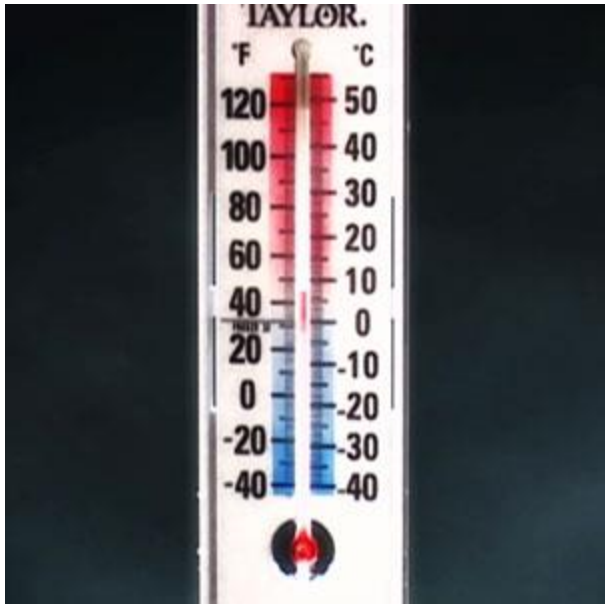
Conscious	Continuous	Intermittent	Terminal	Controlled	Total
Deep	Light/Mild	Reduced	Proportionate	Reversible	Therapeutic
Palliative	End of Life	In the imminently dying	For intractable distress in the dying		
Sedation	Sedation Therapy				

Evolving thinking on PST


MAID
IN
CANADA
2016

2009-2012 Canadian Task Force
Ethical Issues Central to CPST

Can a patient's free and informed consent (free from undue situational coercion) ever be obtained in the context of intolerable suffering?
Is the use of PST in the face of Existential Suffering ethically justified?
Is a treatment that relies on the decrease/absence of consciousness- not just another means to remove suffering by removing the sufferer (euthanasia)?
What are the appropriate prognostic criteria for the use of CPST?
How is the withholding of artificial nutrition and hydration in CPST different from a practice of slow euthanasia?
Can any policy related to CPST incorporate sufficient safeguards to stop abuse?

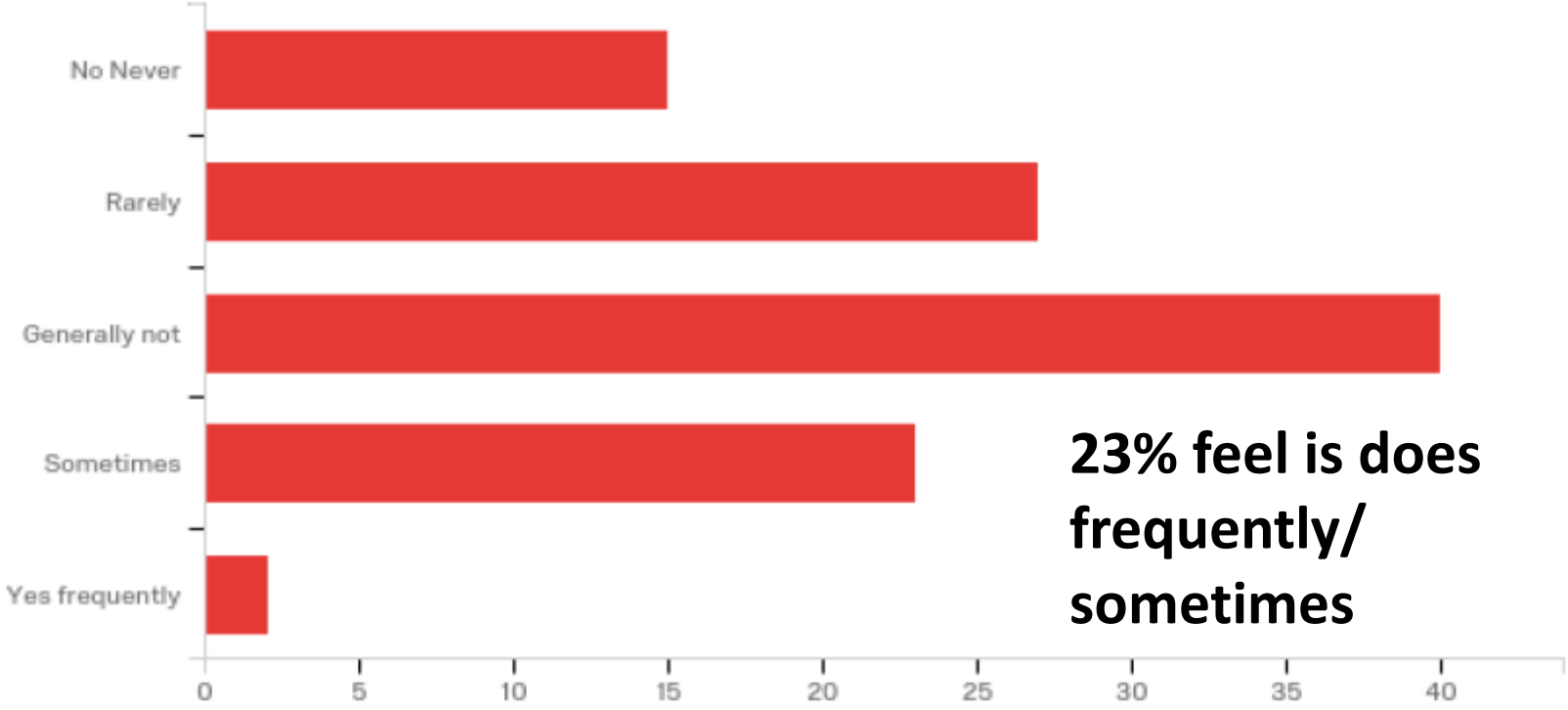


Time to take the temperature….

CSPCP Sponsored Guidelines published in 2012
MAID introduced in June 2016
Survey Jan 2017

Does it or does it not shorten life?

Survey: Despite the primary aim of CPST being to address refractory symptoms- in your experience, do you believe CPST hastens death?



23% feel is does frequently/ sometimes

Survey of the members of the Canadian Society of Palliative Care Physicians January 2017

N=110 out of 340 members
RR= 32%

Ann Oncol. 2009 Jul;20(7) Palliative sedation therapy does not hasten death: results from a prospective multicenter study.

PST does not shorten life when used to relieve refractory symptoms and does not need the doctrine of double effect to justify its use from an ethical point of view.

J Clin Oncol. 2012 Apr 20;30(12):Palliative sedation in end-of-life care and survival: a systematic review.

Even if there is no direct evidence from randomized clinical trials, palliative sedation, when appropriately indicated and correctly used to relieve unbearable suffering, does not seem to have any detrimental effect on survival of patients with terminal cancer. In this setting, palliative sedation is a medical intervention that must be considered as part of a continuum of palliative care

WHY?

-Not following appropriate guidelines/policies

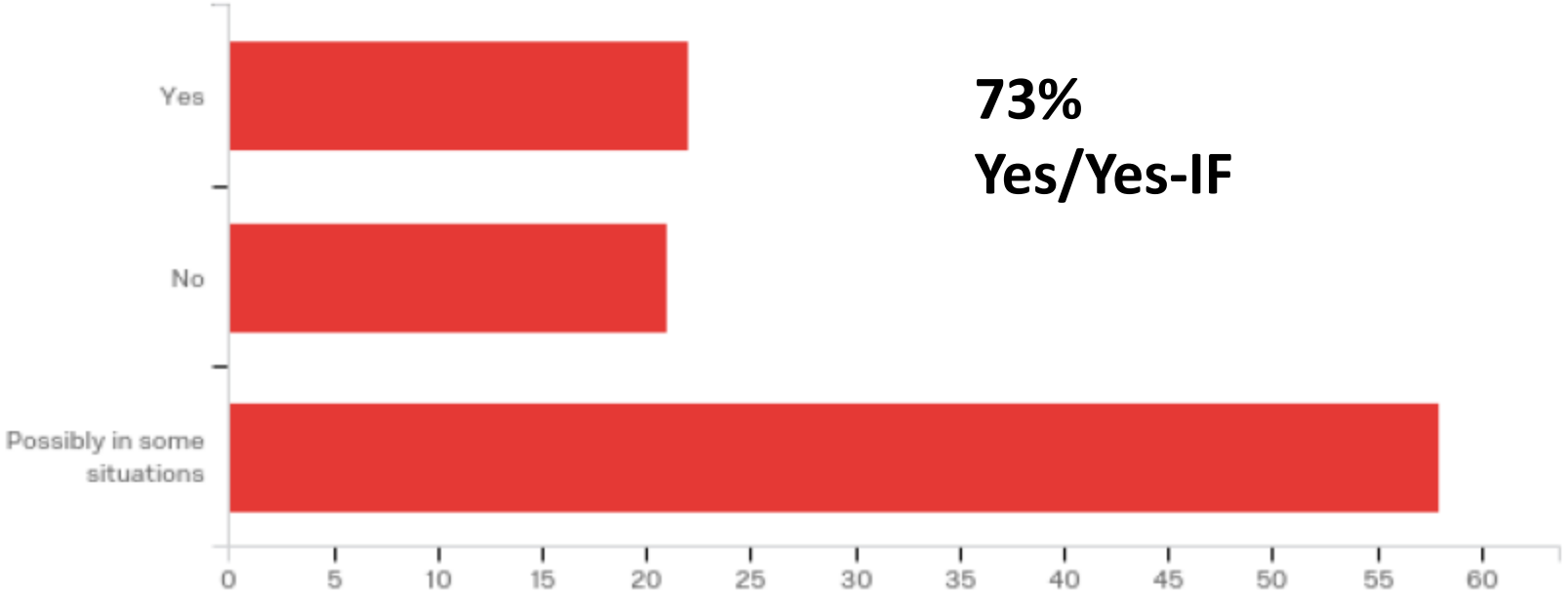
-What do they mean by PST?

-Inexperienced

-Personal reports are based on perception and fear versus actual data

Should palliative sedation be used for existential distress only?

Survey: Do you feel that Palliative Sedation Therapy is appropriate for existential distress?



73%
Yes/Yes-IF

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PST Guidelines in a 2014 Systematic Review 9 Published Guidelines meeting incl		
Canada	**United States**	**International**
Braun 2003 Health Regional Guidelines	Massachusetts Protocol 2004 (HPC Foundation)	Japanese Guidelines 2005 (Morito)
Canadian Framework 2012 (CSPCP Sponsor)	Hospital Guidelines 2005 (Schuman et al.)	Dutch Guideline 2007-9 (CRDMA)
	NHPCO Statement 2010	International Guideline 2007 (De Graeff)
		EAPC Framework 2009 (Cherney et al.)

E and J Schildmann (2014) Palliative Sedation Therapy: A systematic review and critical appraisal of available guidelines on indication and decision making.
J Pall Medicine 17(5); pg 601-10

Results

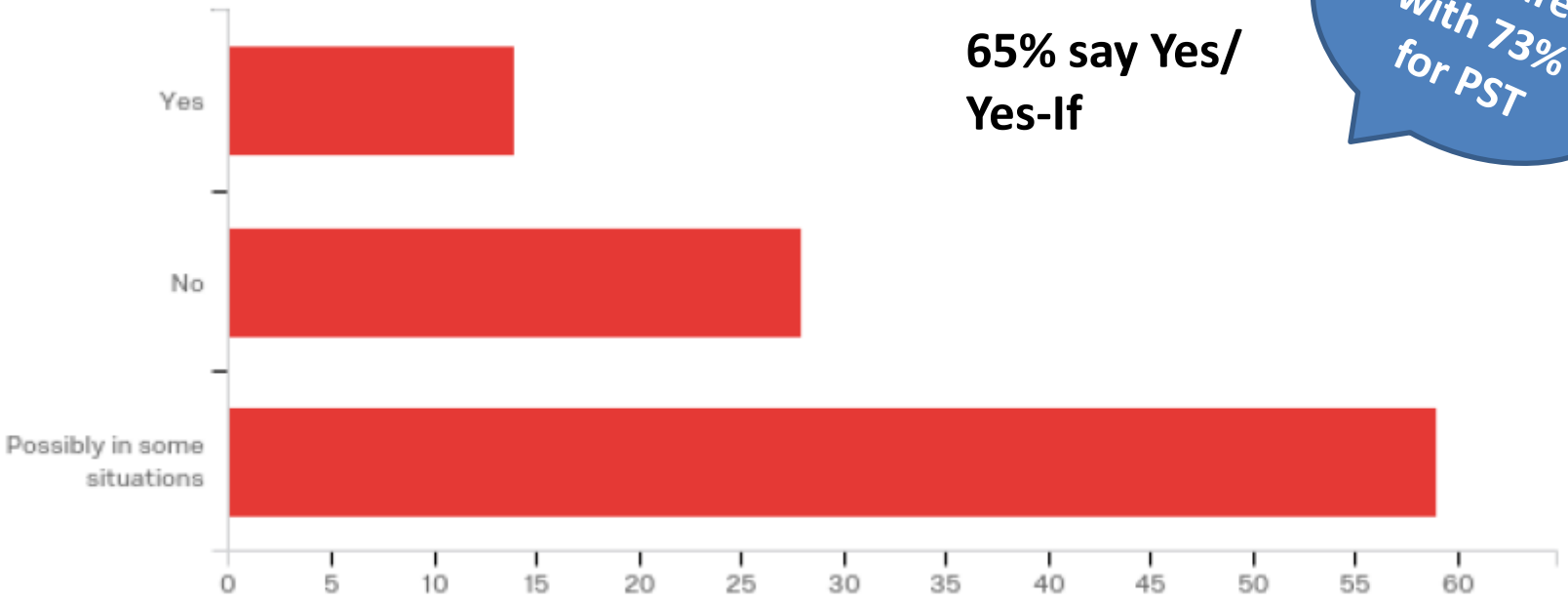
-Differing definitions on palliative sedation therapy
-8 guidelines treat Psychological distress as “exceptional”
-Terms such as “refractory symptom” and “intolerable suffering” are used differently
-Use of IV hydration differs in several guidelines

E and J Schildmann (2014) Palliative Sedation Therapy: A systematic review and critical appraisal of available guidelines on indication and decision making.
J Pall Medicine 17(5); pg 601-10

Do you feel MAID is appropriate for existential suffering?

- Yes
- No
- Possibly in some situations

Survey: Do you feel MAID is appropriate for existential suffering?



65% say Yes/ Yes-If

Compared with 73% for PST

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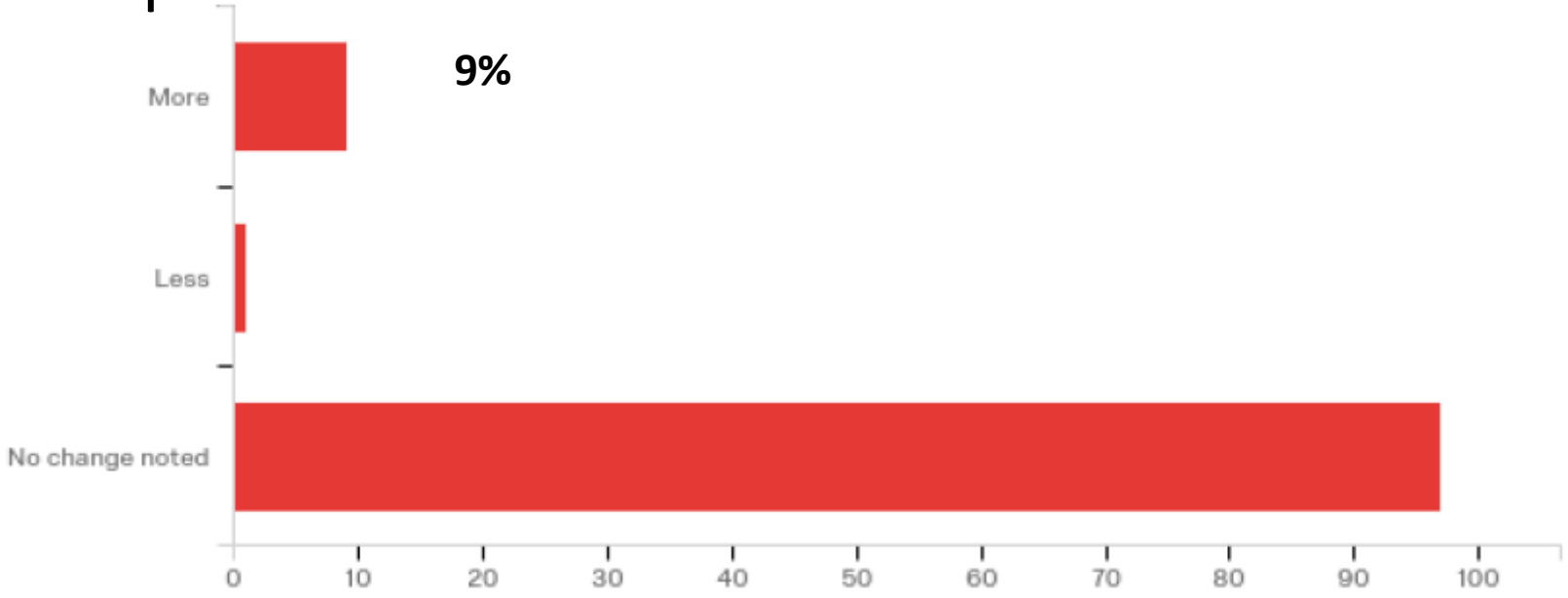
- **Given that MAID is legal in Canada, and with the current levels of restrictions and required legal processes, will there be an increased demand in CPST?**

Survey: Since the passing of the MAID legislation in June 2016, do you feel you have used/referred for continuous palliative sedation?



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Lessons from Europe……

New government sponsored research that evaluated the effect of the 2002 euthanasia law:

- Cases of euthanasia fell from 3500 (2.6% of deaths) in 2001 to 2325 (1.7%) in 2005.
- cases of palliative sedation rose from 8500 (5.6%) to 9700 (7.1%) from 2001 to 2005.

Of those who used "continuous deep sedation for patients nearing death" in the Netherlands:

- 9 % of those who received continuous deep sedation had previously requested euthanasia but their requests were not granted
- Only 9% of physicians consulted a PC expert

Judith Rietjens, Johannes van Delden, Bregje Onwuteaka-Philipsen, Hilde Buiting, Paul van der Maas, Agnes van der Heide. Continuous deep sedation for patients nearing death in the Netherlands: descriptive study. BMJ 2008;336:810

Dutch Medical Association has issued new guidance on palliative sedation, acknowledging that the practice, increasing in the Netherlands, is more “unmanageable” than it could have foreseen.

Subsequent Dutch review:

-In 2010 the incidence use of PST was 12.3% (compared with 14.5% in Belgium and 18.7 in the UK)

-41% of physicians still believe CPS shortens life

-14% of doctors experience pressure from family members to initiate CPS

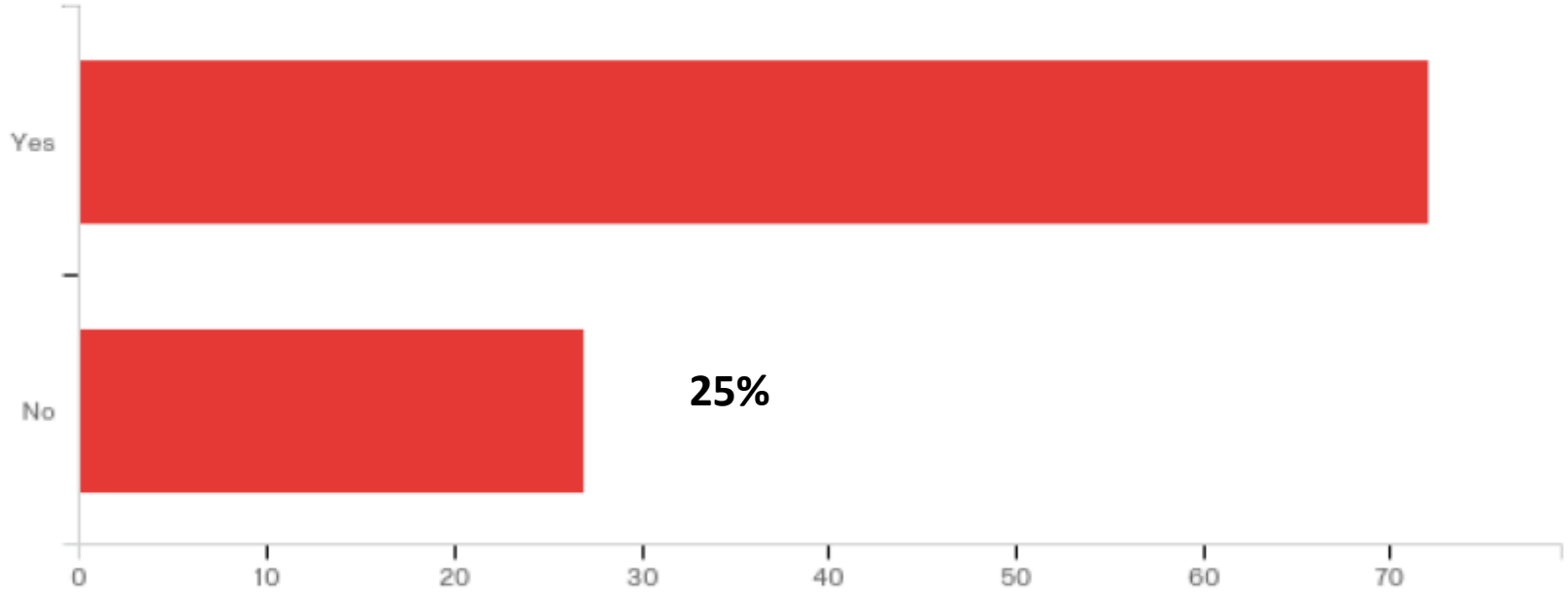
-PC Specialist were consulted in 1 of every 15 CPST

-CPS delivered mainly by GPs

Hoek P, Grandjean I, Verhagen CAHHVM, Jansen-Landheer MLEA, Schers HJ, Galesloot C, et al. (2015) Addressing Palliative Sedation during Expert Consultation: A Descriptive Analysis of the Practice of Dutch Palliative Care Consultation Teams. PLoS ONE 10(8): e0136309. doi:10.1371/journal.pone.0136309

- **What is the currently status on policies?**

Survey: Do you use a CPST guideline/policy?



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How (should) do we keep CPS and MAID distinct?

Trump: We need help!

How can we build a wall that separates palliative sedation from MAID?

Medical Assistance in Dying

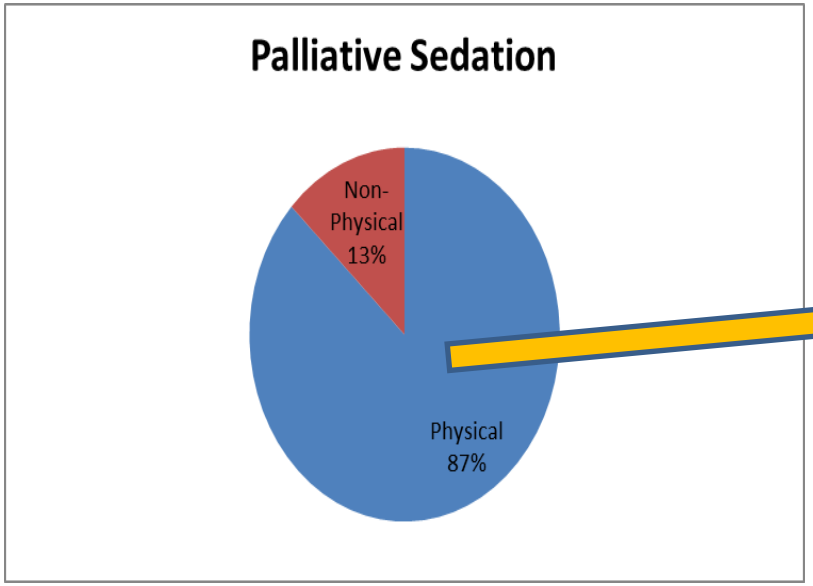
Time-frame	Death reasonably foreseeable
Intention	Death
Method	Standard doses
Drugs	Lethal cocktail
Proportionate	No
Criteria for success	Immediate death

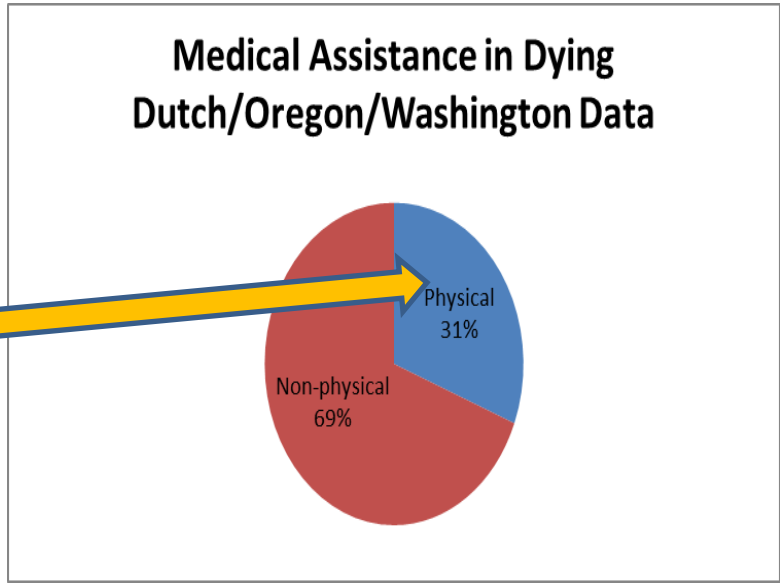
Palliative Sedation

Time-frame	Days/weeks
Intention	Relief by reducing awareness
Method	Dose titration
Drugs	Sedatives
Proportionate	Yes
Criteria for success	Relief of suffering

Twycross R. Second thoughts about Palliative Sedation. Evid Based Nurs. 2017

Reasons cited for initiation of PST vers MAiD





Maltoni M, Scarpi E, Rosati M, Derni S, Fabbri L, Martini F, Amadori D, Nanni O. Palliative sedation in end-of-life care and survival: a systematic review. J Clin Oncol. 2012 Apr 20;30(12):1378-83. doi: 10.1200/JCO.2011.37.3795. Epub 2012 Mar 12.

Eleven published articles were identified describing 1,807 consecutive patients in 10 retrospective or prospective nonrandomized studies, 621 (34.4%) were sedated.

M. C. Jansen-van der Weide, B.D. Onwuteaka-Philipsen, G. van der Wal. Granted, Undecided, Withdrawn, and Refused Requests for Euthanasia and Physician-Assisted Suicide. Arch Intern Med. 2005;165(15):1698-1704. doi:10.1001/archinte.165.15.1698

Oregon Public Health Division. Oregon Death with Dignity Act: 2015 Data Summary. Feb 4, 2016

Washington State Department of Health. 2015 Death with Dignity Act Report- Executive Summary

BioEdge bioethics news from around the world

New French law creates right to terminal sedation 29 Jan 2016

The new law will allow patients to request "deep, continuous sedation altering consciousness until death" but only when their condition is likely to lead to a quick death. Doctors will be allowed to stop life-sustaining treatments, including artificial hydration and nutrition. Sedation and painkillers will be allowed "even if they may shorten the person's life." The bill will also apply to patients who are unable to express their will, following a process that includes consultation with family members.

The new bill will also force doctors to follow end-of-life instructions regarding terminal sedation and stopping treatments, whether they are expressed by the persons themselves or written in advance.

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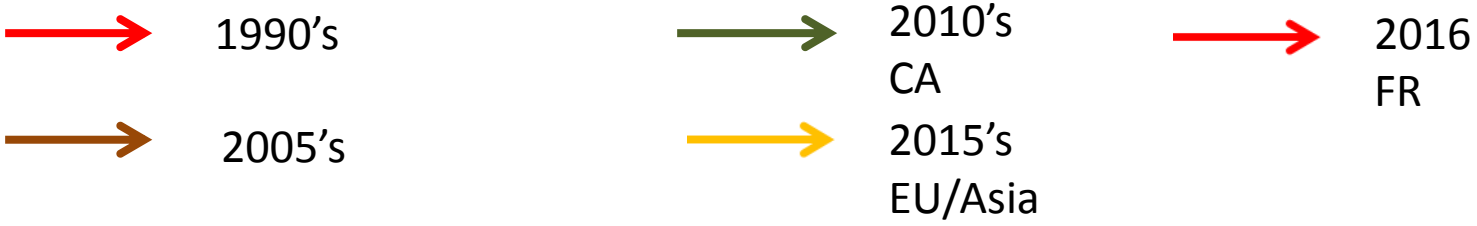

Open for questions, comments, thoughts.