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

SECOND INTERNATIONAL CONFERENCE ON END OF LIFE LAW, ETHICS, POLICY, AND PRACTICE
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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

* (1990) Dr Enck’s article on “Terminal Sedation”
* (1990) Cruzan v MDH
  * 1994 Cherney & Portney
  * (1994) Oregon DWDA passed
  * (1997) Vacco v Quill

* Legalization of euthanasia in Holland (2001)
* (2001) ACPEHRC position paper
  * “terminal” gets dropped from reference to sedation

(2002 to 2010) 9 National/International guidelines are published

1990 to 1999
Decade of Differentiation

2000-2009
Decade of Standardization

2009 Canadian Task Force started

Start

YES-BUT

YES-IF

MAID 2016

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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.

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What’s in a name

Over 300 potential permutation

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1990’s → 2005’s → 2010’s → 2015’s

CA EU/Asia

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Evolving thinking on PST

Tx of LAST RESORT
MAID IN CANADA 2016

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

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

N=110 out of 340 members
RR= 32%
Blair Henry 2017

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.


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.
- Not following appropriate guidelines/policies

- What do they mean by PST?

- Inexperienced

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

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Should palliative sedation be used for existential distress only?

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

Yes 73% Yes/Yes-IF
No
Possibly in some situations

Survey of the members of the Canadian Society of Palliative Care Physicians
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<th>International</th>
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<tr>
<td>Health Regional Guidelines</td>
<td></td>
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<tr>
<td></td>
<td>NHPCO Statement 2010</td>
<td>International Guideline 2007 (De Graeff)</td>
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<td>EAPC Framework 2009 (Cherney et al.)</td>
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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

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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

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

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

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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?

No change noted: 9%

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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
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.

Guideline for Palliative Sedation
Royal Dutch Medical Association (KNMG)

Committee on National Guideline for Palliative Sedation
Royal Dutch Medical Association (KNMG)
Utrecht, The Netherlands
Januari 2009

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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
- What is the currently status on policies?
Survey: Do you use a CPST guideline/policy?

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

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<thead>
<tr>
<th>Time-frame</th>
<th>Days/weeks</th>
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<tr>
<td>Intention</td>
<td>Relief by reducing awareness</td>
</tr>
<tr>
<td>Method</td>
<td>Dose titration</td>
</tr>
<tr>
<td>Drugs</td>
<td>Sedatives</td>
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<tr>
<td>Proportionate</td>
<td>Yes</td>
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<tr>
<td>Criteria for success</td>
<td>Relief of suffering</td>
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Palliative Sedation

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<th>Death reasonably foreseeable</th>
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<tr>
<td>Intention</td>
<td>Death</td>
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<td>Standard doses</td>
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<td>Lethal cocktail</td>
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<td>Criteria for success</td>
<td>Immediate death</td>
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Twycross R. Second thoughts about Palliative Sedation. Evid Based Nurs. 2017

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Reasons cited for initiation of PST vers MAiD

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


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