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Palliative sedation in an international perspective

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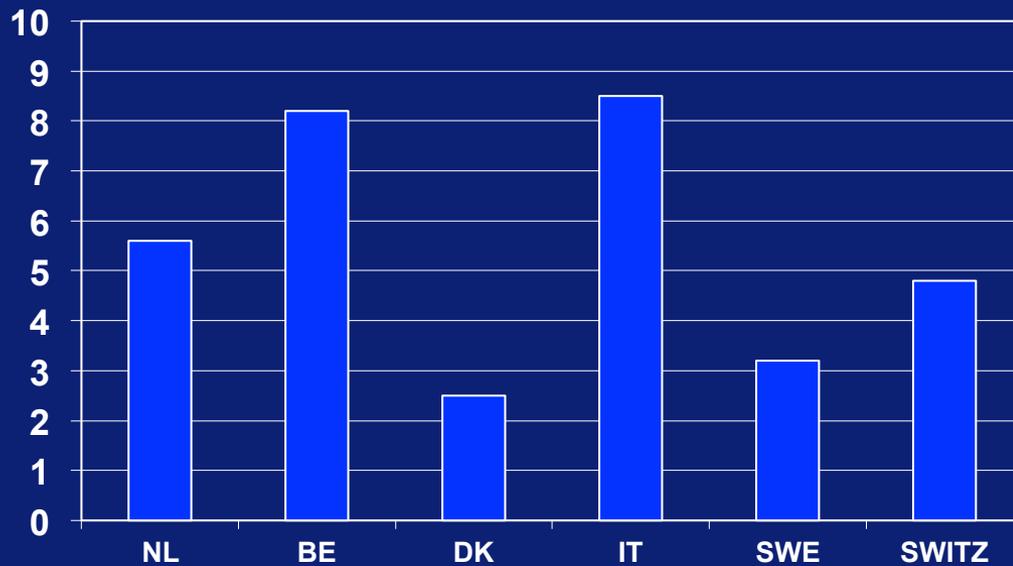
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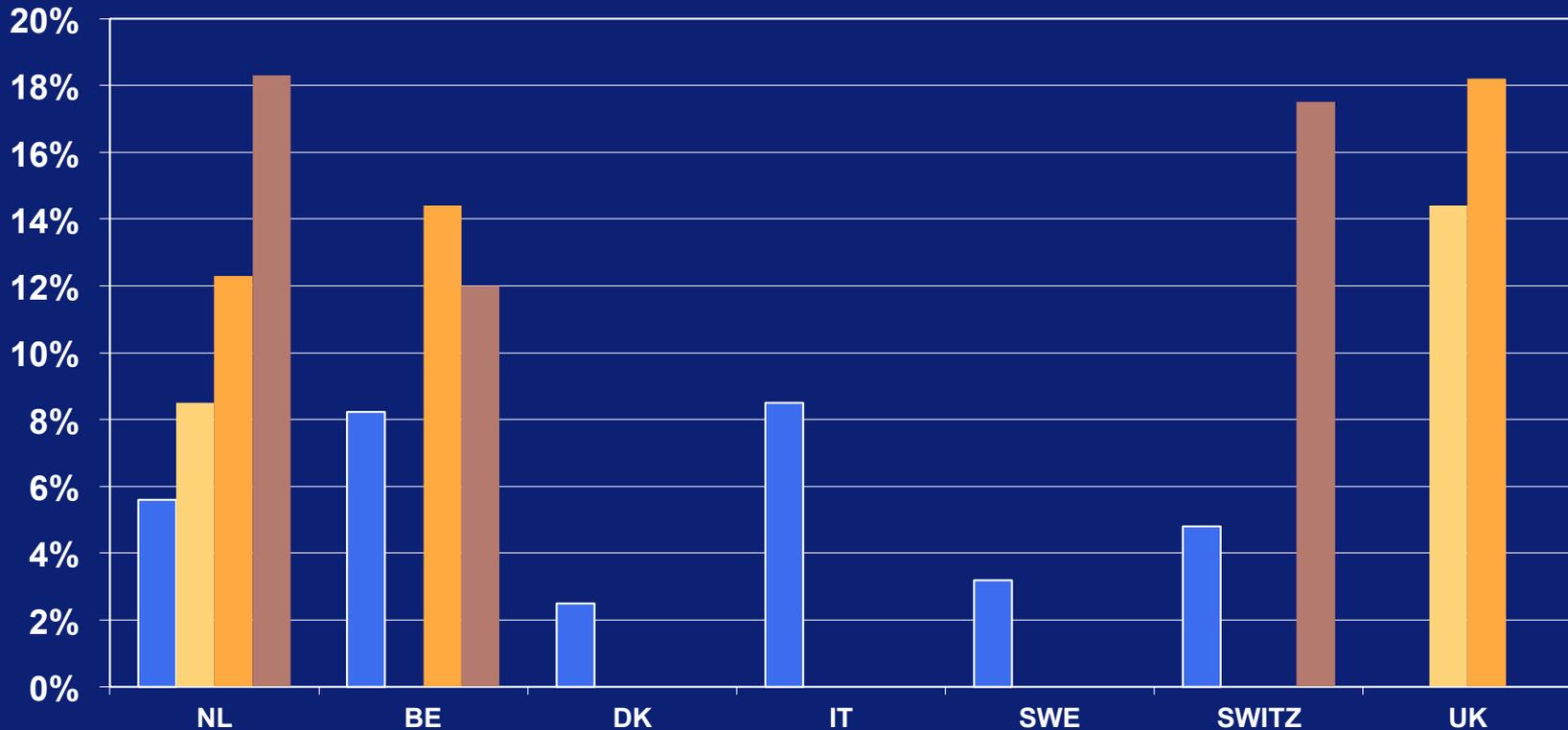
The Netherlands

Continuous deep sedation in Europe in 2001 (% of all deaths)

Miccinesi et al, J Pain Symp Manage 2006



Continuous deep sedation in Europe in 2001-2015 (% of all deaths)



Palliative sedation: poorly defined practice

- deep vs. superficial?
- continuous vs. intermittent?
- intended sedation vs. sedation as 'side effect'
- sedation vs. euthanasia
- etc.

Guidelines ...

CDS versus euthanasia: differences

	CDS	Euthanasia
Act	Lowering consciousness with sedatives (benzodiazepines)	Ending life with barbiturates and muscle relaxants
Aim	Reduce suffering	End life
Indication	Unbearable and refractory symptoms	Unbearable and hopeless suffering
Life expectancy	< 2 weeks	No legal limits
Consent patient	If possible	Voluntary and well-considered request is obligatory
Natural death	Yes	No

CDS vs. euthanasia in the Netherlands (2015)

	CDS	Euthanasia
<i>Medication</i>		
Neuromuscular relaxants	-	78%
Opioids or benzodiazepines	97%	16%
<i>Duration</i>		
< 24 h	53%	100%
1-7 days	45%	-
> 7 days	2%	-
<i>Intention of hastening death</i>	2%	100%
<i>Nutrition/hydration administered</i>	9%	0%

CDS vs. euthanasia in the Netherlands (2015)

	CDS	Euthanasia
Age		
1-64y	16%	23%
65-79y	36%	42%
80y+	48%	35%
Diagnosis		
Cancer	47%	66%
Other	53%	34%
Physician's specialty		
GP	55%	93%
Hospital doctor	24%	4%
Nursing home physician	21%	3%

Patients receiving CDS in Belgium (Flanders), the Netherlands and the U.K. (%)

	Hospital			Home		
	BE	NL	UK	BE	NL	UK
Overall frequency	20	11	17	10	8	19
Age						
<80y	67	72	74	73	77	76
80y+	33	28	26	27	23	24
Diagnosis						
Cancer	30	32	28	78	86	74
Other	70	68	72	22	14	26

“Differences in the prevalence of CDS appear to reflect complex legal, cultural, and organizational factors more than differences in patients’ clinical profiles.” Anquinet et al. JPSM 2012

The UNBIASED study:
Perspectives of clinical staff and bereaved informal
caregivers on the use of continuous sedation until
death for cancer patients

Jane Seymour, Jayne Brown - University of Nottingham

Judith Rietjens, Agnes van der Heide - Erasmus MC Rotterdam

Luc Deliens, Sigrid Sterckx – Vrije Universiteit Brussels

AIMS of the UNBIASED study

- To explore decision-making surrounding the application of continuous sedation until death in contemporary clinical practice
- To understand the experience of clinical staff and decedents' informal caregivers of the use of continuous sedation until death and their perceptions of its contribution to the dying process

Study population and settings

- Informal caregivers of deceased adult cancer patients
 - Nurses involved
 - Physicians involved
-
- Hospitals
 - Expert palliative care units
 - The domestic home

Study design

- In all three countries: in-depth retrospective case study of adults who died from cancer where sedation was administered continuously until death
- Interviews with key physicians and nurses, and bereaved informal caregivers
- In total: 57 physicians and 73 nurses involved in the care of 84 cancer patients

UNBIASED study: Results

UK respondents reported a continuum of practice from the provision of low doses of sedatives to control terminal restlessness to rarely encountered deep sedation.

In contrast, Belgian respondents predominantly described the use of deep sedation, emphasizing the importance of responding to the patient's request.

Dutch respondents emphasized making an official medical decision informed by the patient's wish and establishing that a refractory symptom was present.

Seymour et al, Pall Med 2015

UNBIASED study: results

Rationales for providing CDS showed different stances towards four key issues:

1. the preservation of consciousness,
2. concerns about the potential hastening of death,
3. whether they perceived continuous sedation until death as an 'alternative' to euthanasia and
4. whether they sought to follow guidelines or frameworks for practice.

Seymour et al, Palliat Med 2015

Conclusions

1. Mixed methods studies are helpful
2. International comparative studies are helpful
3. Palliative sedation is an essential and often used option in end-of-life care
4. Nevertheless, there is still much we do not understand about palliative sedation
5. Difficult to judge/appreciate current practices