# Guideline on palliative sedation

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- Do we perform palliative sedation in DK?
- Do we need a national clinical guideline?
- How to make it?

# Definition

Palliative sedation is the monitored use of medications intended to induce a state of decreased or absent awareness (unconsciousness) in order to relieve the burden of otherwise intractable suffering of the imminently dying patient.

Cherny 2009

# Literature search

No RCTs

Few studies, low level of evidence

Controversial issue

# What to do?

Inattention to potential risks and problematic practices can lead to harmful and unethical practice which may undermine the credibility and reputation of responsible clinicians and institutions as well as the discipline of palliative medicine more generally.

Cherny 2009



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# European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care

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## Abstract

The European Association for Palliative Care (EAPC) considers sedation to be an important and necessary therapy in the care of selected palliative care patients with otherwise refractory distress. Prudent application of this approach requires due caution and good clinical practice. Inattention to potential risks and problematic practices can lead to harmful and unethical practice which may undermine the credibility and reputation of responsible clinicians and institutions as well as the discipline of palliative medicine more generally. Procedural guidelines are helpful to educate medical providers, set standards for best practice, promote optimal care and convey the important message to staff, patients and families that palliative sedation is an accepted, ethical practice when used in appropriate situations. EAPC aims to facilitate the development of such guidelines by presenting a 10-point framework that is based on the pre-existing guidelines and literature and extensive peer review.

# Consensus conference – part 1

Experts in palliative medicine:

| | |
|---|---|
| Klaus Jakobsen | (Region Nordjylland) |
| Mette Neergaard | (Region Midt) |
| Tove Vejlgaard | (Region Syddanmark) |
| Lars Clausen | (Region Sjælland) |
| Lise Pedersen | (Region Hovedstaden) |
| Per Sjøgren | (EAPC) |

# Consensus not achieved



# Consensus conference – part 2





# Recommendations

1. Indications for palliative sedation
2. Decision-making
3. Pharmacology
4. Monitoring

# 1. Indications

Palliative sedation is potentially indicated for patients with **intolerable distress due to physical or non-physical symptoms**, when there is a lack of other methods for palliation within an acceptable time frame and without unacceptable adverse effects.

Continuous deep sedation should only be considered if the patient is in the very terminal stages of their illness with an expected prognosis of hours or days at most.

# 2. Decision-making

The assessment must evaluate the patient's capacity to make decisions about ongoing care:

- the patient can express their own will;
- the patient can understand the relevant information;
- the patient can understand and acknowledge the implications of their choice.

Information and involvement of relatives

The patient should be discussed at a multidisciplinary conference and the responsible doctor should discuss the patient with a(nother) specialist in palliative medicine

Checklist and documentation

# 3. Pharmacology

**Drug of first choice is midazolam**

In case of inadequate effect of midazolam, propofol may be used if sufficient anaestesiologic expertise is present

Doses should be titrated to a level at which suffering is palliated with a minimum suppression of consciousness and undesirable effects

# 4. Monitoring

At initiation of sedation the patient should be evaluated every 20 minutes until the the symptoms are sufficiently relieved

RASS-PAL (Richmond agitation and sedation scale) may be used to monitor the level of sedation

# The guideline has been sent to:

The Danish Council on Ethics

Ethical Committée of The Danish Medical Association

# Thank you!

– on behalf of

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