Sedation in Palliative Care

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Plan

• Background: sedation in palliative care
• Research outline
• Results
• ‘Routine sedation’
Background: sedation in palliative care

- Terminal Sedation
- Palliative sedation
- Palliative sedation therapy
- Sedation for the imminently dying
- Sedation for intractable distress in the dying
- Controlled sedation
- Continuous sedation
- Continuous deep sedation
Continuous deep sedation

- The use of sedation to induce unconsciousness until death
- Sometimes associated with withholding or withdrawing of ANH
- Has been used with intention to hasten death\(^1\)
- UK study of end of life decision making\(^2\)
  - 16.5% of physicians reported use of sedation to keep a patient:
    - ‘continuously and deeply sedated or kept in a coma before death’

How is sedation used in palliative care in the UK?

• Aim: develop a normative understanding of the use of sedation
• Ethnographic study, IPU of hospice
• Participant observation and in-depth interviews with staff
• 10 months of observation and interviews
• Social constructivist perspective
• Constructivist grounded theory approach to analysis
Results

- ‘Routine’ Sedation
- Comfortable and peaceful death
- Values
Routine Sedation

• Decisions about sedation bound to an understanding of the process of dying
  – Stable
  – Unstable
  – Deteriorating
  – Dying
Routine Sedation

Stable

Unstable

Deteriorating

Dying
[the doctor said] it was likely that, as the periods of being drowsy were becoming longer, and her periods of being awake were much shorter, she would continue to just become more sleepy for more of the time and at some point she just wouldn’t wake up.

[Field note entry 070110]
Routine Sedation

Stable | Unstable | Deteriorating | Dying

Treating symptoms | Treating signs of distress
‘We’re not managing a physical symptom here, we’re managing a restlessness and a distress’

[Interview, doctor]
Routine Sedation

- Stable
- Unstable
- Deteriorating
- Dying

- Treating symptoms
- Treating signs of distress
- Avoiding ↓ consciousness
- Accepting ↓ consciousness
Uncertainty: balancing risks

[the doctor] said he worries that when someone is on sedatives they do look as though they are dying and can be mistreated in this way. He said that when [the patient] had come in he had looked as though he was dying but then he improved when the drugs had worn out of his system and was quite alert. He said that the patient had had quite a lot of midazolam overnight, with the fentanyl, and it was hard to know if it was just the effect of this or if he was truly dying.

[FN Day 32, line 69]
I thought I should have like made sure that he was more settled... it's someone’s husband and someone’s father. I just felt a bit bad at the end of the week when I saw... all the extras he'd had. And I just thought oh, this is so... I took it away that weekend with me, I felt so bad, I should have done something... it’s not right for people to die like that.

[Nurse interview 1; line 403]
Balancing Risks Sedation

- Stable
- Unstable
- Deteriorating
- Dying

- Treating symptoms
- Treating distress behaviours
- Avoiding ↓ consciousness
- Accepting ↓ consciousness

Hastening Death

Dying in distress
Summary

• The interpretation of a patient’s proximity to death crucially frames the decision-making process for using sedative drugs.

• The primary intent is the relief of symptoms and avoidance of reducing consciousness.

• When at the end of life, the relief of symptoms with a reduction in consciousness is permitted in order to avoid a patient dying in distress.

• This provides a framework through which to interpret the NICE guidance for the Care of Dying Adults in the Last Days of Life.

• Addresses the research priorities identified by the national Palliative and End-of-life Priority Setting Partnership.
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