Palliative Sedation
Is it Euthanasia?

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Objectives

- Definition of palliative sedation
- Indication for palliative sedation
- Understand ethical/legal issues with palliative sedation
- Understand various medication options to achieve palliative sedation
George

• George is 65 and has metastatic lung cancer.
• He has severe pain in his rib cage from a bone metastasis.
• His family doctor has put in a consult for palliative care.
• Reason for consult - palliative sedation as he says all treatment options have been tried.
What do you do?
George

• Oxycontin 40mg bid, oxycodone 2.5mg q4hprn
• Gabapentin 600mg bid
• “I am suffering, just let me die”
Definition of Palliative Sedation

• Also called terminal sedation
• “the process of inducing and maintaining deep sleep for the relief of severe suffering caused by one or more intractable symptoms when all possible alternative interventions have failed.”
Intentional vs Consequential

- Palliative sedation is intentional
- Consequential sedation – treatment side effects
Consequential Sedation

- Patient has severe dyspnea and is suffering, gasping for breath
- Morphine orders are 10mg q4h sc, 5mg q30min prn, and Versed 2.5-5mg sc q30min prn
George

• What should be done?
Difficult vs Refractory

• Difficult symptom – could potentially respond within a tolerable time frame to treatments and yield adequate relief without excessive adverse results

• Refractory symptom – symptoms cannot adequately be controlled despite aggressive therapy
What are refractory symptoms?
George

• Pain improves with radiation tx
• Opioid rotate and use Methadone
• Increase gabapentin
• Mood improves because pain has improved
• Discharged home.
3 months later…

- George is admitted again for intractable pain
- Opioid rotated (CADD), we have tried ketamine, lidociane…. still suffering
- George is not depressed
Now What?
Process for Palliative Sedation

- Patient has a terminal disease
- Patient/family/team have recognized an intractable symptom
- This symptom is causing unacceptable levels of suffering
- The only option to treat this symptom is sedation
Process for Palliative Sedation cont…

- Family meeting (including patient) is held
- Decision is made to proceed with sedation
- Decision making process is outlined in patient’s chart
Euthanasia, Physician Assisted Suicide, and Palliative Sedation

• Euthanasia- the physician ends the life of a patient by administering a lethal dose of medicine

• PAS – the patient has asked the physician to end their life, the physician writes a prescription for a lethal dose of a medication to a patient, which the patient then administers to themselves

• PS – Medicine(s) are used to cause sedation, allowing the body to shut down naturally on its own
Ethical Considerations in Palliative Sedation – The Principle of Double Effect

• The good effect must be the intended effect
• The reason for the action must be compelling enough to place the person at risk of the bad effect

• PS is not euthanasia or PAS
• The intent of palliative sedation is to control an intractable symptom, not to shorten life
Drugs for Palliative Sedation

- Benzodiazepines (midazolam)
- Neuroleptics (methotrimeptazine)
- Barbituates (phenobarbital)
- Other (propofol)
- NOT OPIOIDS
Goal for sedation

- Palliative Sedation – complete sedation
- Symptom Control
  - Light sedation
  - Temporary sedation
  - Indefinite sedation
Where can sedation happen?

- Hospital
- Home (depends on home support)
Discussion
Summary

• Palliative Sedation, if used under the correct circumstances, is a useful and ethically justifiable approach to managing refractory symptoms