I Wanna Be Sedated: Palliative Sedation

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Lawsuit: Nation’s largest hospice did not provide a young mother with a ‘peaceful death’

By Bruce Newman

The family of a young Los Gatos woman featured in a Mercury News story about the peaceful death she ensured after suffering from cancer has sued the nation’s largest-for-profit hospice service, charging that it deprived the woman of a “peaceful death.”

The lawsuit was filed in Alameda County, where Villa Hospice Care has offices, and alleges that the hospice’s failure to inform her that she could receive “palliative sedation” to relieve her suffering was “reckless” and “transcendent.”

Michelle Hargis Beebe was 43 when she died late last year after being diagnosed with stage-four pancreatic cancer. The mother of three children, Beebe entered Villa hospice service three weeks before her death. In December 2018, she was the subject of the final installment of the Mercury News’ award-winning “Life in a Year” series.
The family of a young Los Gatos woman…has sued the nation's largest for-profit hospice service, charging that it deprived the woman of a "peaceful death."

The lawsuit …alleges that the hospice's failure to inform her that she could receive "Palliative Sedation" to relieve her suffering was "reckless" and "inexcusable."

Case update

• California “Right to Know” Act—Along with elder abuse claim
• Set for trial as of 2013; no updates

Objectives

• Understand what is meant by the term "palliative sedation" and be familiar with clinical indications for and appropriate utilization of the procedure
• Understand the methods of achieving palliative sedation
• Be familiar with the ethical dilemmas and controversies surrounding palliative sedation
Palliative Sedation

- The monitored use of medications intended to induce varying degrees of unconsciousness to induce a state of decreased or absent awareness in order to relieve the burden of otherwise intractable suffering

- The intent is to provide adequate relief of distress

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Palliative Sedation

- Is NOT:
  - Euthanasia:
    - “the intent of euthanasia is to cause death immediately”
  - Physician assisted suicide
    - “suicide by a patient facilitated by means (as a drug prescription) or by information (as an indication of a lethal dosage) provided by a physician aware of the patient's intent”
Uses of Sedation

- Transient controlled sedation
- Refractory symptoms at the end of life
- Emergency sedation
- Respite sedation
- Relieve psychological or existential suffering

Refractory Symptoms at EOL

- Refractory:
  - Symptoms that cannot be adequately controlled despite aggressive efforts to identify a tolerable therapy that does not compromise consciousness

Refractory Symptoms at EOL

- Dyspnea
- Pain
- Restlessness or Delirium/Agitation
- Studies give varying prevalence for indication of use of PS
Refractory Symptoms at EOL: Diagnostic Criteria

- Physician must perceive that further invasive and noninvasive interventions are either:
  - Incapable of providing adequate relief
  - Associated with an excessive or intolerable acute or chronic morbidity -or-
  - Unlikely to provide relief within a tolerable timeframe

Emergency Sedation

- Immediately pre-terminal patients present with overwhelming symptoms as they are dying
  - Sudden, severe dyspnea
  - Massive bleeding
  - Uncontrolled pain

Respite Sedation

- Patient not imminently dying, but does have severe emotional and physical fatigue influencing their perception of tolerability of symptoms
  - Sedation for a limited period of time
Psychological or Existential Suffering

“If life is perceived to offer ongoing physical and emotional distress as days pass slowly until death, anticipation of the future may be associated with feeling of hopelessness, futility, or meaninglessness such that the patient sees no value in continuing to live.”

Psychological or Existential Suffering

- Hopelessness, futility, meaninglessness, disappointment, remorse, death anxiety, disruption of personal identity
- Most controversial area use of palliative sedation
Objectives

• Understand what is meant by the term "palliative sedation" and be familiar with clinical indications for and appropriate utilization of the procedure

• Understand the guidelines for practice and methods of achieving palliative sedation

• Be familiar with the ethical dilemmas and controversies surrounding palliative sedation

Guidelines

• NHPCO Position Statement and Commentary on the Use of Palliative Sedation in Imminently Dying Terminally Ill Patients (May 2010)

• "NHPCO believes that palliative sedation is an important option to be considered by healthcare providers, patients, and families."

Guidelines: NHPCO 2010

• Recommends questions and issues to be addressed when PS being considered

• Assist healthcare organizations in developing policies for use of PS

• Covers indications for use, overview of ethical issues, and processes for addressing those issues

• Does NOT make pharmacologic recommendations
Guidelines: AAHPM 2014 (position paper)
- Specific clinical indication, target outcome, and benefit/risk ratio
  - Acceptable to patient and clinician
- Also recommends interdisciplinary eval
- Provides overview of situations in which use is "ethically defensible"
- Includes existential distress overview
- Does NOT make pharmacologic recommendations

Guidelines: Use of Case Conferences
- Individual clinician bias
- Multispecialty / Interdisciplinary forum
- Experts in symptom control must be involved
- If not locally available, then telephone consultation is encouraged
Guidelines:
Other Recommendations

- Goals of care must be clear
- Informed consent
- Family involvement
- Full documentation of clinical condition and medications being/to be used
- Agreement that CPR will not be initiated

Guidelines:
Other Recommendations

- Goals of Care
  - Prolonging survival
  - Optimizing comfort **
  - Optimizing function
  - Are there any specific goals that need to be met prior to starting sedation?
- Discussions
  - If patient consents, family ought to be involved; suffering a potential for family members, too

Guidelines:
Other Recommendations

- Do Not Resuscitate Status
  - Futility
  - Inconsistent with goals of care
  - Sedating pharmacotherapy should not be initiated until there is agreement that CPR will not be initiated
Methods

Don’t try this at home...

Methods: Types of PS

• Transient controlled sedation
• Refractory symptoms at the end of life
• Emergency sedation
• Respite sedation
• Relieve psychological or existential suffering

Methods: Refractory Symptoms

• Opioids
• Benzodiazepines
  — Midazolam most commonly used
• Barbiturates
  — Phenobarbital, amobarbital, thiopental
• Antipsychotic phenothiazines
  — Chlorpromazine, methotrimepazine
• Propofol
Methods: Refractory Symptoms

• Opioids
  • Pain management
  • May not achieve adequate sedation or may develop neuroexcitatory effects
  • Second agent often needed

Methods: Refractory Symptoms

• Benzodiazepenes (midazolam / Versed)
  • Short half life
  • Requires continuous infusion (IV or SQ)
  • Allows for rapid dose titration
  • Usual dose range is 1-7mg/hour

Methods: Refractory Symptoms

• Barbiturates (phenobarbital)
• Antipsychotic phenothiazines
  — Methotrimeprazine
  • Sedative and moderately analgesic
  • PO, IV, SQ, IM; given q8hours scheduled and qhour prn
  — Chlorpromazine
  • Agitated delirium and refractory dyspnea
  • PO, IV, IM, PR; given q4-12 hours
Methods:
Refractory Symptoms

- Propofol
- Less commonly used
- Reserved for patient in whom other agents are inadequate ("refractory"")
- Rapid onset and short duration of action
- Requires a continuous infusion

Methods:
Patient Monitoring

Monitoring parameters and further dose titration are based on goals of care

Methods:
Patient Monitoring and Goals of Care

Ensure *comfort* until death for an imminently dying patient:
- Observe for symptoms, not vital signs
- Unlikely to titrate downward

Wish to be less sedated and death is *not* imminent
- Monitor level of sedation and vital signs
- Administer drug to lowest effective dose that provides adequate comfort
- Widely variable depth of sedation
Methods: Respite Sedation

• Patient not imminently dying
• Severe emotional and physical fatigue
• Same drugs used as for refractory symptoms
• More intensive monitoring of vital signs and level of sedation with appropriate titration
• Restoration of lucidity after an agreed interval

Methods: Psychological of Existential Suffering

• Severity of symptoms may be dynamic and idiosyncratic
• No well established strategies
• May lack an advanced physiological deterioration
• NHPCO Ethics Committee unable to reach a consensus on suffering that is primarily nonphysiological in origin

Methods: Psychological of Existential Suffering

• NHPCO suggests trials of respite sedation;
• Urge consultation with mental health and spiritual care experts with experience in the realm of existential suffering
Methods: Psychological of Existential Suffering

- Other proposed guidelines:
- Reserve for those with advanced terminal illness and a documented DNR order
- Careful declaration of “refractory” symptoms; requires multiple assessments by multiple clinicians/experts (multispecialty/interdisciplinary)
- Case conference
- Initiate on a respite basis

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Ethical Dilemmas:
Basic Tenets of Medical Ethics

• Autonomy
• Beneficence
• Nonmaleficence
• Justice
• Dignity
• Truth and honesty

Ethical Dilemmas

"There is no distinct ethical problem in the use of sedation to relieve otherwise intolerable suffering for patients who are dying. Rather, the decision making and application of this therapeutic option represents a continuum of good clinical practice."
Ethical Dilemmas

• Nonmaleficence
  – Distinguish a “refractory” pain state from a “difficult situation”
  – Requires time, repeated evaluations → patient suffering throughout
  – Lawsuit

Ethical Dilemmas: Specific Issues

• Artificial nutrition and hydration
• Sedated patientʼs intake likely compromised
• Wide variability in opinions and practices

Ethical Dilemmas: Artificial Hydration

• Non-burdensome, humane, supportive intervention
• May reduce suffering

VS

• Superfluous impediment to impending death
• Does not contribute to patient comfort
Ethical Dilemmas

- Reach a consensus on a morally and personally acceptable approach based on the ethical principles of BENEFICENCE, NONMALEFICENCE, and RESPECT FOR PERSONHOOD
- Religious or culturally based reservations may lead to continuation unless evidence of direct harm

Ethical Dilemmas: Distinction from Euthanasia

- **Intent** of the intervention is symptom relief not ending life
- Interventions are proportionate to symptoms and prevailing goals of care
- **Death** is not the criterion for success of the treatment

Ethical Dilemmas: Distinction from Euthanasia

- Duration of survival of patients receiving PS versus not receiving PS
- Not significantly shortened
Ethical Dilemmas: Doctrine of Double Effect

Dilemmas: Conflict with Personal Beliefs

Closing thoughts...