



Palliative Sedation-Language Matters

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Disclosure

I have no conflicts of interest to disclose.

Objectives

Upon completion of this activity, participants will be able to:

- Describe palliative sedation.
- Assess the use of palliative sedation for physical and non physical symptoms.
- Review palliative sedations in special cases (pediatrics, conscientious objection, moral distress)
- Discuss policy steps that meet the needs of unique healthcare systems.



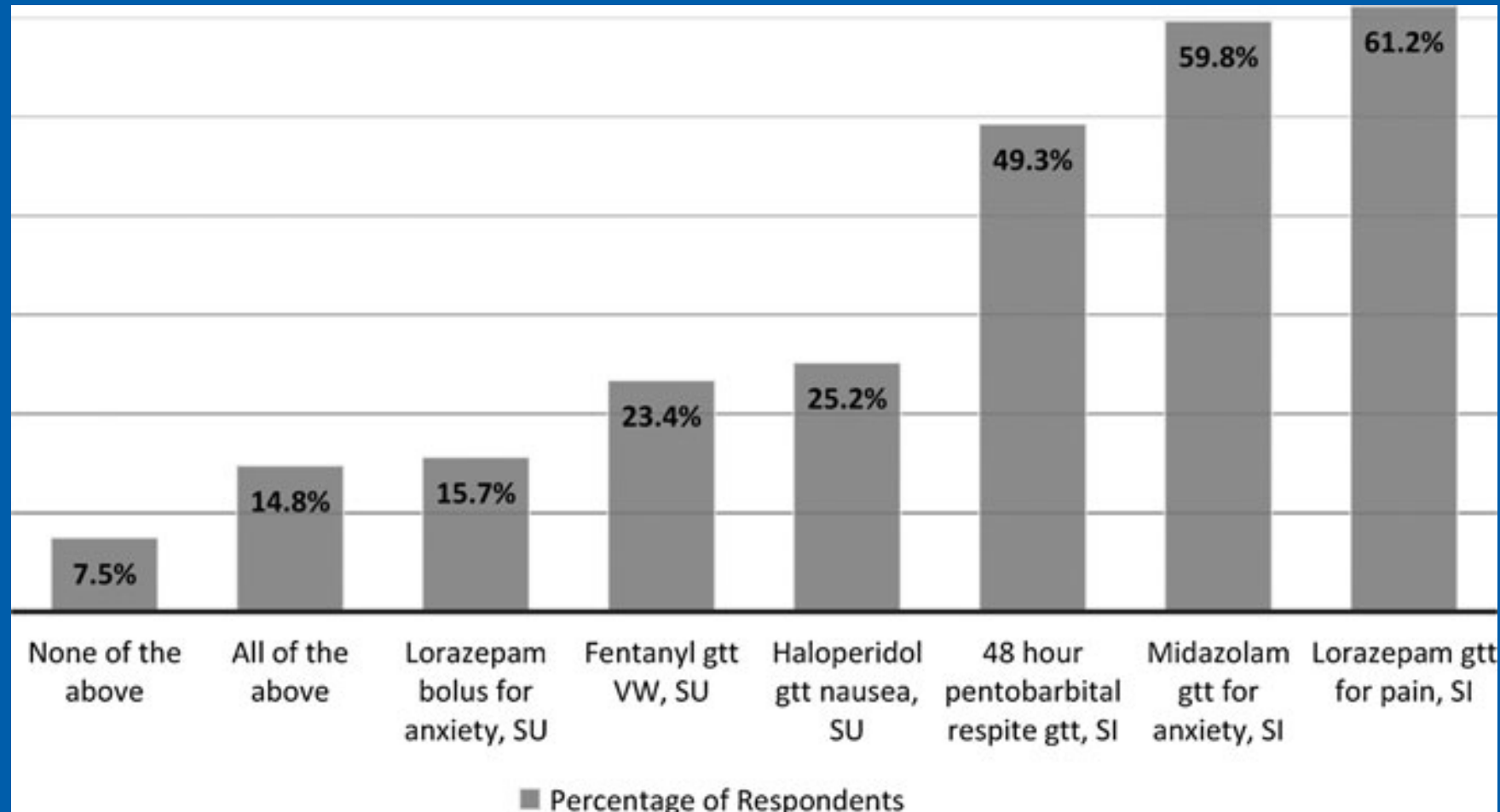
Purposeful sedation for symptom management near the end of life is called many things. And what we call it is important.

- TERMINAL SEDATION
- SLOW EUTHANASIA
- PROPORTIONAL PALLIATIVE SEDATION
- SEDATION TO UNCONSCIOUSNESS
- CONTINUOUS DEEP SEDATION

The American Academy of Hospice and Palliative Medicine defines palliative sedation as the intentional lowering of awareness towards, and including, unconsciousness for patients with severe and refractory symptoms in the setting of a terminal disease.

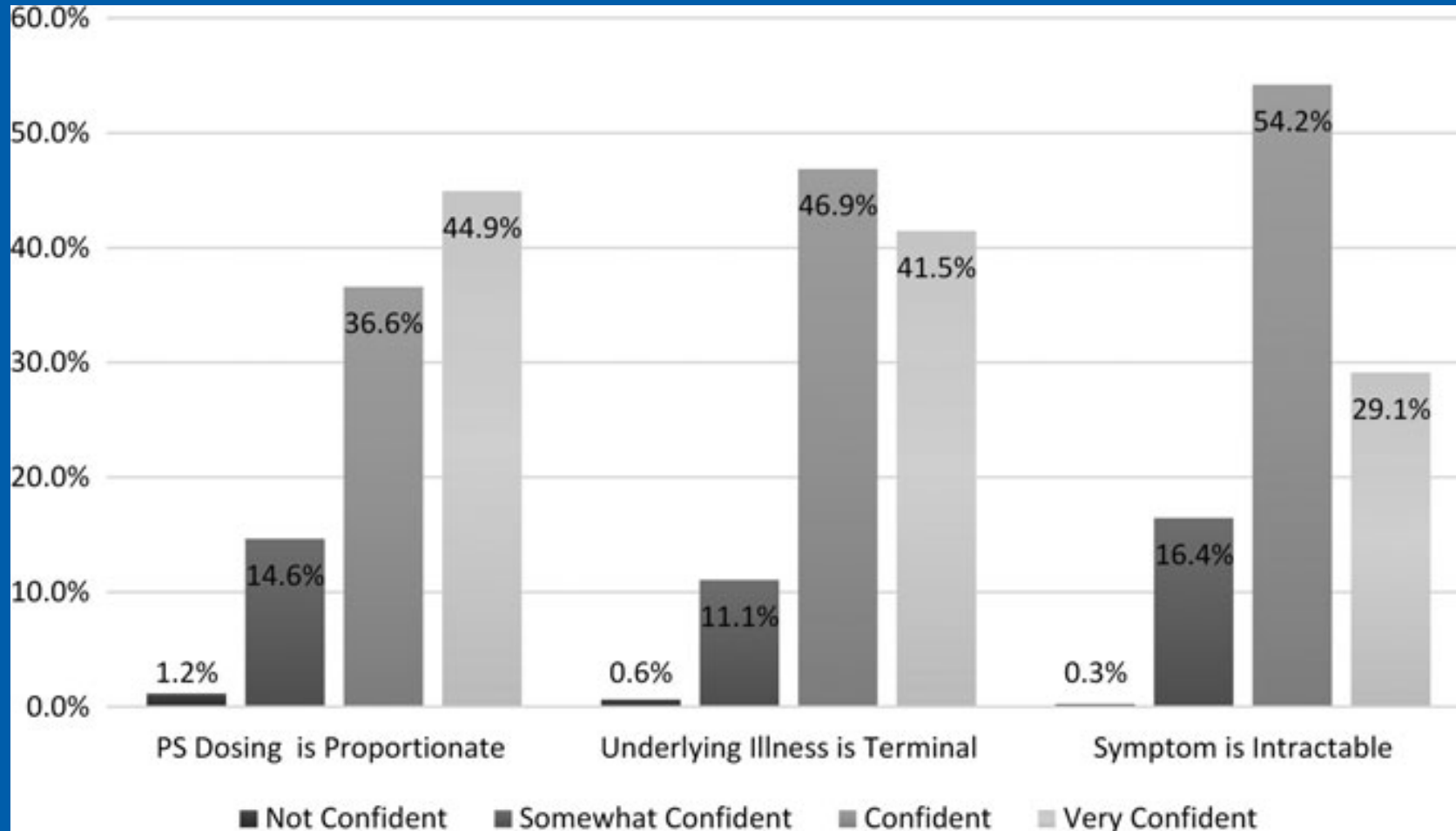
IN GROUPS OF 2-3 DESCRIBE A PATIENT CASE
WHERE PALLIATIVE SEDATION MAY BE
CONSIDERED OR USED

Which of the following scenarios would you consider to be the appropriate use of the phrase “palliative sedation”

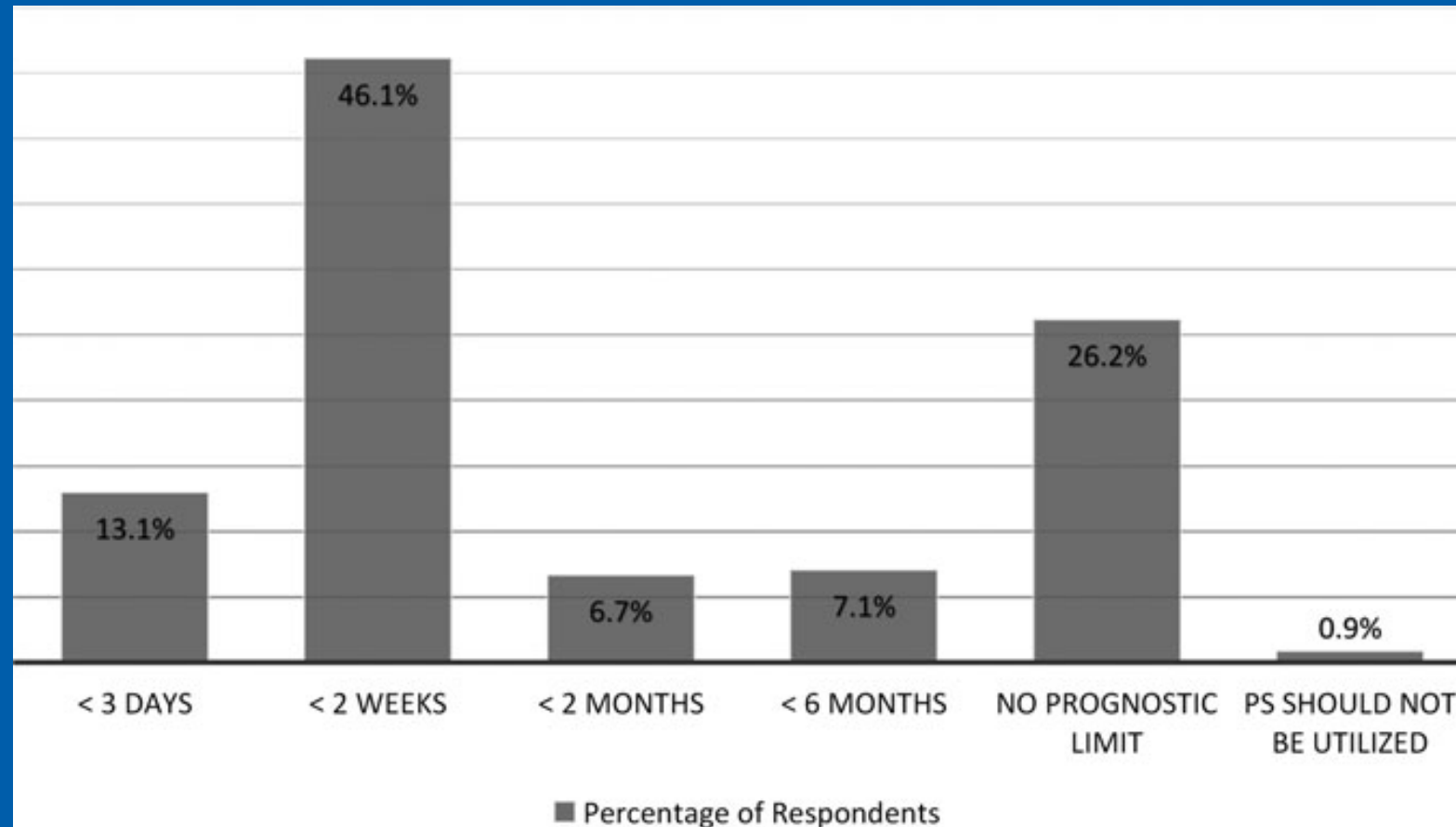


The key characteristics that allow for distinguishing palliative sedation from euthanasia are intent, proportionality and criteria for success.

HPM physicians feel confident with assessing appropriate use of palliative sedation



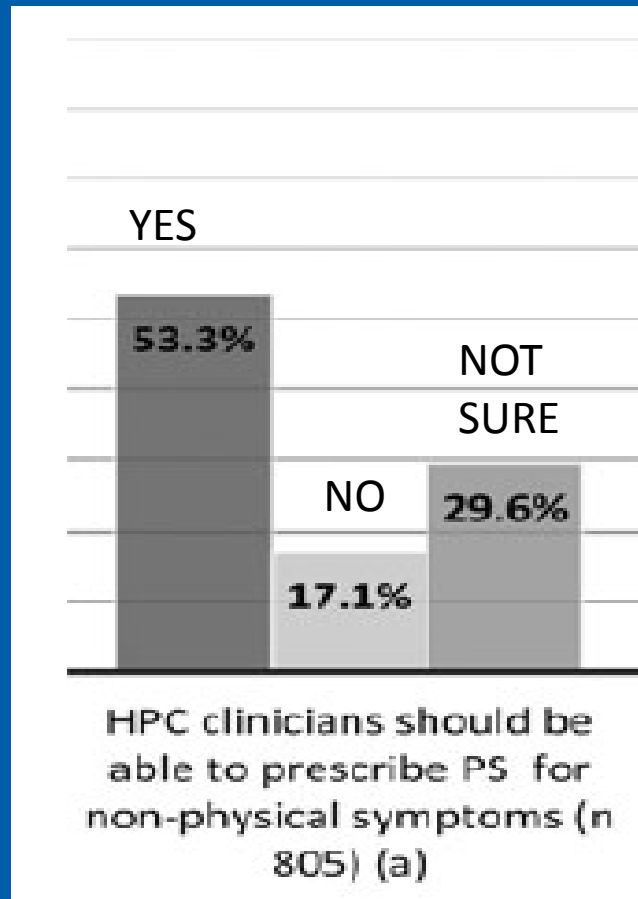
What should the expected life expectancy be of a patient receiving palliative sedation?





In your judgement, how appropriate would it be to sedate her to unconsciousness until she dies in order to relieve spiritual suffering?

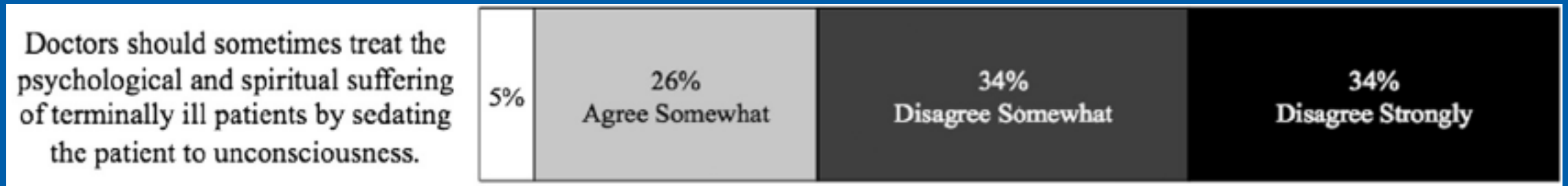
Physicians have different opinions on the appropriateness of PS for non physical symptoms that may be influenced by practice.



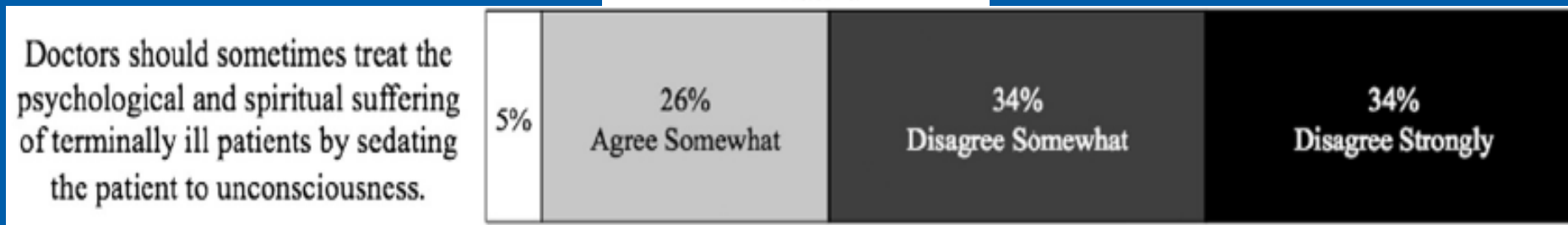
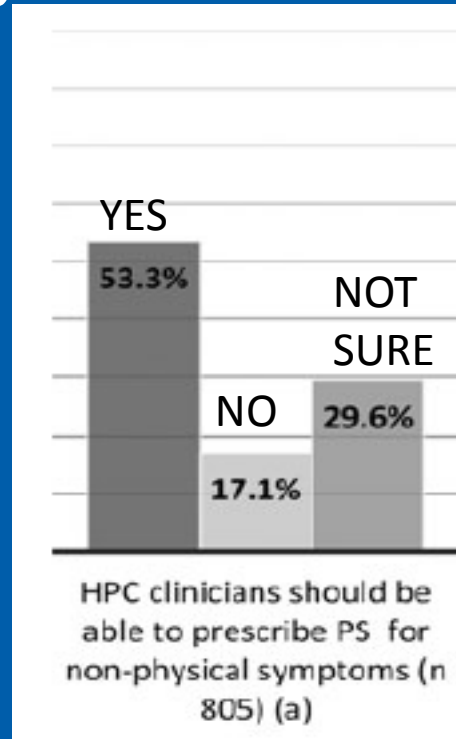
When is the last time you prescribed PS?

Within the last week	7.3 (57)	786
Within the last month	17.8 (140)	
Within the last six months	25.1 (197)	
Within the last year	15.9 (125)	
Within the last five years	19.1 (150)	
Never	14.9 (117)	

Physicians have different opinions on the appropriateness of PS for non physical symptoms that may be influenced by practice.



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Peace is wanted. Comfort is needed. Sedation appears to bring both. Yet to be sedated is to be cut off existentially from human experience, to be made incapable of engaging self-consciously in any human action. To that extent, it seems that to lose consciousness is to lose something of real value.

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Palliative sedation: clinical context and ethical questions