

CLINICAL DECISION MAKING FOR PALLIATIVE SEDATION (PS): FROM INTENTION TO PRESCRIPTION

A SYSTEMATIC REVIEW OF THE LITERATURE ON
THE ATTITUDES TOWARDS PALLIATIVE SEDATION

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BACKGROUND

- Intention seems to be essential in understanding what is sedation in palliative care
- Epidemiological research on attitudes towards sedation in palliative care has been conducted during the last 20 years; was intention relevant for this kind of research?

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

Palliative Medicine

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Therapeutic (or palliative) sedation in the context of palliative medicine 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 in a manner that is ethically acceptable to the patient, family and health-care providers.

Intention to hasten death is not ethically acceptable for PS

- Palliative Care “intends neither to hasten or postpone death” (WHO definition)
- “In terminal sedation the intention is to relieve intolerable suffering...in euthanasia the intention is to kill the patient” (EAPC, 2003)
- “No aims for life shortening should be interwoven with the application of palliative sedation” (Hasselaar et al , 2009)

Can we assess intention?

NO

- "As we were interested in how physicians label a medical decision based on objective facts, we did not explicitly mention the intention of the physician because intentions are known to be multilayered and ambiguous.
- Using the intention of the physician would also have been too influential as to the correct labelling of the cases"

The labelling and reporting of euthanasia by Belgian physicians: a study of hypothetical cases. *Eur J Public Health*. 2012; 22(1):19-26

YES

- "Administration of sedating medication, ostensibly to relieve distress, but with the manifest intent of hastening death, is commonplace..."
- Such practices may be recognized by the use of large and sometimes single doses of sedatives, **no attempt at titration** (so that regardless of the level of distress the patient is rendered comatose), and **infrequent or absent monitoring**"

Palliative Sedation Therapy in the Last Weeks of Life: A Literature Review and Recommendations for Standards. *Journal of Palliative Medicine*, 2007; 10: 67-85

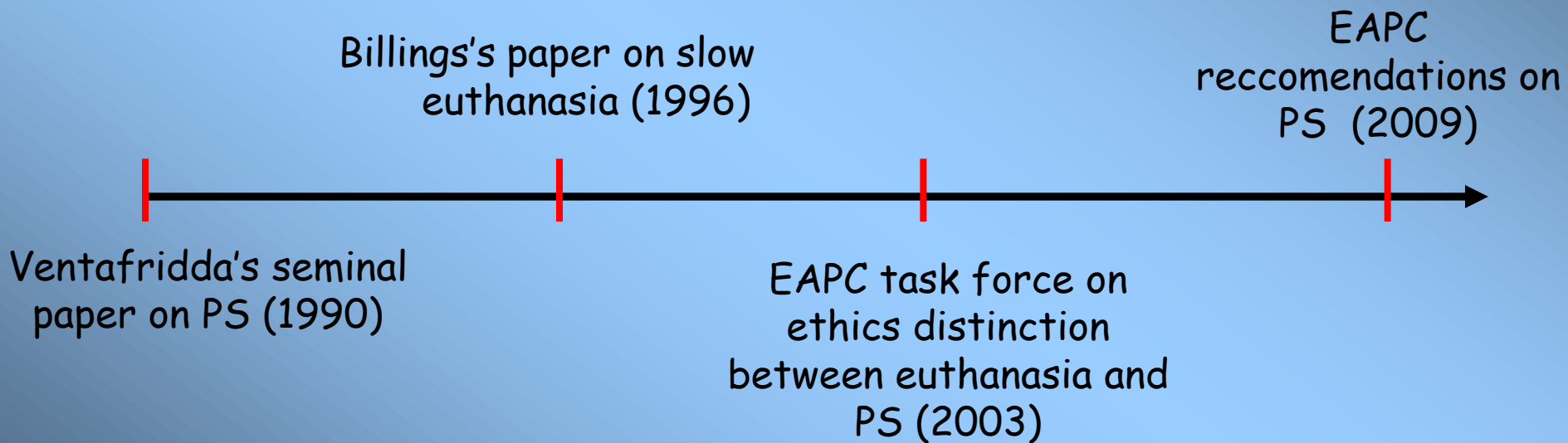
MAYBE (YES | narrow use of the term)

- “The term “intention” is itself ambiguous between **two senses** of the concept of intentionality. The failure to specify which sense of intention is in play can lead one to conclude erroneously that people are confused or uncertain about their intentions”
- ‘Intention’ is commonly used in a wider and a narrower sense. When we say that a person did something intentionally, one thing we mean is that it was something that he or she was **aware of doing or realized would be a consequence** of his or her action. But we also use ‘intention’ in a narrower sense. To ask a person what her intention was in doing a certain thing is to ask her what her aim was in doing it, and **what plan guided her action** — how she saw the action as promoting her objective”

AIM

- To describe the evolution of research on attitudes towards PS in the last 20 years and to screen for the relevance of 'intention not to hasten death' in this literature
- To discuss how/if intention in palliative sedation can be studied at an epidemiological level

Milestones in sedation debate



SYSTEMATIC SEARCH

Database: Pubmed (to be extended)

Time frame: January 1990-November 2011

Papers' Eligibility: Papers reporting primary quantitative data on attitudes towards palliative sedation, in adults, in English language

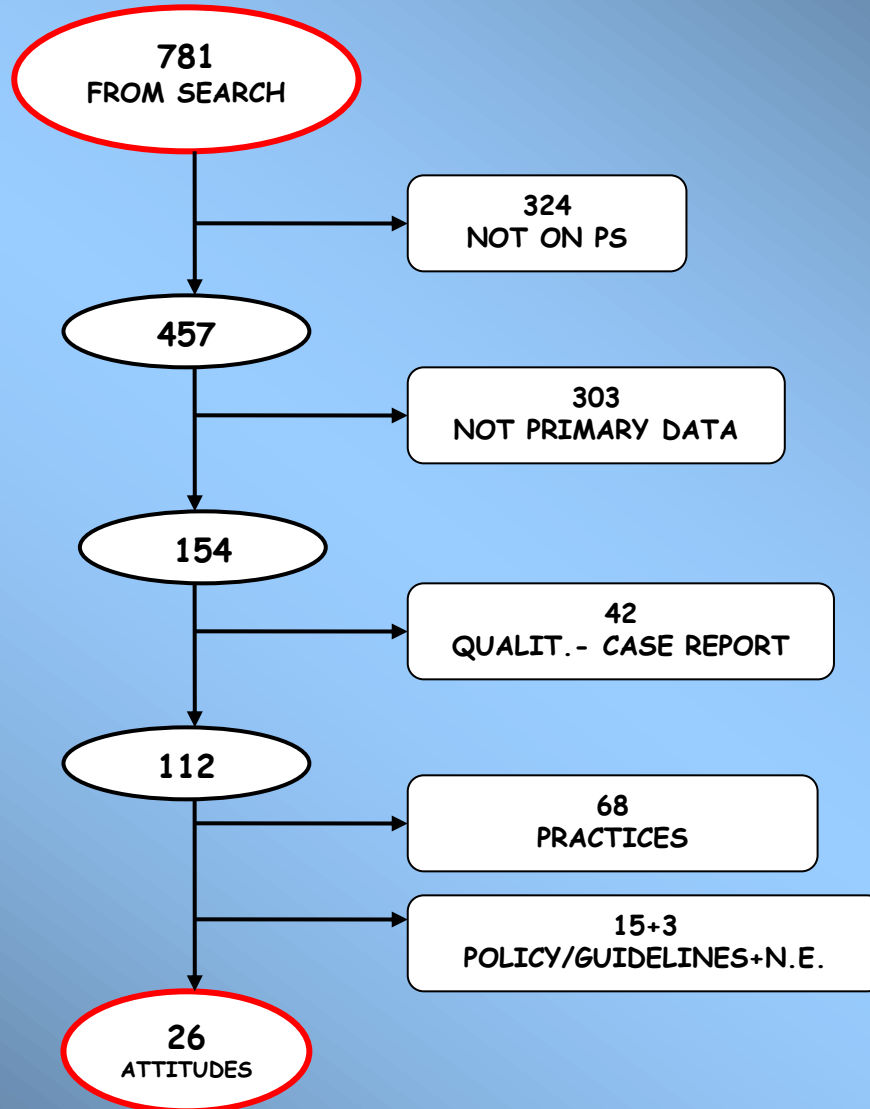
Search terms: a combination of the following expressions both as text and Mesh terms:

"terminal" / "sedation" / "terminal sedation" /

"palliative sedation" / "continuous deep sedation" /

"refractory symptoms" / "palliative care" / "hospice" / "terminal care" /
"terminally ill"

FLOW CHART



FULL TEXT EXAMINATION

26 eligible papers were examined as full text

3 independent reviewers read them and performed data extraction on a pre-specified grid.

Paper features

GEOGRAPHICAL DISTRIBUTION

Europe: 38% (NL 12%, Belgium 8%, Germany 8%)
USA: 23%
Japan: 23%

STUDY DESIGN (all cross-sectional)

81% population-based
58% statements, 58% vignettes

19% artificial nutrition /hydration considered
8% alternative (without sedation) mentioned

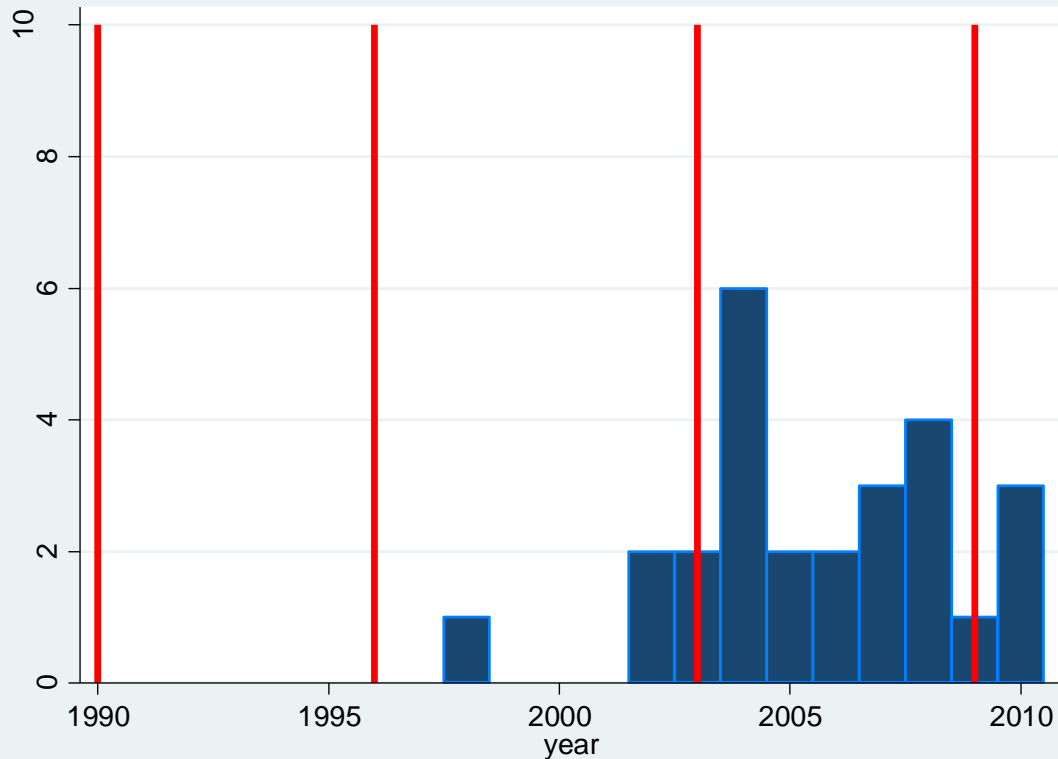
<10% cross-country comparison
association with actual practice not studied (at individual level)

Target Population

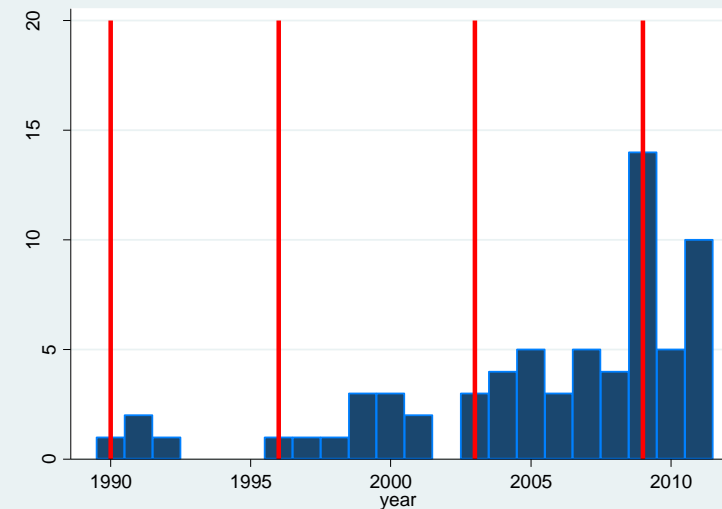
	% on all paper (tot > 100%)	response rate (mean)
Specialists	69%	.61
GPs	31%	.55
Nurses	15%	.71
Public	23%	.69

Time Trend

Papers on Attitudes



Papers on Practices

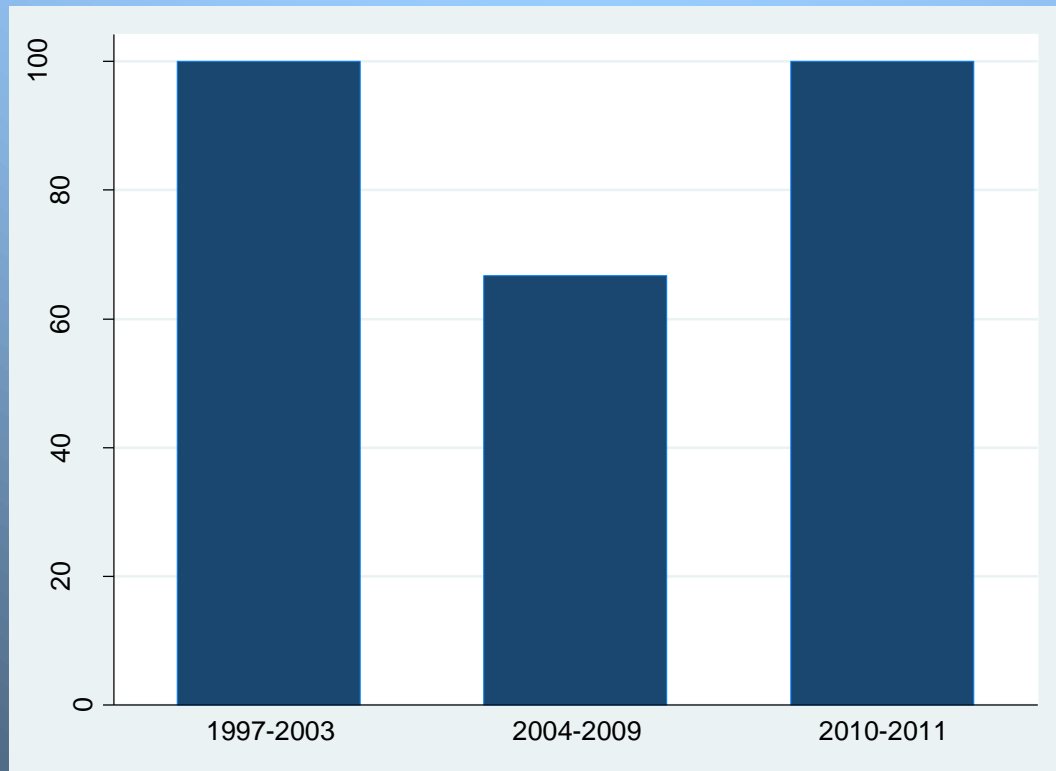


Main aim of the study

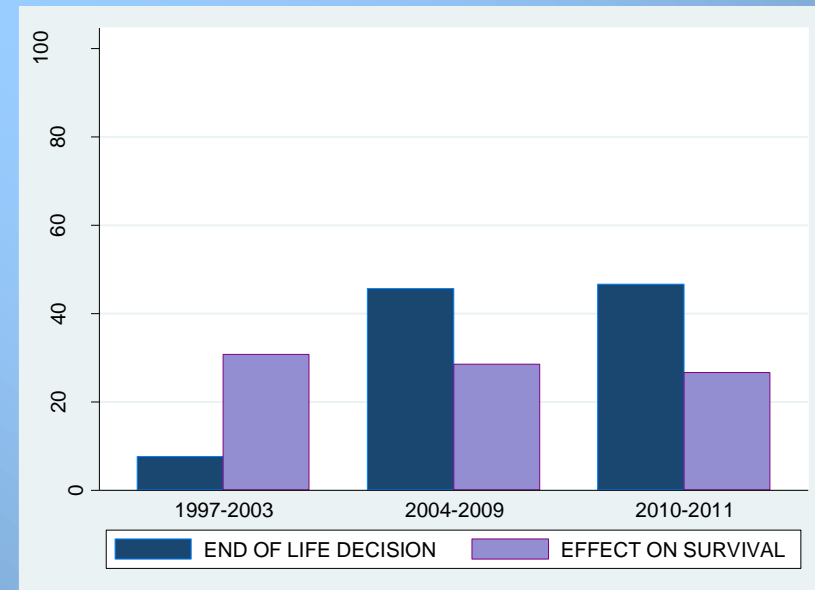
attitudes towards sedation	58%
attitudes towards EOL decision	35%
other (e.g. moral objection)	7%

End of Life Decision 'Frame'

Papers on Attitudes

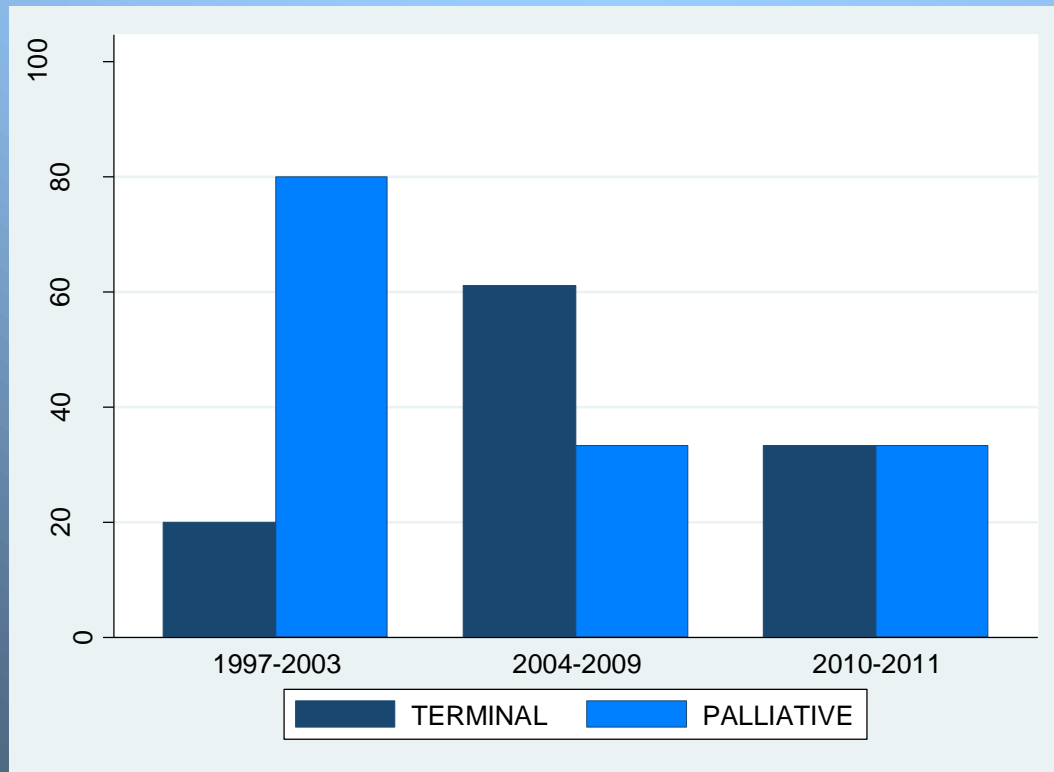


Papers on Practices

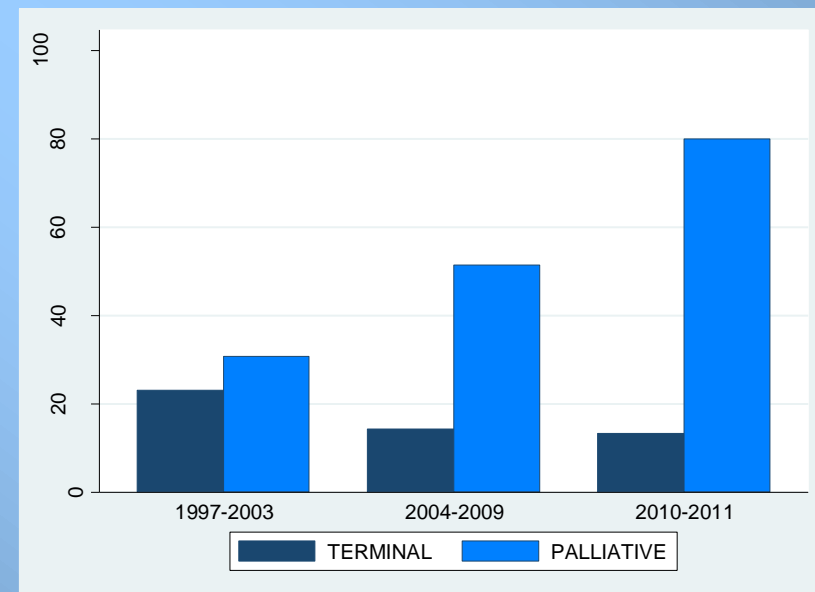


Terminology (1)

Papers on Attitudes

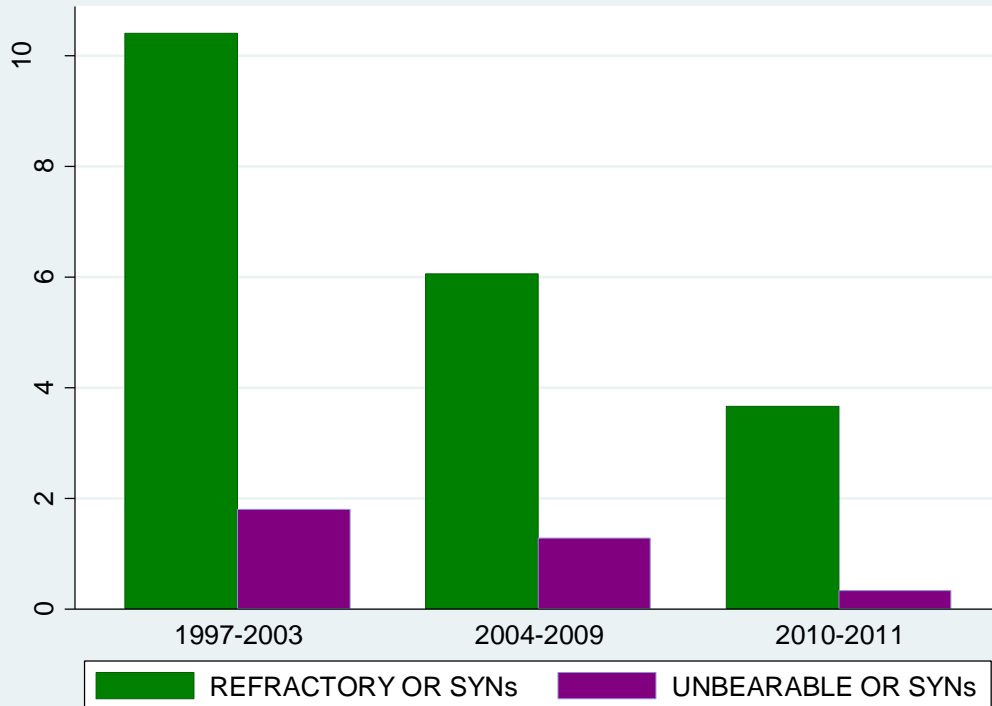


Papers on Practices

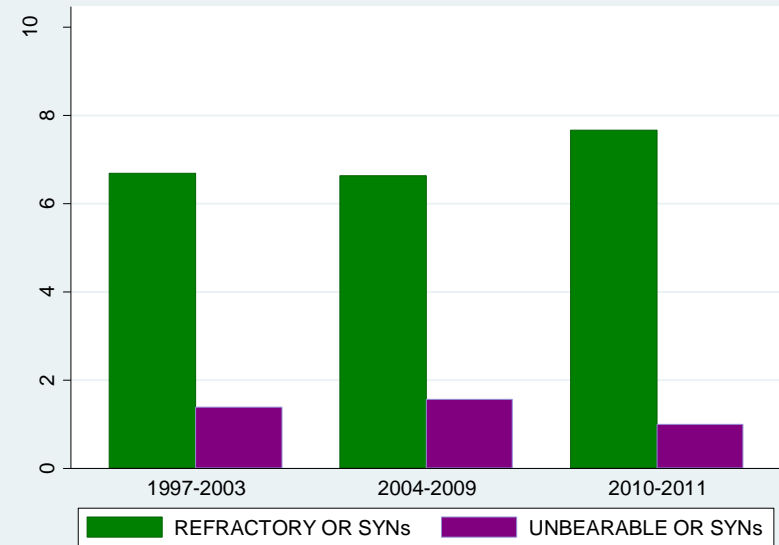


Terminology (2)

Papers on Attitudes

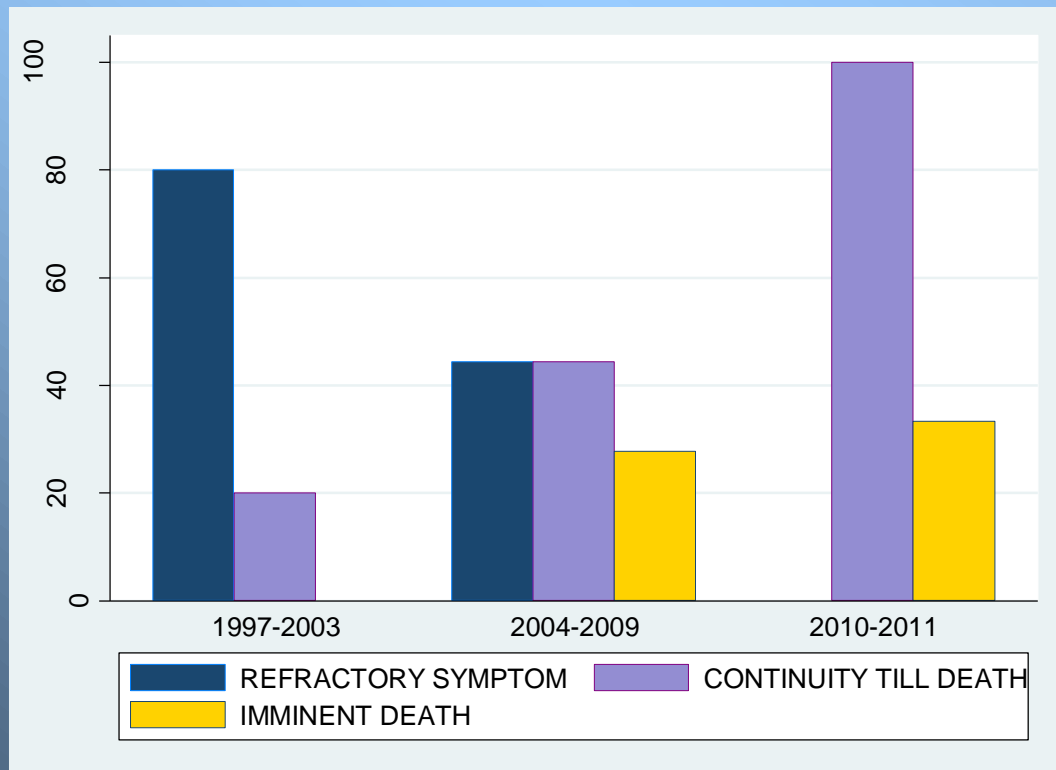


Papers on Practices

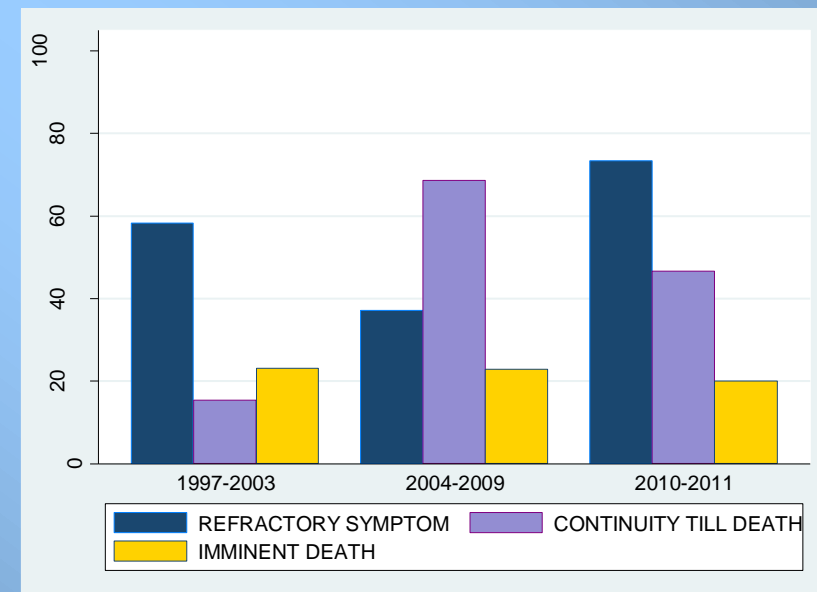


Domains included in the operational definition of PS

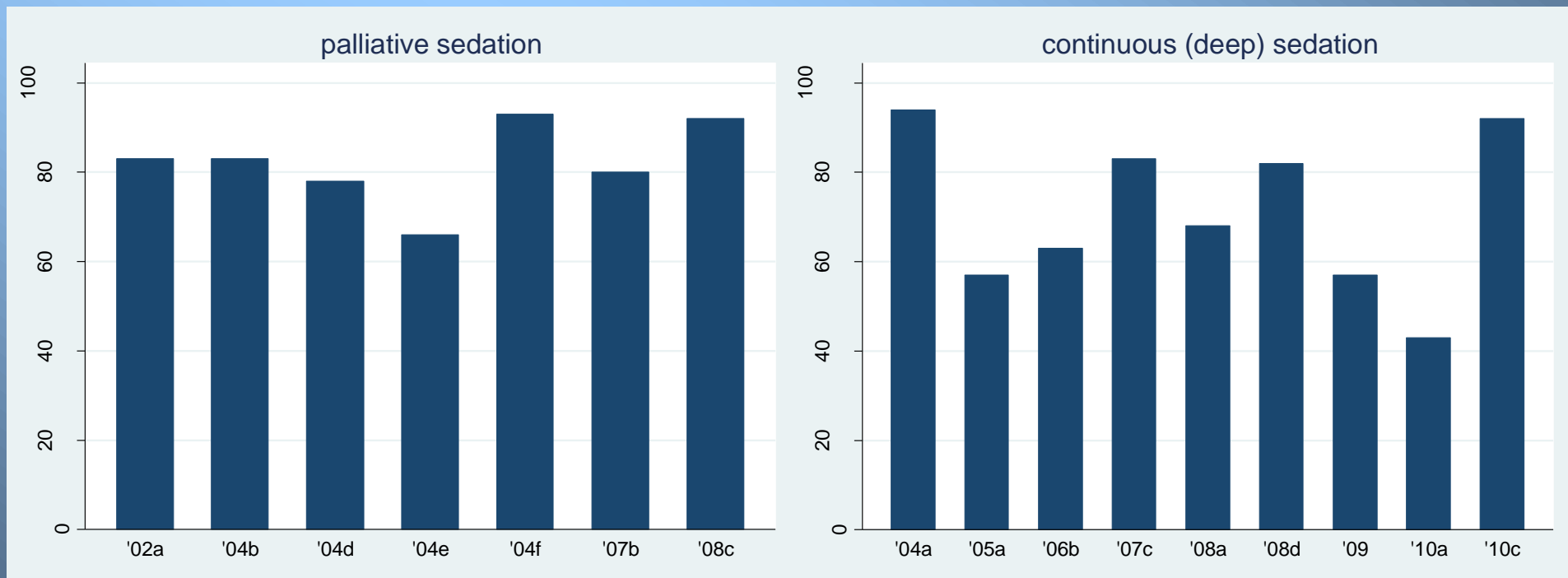
Papers on Attitudes



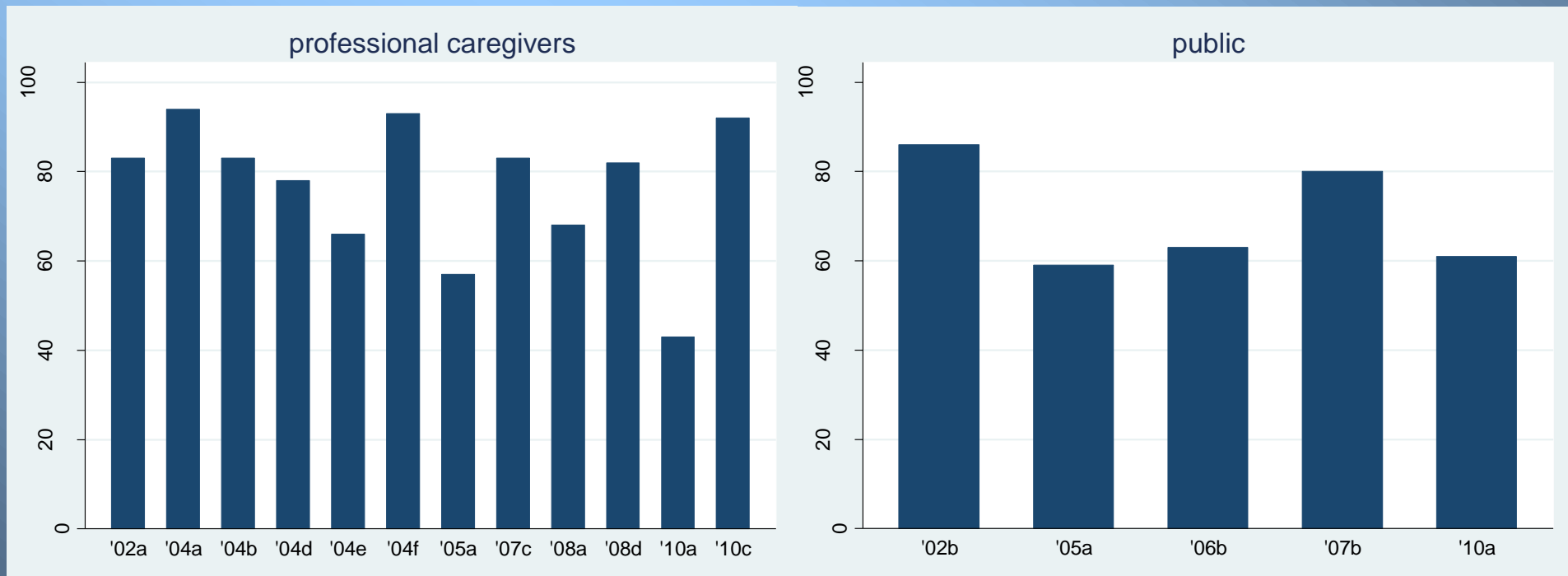
Papers on Practices



Positive attitude towards palliative sedation, by type of sedation

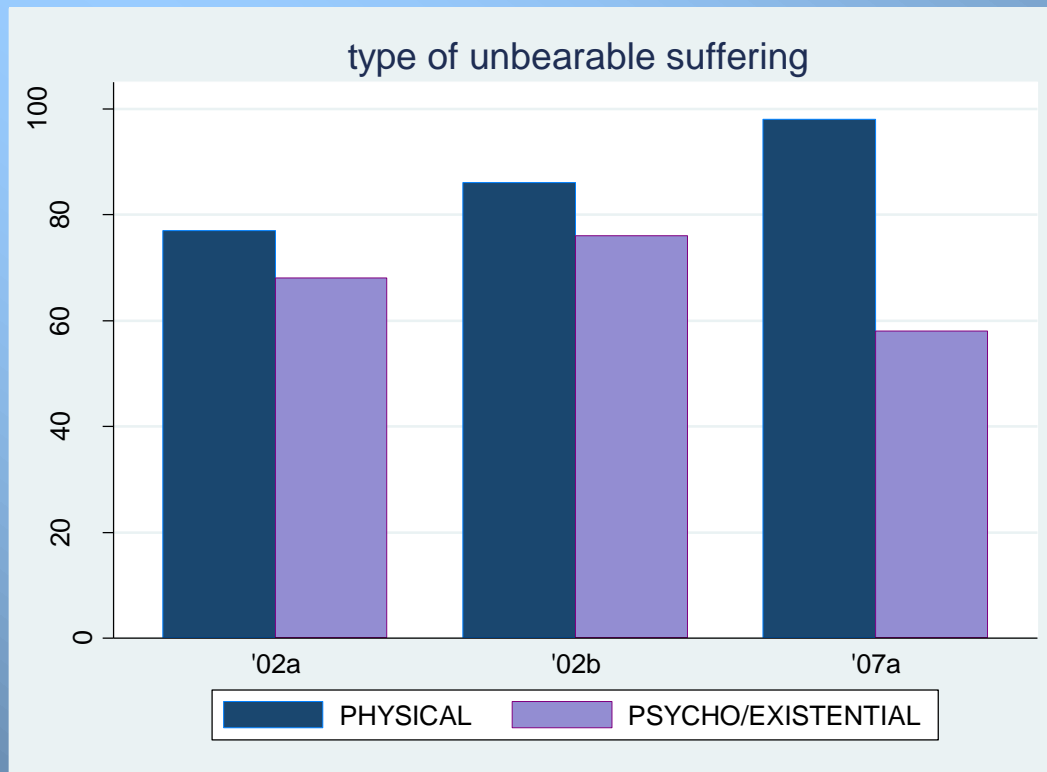


Positive attitude towards palliative sedation, by target population

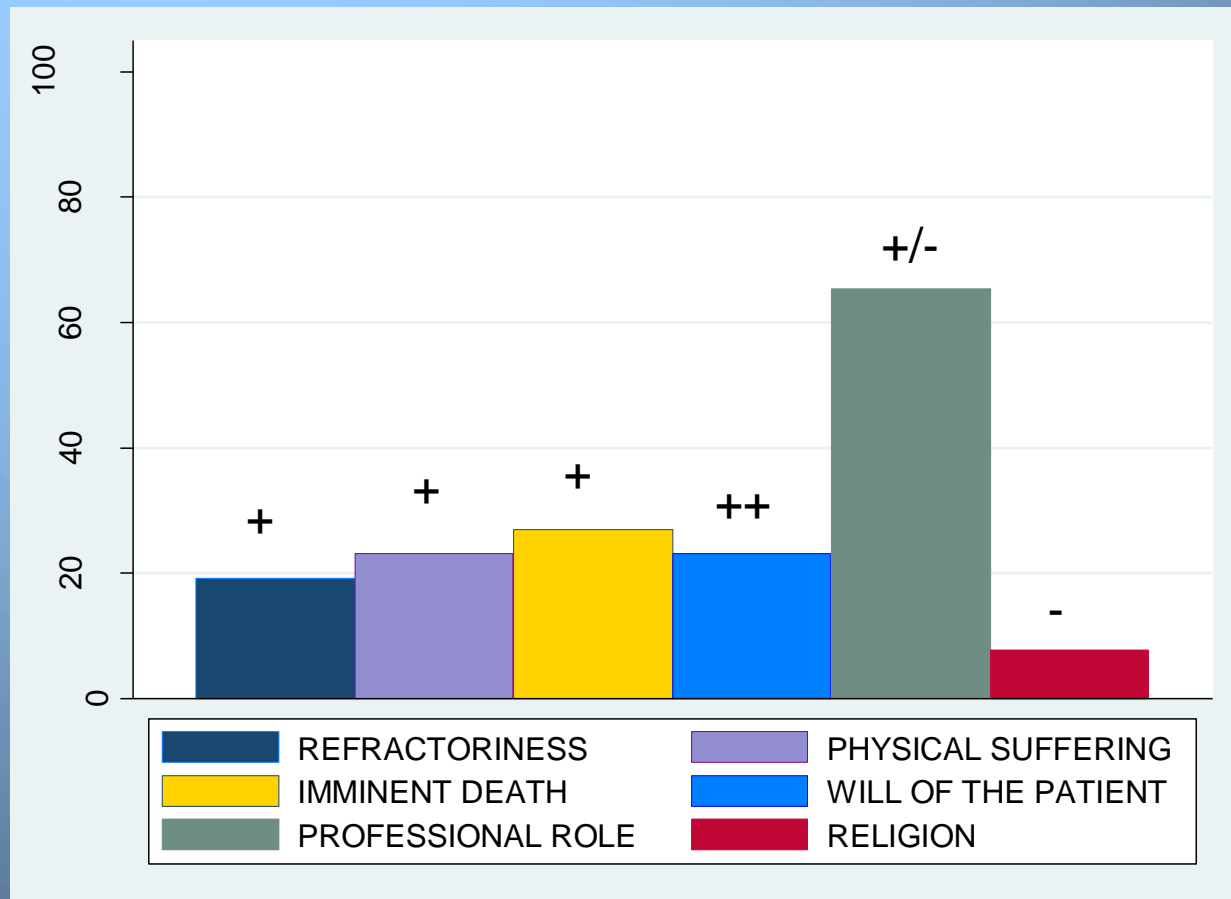


2005: public **59%** versus professional **57%**
2010: public **61%** versus professional **43%**

Positive attitude towards palliative sedation, by type of suffering

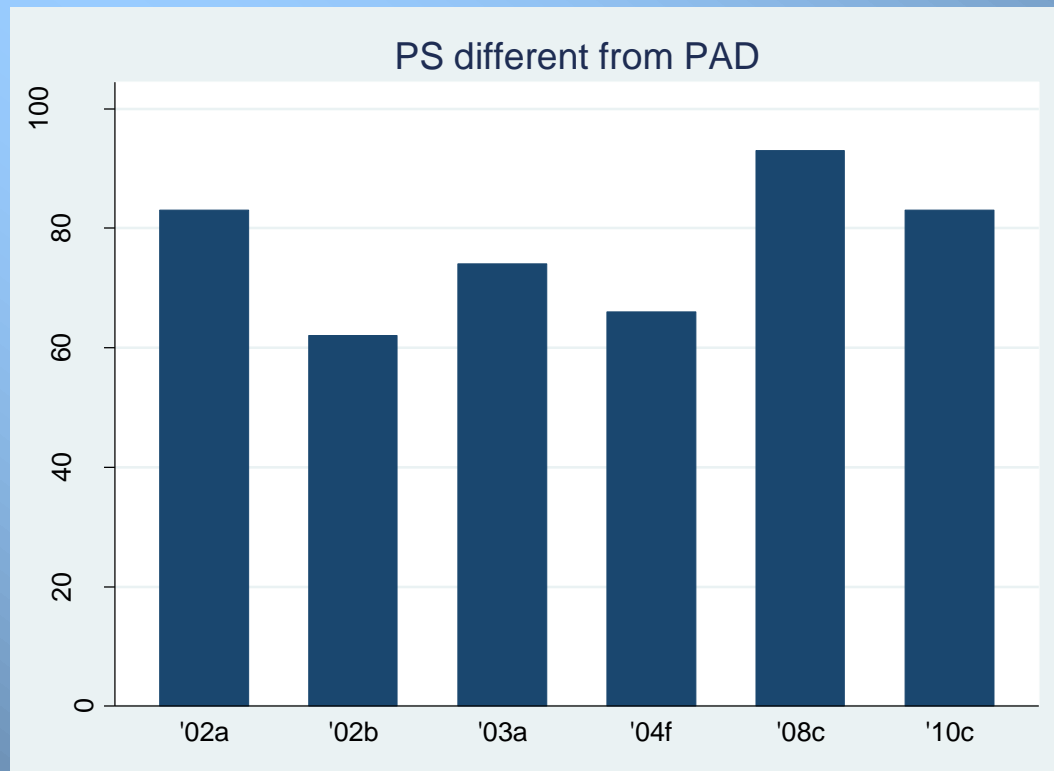


Determinants of positive attitude towards PS



++ means RR > 2

Palliative sedation is different from physician assisted death



CONCLUSIONS (1)

- The focus on continuous deep sedation and on differences between sedation and physician assisted death **confirms the importance of 'intention not to hasten death'** to understand sedation in palliative care.
- Nonetheless 'intention not to hasten death' is **generally not explicitly considered** in studying attitudes towards PS (1/26 papers)

CONCLUSIONS (2)

- To assess 'intention not to hasten death' in research on PS a combination of behavior and declared intention should be used (like in the Courts)
- Referring to the 'narrow' sense of the term (what plan guided the action) could help to disambiguate the use of intention in empirical research

CONCLUSIONS (3)

- When a **definite context of meaning** is clearly given, as it is for specific clinical situation which occur in palliative care, the accurate observation of the main components of action (like titration and monitoring for palliative sedation) should be enough to interpret meaningfully the action itself, even **without asking** for the intention

Thank you

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