

Original Article

Continuous Palliative Sedation for Cancer and Noncancer Patients

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Abstract

Context. Palliative care is often focused on cancer patients. Palliative sedation at the end of life is an intervention to address severe suffering in the last stage of life.

Objectives. To study the practice of continuous palliative sedation for both cancer and noncancer patients.

Methods. In 2008, a structured questionnaire was sent to 1580 physicians regarding their last patient receiving continuous sedation until death.

Results. A total of 606 physicians (38%) filled out the questionnaire, of whom 370 (61%) reported on their last case of continuous sedation (cancer patients: $n = 282$ [76%] and noncancer patients: $n = 88$ [24%]). More often, noncancer patients were older, female, and not fully competent. Dyspnea (odds ratio [OR] = 2.13; 95% confidence interval [CI]: 1.22, 3.72) and psychological exhaustion (OR = 2.64; 95% CI: 1.26, 5.55) were more often a decisive indication for continuous sedation for these patients. A palliative care team was consulted less often for noncancer patients (OR = 0.45; 95% CI: 0.21, 0.96). Also, preceding sedation, euthanasia was discussed less often with noncancer patients (OR = 0.42; 95% CI: 0.24, 0.73), whereas their relatives more often initiated discussion about euthanasia than relatives of cancer patients (OR = 3.75; 95% CI: 1.26, 11.20).

Conclusion. The practice of continuous palliative sedation in patients dying of cancer differs from patients dying of other diseases. These differences seem to be related to the less predictable course of noncancer diseases, which may reduce physicians' awareness of the imminence of death. Increased attention to noncancer diseases in palliative care practice and research is, therefore, crucial as is more attention to the potential benefits of palliative care consultation.

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Key Words

Cancer, noncancer, palliative sedation, continuous sedation until death, decision making, disease trajectories

Introduction

Palliative care originated in care for cancer patients but is generally recognized to be equally important for patients with other incurable diseases.^{1–4} This also is reflected in the World Health Organization's definition of palliative care, which refers to all patients and their families facing problems associated with life-threatening illness.¹ However, noncancer patients have less access to palliative care services,^{2–4} and they seem less likely to receive effective symptom control at the end of life.²

To alleviate intolerable refractory symptoms, palliative sedation is considered to be an indispensable treatment, the application of which requires due caution and good clinical practice.^{5,6} In the Dutch national guideline, launched in 2005, palliative sedation is defined as “the intentional lowering of consciousness of a patient in the last phase of life.”^{6,7} It refers to all subtypes of sedation—intermittent and continuous sedation as well as deep and superficial sedation. Continuous sedation until death is the most far-reaching subtype of palliative sedation, and its benefits and drawbacks are frequently debated.^{8,9} The estimated frequency of the use of palliative sedation varies considerably in the scientific literature, partly because of differences in definition and research settings. Comparable nationwide studies show frequencies of continuous deep sedation in Europe of 2.5% up to 16% of all deaths.^{10–12} In The Netherlands, this frequency was estimated at 8.2% of all deaths.¹³

Guidelines distinguish palliative sedation from euthanasia by stating that these are two distinct practices that should be used in different clinical contexts; palliative sedation is meant to reduce the conscious experience of symptoms that cannot otherwise be palliated, whereas euthanasia is aimed at the termination of life at

the explicit request of a competent patient.⁷ The guidelines state that continuous sedation does not shorten life when its use is restricted to the patient's last one to two weeks of life. However, in practice, physicians sometimes use sedation with the intention of hastening death.^{10,14–16}

Our knowledge about the practice of palliative sedation is predominantly based on research with cancer patients.¹⁷ However, in a nationwide Dutch study, continuous deep sedation was used in 53% of noncancer patients, and in a study in six European countries, the probability of receiving continuous deep sedation was only 15% greater for cancer patients than for noncancer patients.^{11,13} As little information is available about palliative sedation for nonmalignant disease and the importance of palliative care for nonmalignant disease is increasingly acknowledged,^{2,4} we wanted to investigate the practice of continuous sedation for noncancer patients to assess possible differences compared with cancer patients.

Methods

Study Design and Data Collection

A study using a structured anonymous questionnaire was performed among physicians from February to September 2008. A paper version of the questionnaire was sent to a random sample of 1580 physicians: 1128 in the northwestern and southwestern regions of The Netherlands (general practice, $n = 466$; nursing home, $n = 195$; and hospital, $n = 467$) and 452 general practitioners in the northeastern region. The sample of clinical specialists (internal medicine, cardiology, pulmonology, neurology, and geriatrics) was stratified into clinicians working in university hospitals and those working in nonuniversity hospitals. Nonresponding physicians received a paper reminder after two months and an e-mail

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