

Review Article

From Sedation to Continuous Sedation Until Death: How Has the Conceptual Basis of Sedation in End-of-Life Care Changed Over Time?

Evangelia S. Papavasiliou, MRes, Sarah G. Brearley, PhD, Jane E. Seymour, PhD, Jayne Brown, PhD, and Sheila A. Payne, PhD, on behalf of EURO IMPACT International Observatory on End of Life Care (E.S.P., S.G.B., S.A.P.), Lancaster University, Lancaster; Sue Ryder Centre for the Study of Supportive, Palliative and End of Life Care (J.E.S.), University of Nottingham, Nottingham; and Centre for the Promotion of Excellence in Palliative Care (J.B.), De Montfort University, Leicester, United Kingdom

Abstract

Context. Numerous attempts have been made to describe and define sedation in end-of-life care over time. However, confusion and inconsistency in the use of terms and definitions persevere in the literature, making interpretation, comparison, and extrapolation of many studies and case analyses problematic.

Objectives. This evidence review aims to address and account for the conceptual debate over the terminology and definitions ascribed to sedation at the end of life over time.

Methods. Six electronic databases (MEDLINE, PubMed, Embase, AMED, CINAHL, and PsycINFO) and two high-impact journals (*New England Journal of Medicine* and the *British Medical Journal*) were searched for indexed materials published between 1945 and 2011. This search resulted in bibliographic data of 328 published outputs. Terms and definitions were manually scanned, coded, and linguistically analyzed by means of term description criteria and discourse analysis.

Results. The review shows that terminology has evolved from simple to complex terms with definitions varying in length, comprising different aspects of sedation such as indications for use, pharmacology, patient symptomatology, target population, time of initiation, and ethical considerations, in combinations of a minimum of two or more of these aspects.

Conclusion. There is a pressing need to resolve the conceptual confusion that currently exists in the literature to bring clarity to the dialogue and build a base of commonality on which to design research and enhance the practice of sedation in end-of-life care. *J Pain Symptom Manage* 2013;46:691–706. © 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Address correspondence to: Evangelia S. Papavasiliou, MRes, International Observatory on End-of-Life Care, Furness (C85), Lancaster University, Lancaster

LA1 4YT, United Kingdom. E-mail: e.papavasiliou@lancaster.ac.uk

Accepted for publication: December 7, 2012.

Key Words

Sedation, end of life, terminology, definitions, conceptual debate, palliative care, evidence review

Introduction

Sedation in palliative care is a complex medical and ethical topic. Despite a number of prospective studies¹⁻⁶ and published guidelines,⁷⁻¹¹ evidence on which to base practice and research on sedation has remained limited, and controversial issues persist about almost every aspect of the practice.¹² Perhaps the most challenging aspect concerns matters of terminology and meanings assigned to sedation.¹³ This evidence review seeks to explore changes in terms and definitions ascribed to the practice over time, the main focus being on sedation in end-of-life care, which, for the purpose of this article, should be understood as “comprehensive care for dying patients in the last few hours or days of life.”¹⁴

There have been numerous attempts to define sedation without consensus among experts. The challenges in achieving such consensus may account for the lack of conceptual clarity.¹⁵ The fact that palliative care experts have struggled with finding an agreed term for the practice should be taken as a sign that this is an area of research filled with complexity.¹⁶

Various terms have been suggested and been used to describe sedation.^{3,17-22} Which of these terms best describes the practice is still under question.²³ Terms may have different meanings, but are often used as synonyms,²⁴ some of which can have varying connotations and implications for normal practice.²⁵ As a consequence, there is uncertainty regarding the interpretation of even simple data, such as the prevalence of sedation,²⁶ creating confusion in both clinical and research fields.²⁷⁻²⁹

Lack of a clear definition and conceptualization of sedation is a major contributor to this uncertainty. Such heterogeneity in proposed definitions, based on the lack of a universally accepted term, indicated the need to integrate the many existing definitions of the practice with a more detailed description.^{7,19,20,30-32} Still, confusion and inconsistency in the literature related to the conceptual basis of sedation

persevere, making interpretation, comparison, and extrapolation of many studies and case analyses problematic.³³

The present review aims to address this conceptual debate over the terminology and definitions of sedation, providing an overview and analysis of names and meanings ascribed to the practice over time and making suggestions for clarifying some of the associated problems. This is the first historical review to take account of the longest temporal distribution of published outputs in the existing literature, comprising articles published between 1945 and 2011.

Data Sources

A review of articles published between June 1945 (the end of World War II in Europe, which marked advances in modern medical techniques and the emergence of bioethics) and October 2011 addressing the changes in names and definitions ascribed to sedation was conducted. The main focus was placed on sedation prescribed continuously to induce a total loss of consciousness until death occurs (i.e., continuous sedation until death) because this form of sedation has generated much discussion about conditions and modalities of its use as well as associations between sedation and euthanasia, giving rise to huge controversy at both a clinical and bioethical level.

Published outputs were identified from six electronic databases, namely MEDLINE, PubMed, Embase, PsychINFO, AMED, and CINAHL. The *British Medical Journal* and the *New England Journal of Medicine* were manually searched. Reference lists from past reviews also were hand searched and key articles were added to data sources. Search words included combinations of terms developed using the thesaurus of Medical Subject Headings and key words that occurred at least twice during the manual scanning of existing reviews.

Criteria relating to the objectives of the article, such as participant criteria, outcome

Download English Version:

<https://daneshyari.com/en/article/5879518>

Download Persian Version:

<https://daneshyari.com/article/5879518>

[Daneshyari.com](https://daneshyari.com)