Palliative Sedation at the End of Life

Introduction:

Our current armamentarium of medications and treatments are usually sufficient in palliation of clinical suffering at the end of life. However, on rare occasions, a patient's symptoms are so severe, that medical and hospice treatments are unable to provide relief. At times like this, sedation of a patient to a level where they are no longer conscious of their suffering becomes the only option. The patients who would be candidates for such sedation must be imminently dying, such that the institution of sedation, which would preclude eating and drinking, would not significantly impact the dying process. Once the patient is unaware of their suffering, sedation is held at this level and death is allowed to proceed naturally. The patient would be supported with maximum care and dignity during this process.

Definition:

Palliative Sedation for the purposes of this policy is the monitored use of medication for imminently dying patients to induce an appropriate level of sedation when suffering cannot be relieve by other standard palliative measures.

Goal:

The goal of Palliative Sedation is to induce varying degrees of unconsciousness and unawareness of unbearable suffering. The level of palliative sedation should be proportionate to the patient's level of distress; sedation is titrated to comfort. The intention of Palliative Sedation is the relief of suffering and not the hastening of death.

Criteria:

Patients considered for Palliative Sedation should be imminently dying and have an estimated anticipated life expectancy of less than 14 days. They must have a written DNR order and a documented Comfort Measures Only order. If the patient has an implanted defibrillator it must be deactivated. Patients who require sedation to administer therapy (such as a patient on a ventilator in an ICU) or to perform a procedure (such as colonoscopy) are not affected by this policy which pertains only to patients whose treatment is limited to comfort measures only.
The patient's suffering should have an organic basis that can be objectively confirmed. The Palliative Care Team or when appropriate the Pain Service may be consulted to determine that all known usual hospice and palliative treatment measures, including both narcotics and interventional options have been exhausted and confirm there are no other measures that will alleviate suffering without inducing unconsciousness. The ultimate decision concerning the use of Palliative Sedation will be made by the patient's attending physician.

Procedure:

The induction and monitoring of palliative sedation will be done according to Lahey Clinic protocol (see separate guidelines.) Anesthesia should be consulted as needed. Pain medicine should be continued because sedated patients may be unable to communicate their pain.
The order for Palliative Sedation must be approved by the attending staff physician during the relevant hospitalization before being written. The order may be written by his/her designee; however the attending physician must sign the order within 24 hours. A verbal order for palliative sedation will not be accepted. Documentation in the medical record must include the clinical

symptoms that mandate the use of Palliative Sedation and that these symptoms have been refractory to other measures. The nursing staff will monitor and document the patient's response to palliative sedation using the Ramsay level of Sedation Scale (see separate guidelines.)
If the attending physician, during the relevant hospitalization, is not ordinarily the patient's primary physician it is expected that a conversation about Palliative Sedation take place between them.
In each case every effort should be made to educate involved healthcare providers of the nature and reasons for Palliative Sedation. Healthcare personnel are not obligated, except in an emergency, to provide Palliative Sedation or to care for the patient receiving palliative sedation if so doing violates their professional, religious or personal integrity. When there is concern or disagreement regarding the use of Palliative Sedation an ethics consultation is recommended.

Contact:	Section of Medical Ethics
References:	
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