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Administration of Continuous Palliative Sedation in Adults at the End of Life

English summary

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

Québec

SUMMARY

Administration of Continuous Palliative Sedation in Adults at the End of Life

Introduction

In order to better regulate the administration of palliative sedation in people at the end of life in Quebec, the *Collège des médecins du Québec* (CMQ) and the *Société québécoise des médecins de soins palliatifs* (SQMDSP) published a practice guideline on end-of-life palliative sedation in 2014; it was updated in 2016 [SQMDSP-CMQ, 2016]. This practice guideline does not include a specific protocol for palliative sedation; instead, it presents a summary of the principal medications to be considered. As a result, a certain amount of heterogeneity has been reported in the protocols used across Quebec. The CMQ, supported by the SQMDSP and the *Ministère de la Santé et des Services sociaux* (MSSS), entrusted the *Institut national d'excellence en santé et en services sociaux* (INESSS) with the mandate to develop a national medical protocol on the administration of continuous palliative sedation in adults at the end of life. Following discussions with the advisory committee, the CMQ and the SQMDSP, it was determined that the protocol would deal only with continuous end-of-life palliative sedation and not with other approaches, such as intermittent palliative sedation.

Methodology

A systematic review of clinical practice guidelines, expert consensus, consensus conferences, guidelines and any other documents providing clinical recommendations was carried out in accordance with INESSS standards and procedures. The literature search was limited to documents published in French and English since January 2015. The documents selected targeted anyone likely to receive palliative sedation. The parameters specified were as follows: health status assessment criteria; symptoms sought; physical examinations; medication initiation and adjustment methods (dosage and adjustment intervals); contraindications; adverse effects; precautions that need to be known in order to initiate and adjust pharmacological treatment; and required pharmacological treatment follow-up. A manual literature search was also performed to identify other relevant documents. The information was analyzed with a view to contextualizing the practice in Quebec, based in particular on elements of the legislative, regulatory and organizational context specific to Quebec, then on the perspective of the various stakeholders consulted.

Results

The search identified 1,221 publications from which 16 documents were selected, including 15 clinical practice guidelines. Of these 16 documents, 10 are Canadian and they have all been deemed suitable for use according to the AGREE GRS (Appraisal of Guidelines for Research and Evaluation Global Rating Scale) or the AACODS checklist (Authority, Accuracy, Coverage, Objectivity, Date, Significance).

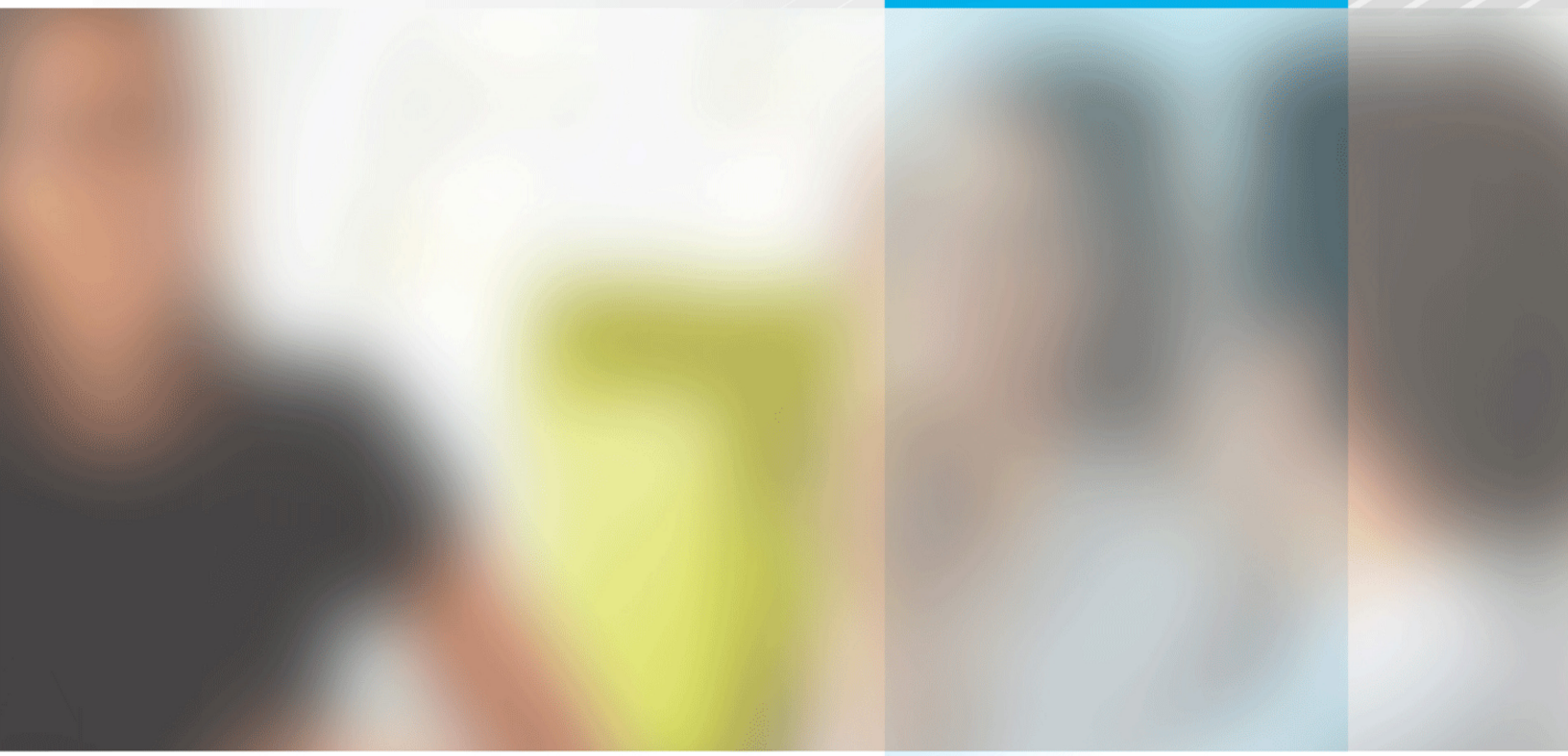
A number of findings emerged from the search results as a whole. Overall, the challenge posed by palliative sedation lies in distinguishing between continuous palliative sedation and other types of sedation, as well as in clarifying good therapeutic practices that achieve adequate sedation as soon as possible and practices that relate to the information and resources needed to support caregivers. As a first step, continuous palliative sedation can be started in the presence of physical or psychological symptoms that are intolerable and refractory to other therapeutic options in a person suffering from a disease, who is at the end of life and whose vital prognosis is limited. Moreover, continuous palliative sedation aims to achieve a level of deep sedation so as to relieve the refractory symptoms observed and avoid periods of wakefulness.

In terms of the choice of pharmacological treatment, all of the work carried out revealed the need to better guide professionals on choosing treatments and associated dosages. As a result, general recommendations based on the clinical situation (e.g., the refractory symptoms requiring relief, the regular intake of certain drugs and the availability of certain molecules or equipment, depending on the setting where the continuous palliative sedation will be administered) were elaborated and integrated into an algorithm to support the clinician's decision. In addition, the dosage chart included in the national medical protocol contains information on the initial dosage, the titration levels to be used for each molecule and the maximum doses in order to provide clinicians with clear indications on how to initiate treatment and adjust doses and on when the addition of another molecule should be considered.

Moreover, the testimonies of the informal caregivers and patient partners consulted during this project revealed the negative impact that a lack of information, communication and support can have on informal caregivers – both during this period and after the death of their loved one. Thanks to these testimonies, it was possible not only to identify issues related to resource availability but also to recognize the importance of adequately preparing caregivers and making regular home visits to provide certain types of care and offer needed moral support. In this context, the information that needs to be communicated is essential to reduce the informal caregivers' emotional burden.

Conclusion

The production of this national medical protocol on the administration of continuous palliative sedation in adults at the end of life is based on clinical practice recommendations that have been enhanced by contextual aspects and the perspectives of various experts, clinicians, caregivers and patient partners. Triangulation of data from these various sources made it possible to develop the protocol in accordance with best available clinical practices. The national medical protocol developed as part of this work will replace the clinical and therapeutic aspects of continuous palliative sedation contained in the Quebec practice guideline currently in force. The relevance of updating the recommendations will be assessed in four years from the date of publication of the national medical protocol, i.e., in 2026, and will be based on the progress of scientific data and the evolution of practices and clinical needs.



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