

Guidance Document

Palliative Sedation Therapy

A guidance document for Palliative Medicine Specialists in Australia and New Zealand.

Definition

Palliative Sedation Therapy (PST) is the monitored use of medications to lower a patient's awareness in order to provide relief of symptoms that are refractory to usual measures, are distressing and result in considerable suffering if unrelieved (Cherny et al 2009, Morita et al 2005).

Key guidance

1. ANZSPM considers PST to be an important and necessary approach in selected patients with life limiting illness with refractory symptoms, and this is aligned with the European Association for Palliative Care (EAPC) framework and recommendations (Cherny et al 2009).
2. ANZSPM considers PST to be an essential high level skill, which is ethically acceptable when used for selected patients with refractory symptoms in accordance with international guidelines (Cherny et al 2009).

PST should be considered to be an extra-ordinary measure, utilised by skilled and experienced Palliative Care Clinicians in a Multi-Disciplinary setting. PST should only be utilised after a comprehensive assessment of the patient's symptoms, psychosocial needs, and spiritual needs (Braun et al 2003). Symptoms should not be deemed refractory if the cause of unrelieved symptoms is inadequate access to and provision of palliative care or failure to provide best practice therapies (Radbruch et al 2013).

3. PST needs to be distinguished from other types of sedation used in palliative care.

Ordinary sedation is defined as sedation used to relieve anxiety, restlessness and insomnia (Quill 2009)

Proportionate palliative sedation is defined as the use of medication actively titrated to relieve symptoms but not produce unconsciousness (Quill 2009)

4. PST is distinct from euthanasia by virtue of the intent and the action. Refer the published [ANZSPM Position Statement on The Practice of Euthanasia & Physician Assisted Suicide](#) (ANZSPM 2017).
5. ANZSPM supports the use of the [EAPC recommended framework for use of sedation in palliative care](#) (Cherny et al 2009).

The EAPC framework intends to ensure clinicians assess patients with refractory symptoms and apply PST in the multi-disciplinary palliative care setting within good clinical and ethical practice. The EAPC framework focuses on key areas of assessment, documentation, consent and communication. The framework provides more detailed recommendations in the following areas (Cherny et al 2009):

- i. Approach to pre-emptive discussion of the potential role of sedation in end-of-life care and contingency planning
- ii. Indications in which sedation may or should be considered
- iii. The necessary evaluation and consultation procedures
- iv. Specify consent requirements
- v. Approach to discuss the decision-making process with the patient's family
- vi. Sedation method, dose titration, patient monitoring and care
- vii. Guidance for decisions regarding hydration and nutrition and concomitant medications
- viii. Information needs and care for patient's family
- ix. Multidisciplinary discussion and decision-making around PST and approach to disagreement.

References

Australian and New Zealand Society of Palliative Medicine (2017). Position Statement: The Practice of Euthanasia and Physician Assisted Suicide.

Available publicly at:

<http://www.anzspm.org.au/c/anzspm?a=sendfile&ft=p&fid=1491523669&sid=>

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Cherny N, Radbruch L. (2009). European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care. *Palliative Medicine*. 23 (7) 581-593. Available freely at:

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Morita T, Bito S, Kurihara Y, et al (2005). Development of a clinical guideline for palliative sedation therapy using the Delphi method. *Journal of Palliative Medicine* 8: 716-729.

Southern Adelaide Palliative Services Daw Park RGH Clinical Guideline for Palliative Sedation 2014 (Southern Adelaide Local Health Network).

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