CLINICAL DECISION MAKING FOR PALLIATIVE SEDATION (PS): FROM INTENTION TO PRESCRIPTION

A SYSTEMATIC REVIEW OF THE LITERATURE ON THE ATTITUDES TOWARDS PALLIATIVE SEDATION

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BACKGROUND

• Intention seems to be essential in understanding what is sedation in palliative care

• Epidemiological research on attitudes towards sedation in palliative care has been conducted during the last 20 years; was intention relevant for this kind of research?
European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care

Therapeutic (or palliative) sedation in the context of palliative medicine is the monitored use of medications intended to induce a state of decreased or absent awareness (unconsciousness) in order to relieve the burden of otherwise intractable suffering in a manner that is ethically acceptable to the patient, family and health-care providers.
Intention to hasten death is not ethically acceptable for PS

- Palliative Care “intends neither to hasten or postpone death” (WHO definition)

- “In terminal sedation the intention is to relieve intolerable suffering...in euthanasia the intention is to kill the patient” (EAPC, 2003)

- “No aims for life shortening should be interwoven with the application of palliative sedation” (Hasselaar et al, 2009)
Can we assess intention?

NO

• “As we were interested in how physicians label a medical decision based on objective facts, we did not explicitly mention the intention of the physician because intentions are known to be multilayered and ambiguous.

• Using the intention of the physician would also have been too influential as to the correct labelling of the cases”

YES

• “Administration of sedating medication, ostensibly to relieve distress, but with the manifest intent of hastening death, is commonplace…”

• Such practices may be recognized by the use of large and sometimes single doses of sedatives, no attempt at titration (so that regardless of the level of distress the patient is rendered comatose), and infrequent or absent monitoring”

“The term “intention” is itself ambiguous between two senses of the concept of intentionality. The failure to specify which sense of intention is in play can lead one to conclude erroneously that people are confused or uncertain about their intentions.”

'Intention' is commonly used in a wider and a narrower sense. When we say that a person did something intentionally, one thing we mean is that it was something that he or she was aware of doing or realized would be a consequence of his or her action. But we also use 'intention' in a narrower sense. To ask a person what her intention was in doing a certain thing is to ask her what her aim was in doing it, and what plan guided her action — how she saw the action as promoting her objective.
AIM

• To describe the evolution of research on attitudes towards PS in the last 20 years and to screen for the relevance of 'intention not to hasten death' in this literature

• To discuss how/if intention in palliative sedation can be studied at an epidemiological level
Milestones in sedation debate

- Billings’s paper on slow euthanasia (1996)
- Ventafridda’s seminal paper on PS (1990)
- EAPC task force on ethics distinction between euthanasia and PS (2003)
- EAPC recommendations on PS (2009)
SYSTEMATIC SEARCH

Database: Pubmed (to be extended)

Time frame: January 1990- November 2011

Papers' Eligibility: Papers reporting primary quantitative data on attitudes towards palliative sedation, in adults, in English language

Search terms: a combination of the following expressions both as text and MesH terms:
FLOW CHART

781 FROM SEARCH

324 NOT ON PS

457

303 NOT PRIMARY DATA

154

42 QUALIT.- CASE REPORT

112

68 PRACTICES

26 ATTITUDES

15+3 POLICY/GUIDELINES+N.E.
26 eligible papers were examined as full text.

3 independent reviewers read them and performed data extraction on a pre-specified grid.
Paper features

GEOGRAPHICAL DISTRIBUTION

Europe: 38% (NL 12%, Belgium 8%, Germany 8%)
USA: 23%
Japan: 23%

STUDY DESIGN (all cross-sectional)

81% population-based
58% statements, 58% vignettes

19% artificial nutrition /hydration considered
8% alternative (without sedation) mentioned

<10% cross-country comparison
association with actual practice not studied (at individual level)
## Target Population

<table>
<thead>
<tr>
<th></th>
<th>% on all paper (tot &gt; 100%)</th>
<th>response rate (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists</td>
<td>69%</td>
<td>.61</td>
</tr>
<tr>
<td>GPs</td>
<td>31%</td>
<td>.55</td>
</tr>
<tr>
<td>Nurses</td>
<td>15%</td>
<td>.71</td>
</tr>
<tr>
<td>Public</td>
<td>23%</td>
<td>.69</td>
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Time Trend

Papers on Attitudes

Papers on Practices
Main aim of the study

attitudes towards sedation 58%
attitudes towards EOL decision 35%
other (e.g. moral objection) 7%
End of Life Decision ‘Frame’

Papers on Attitudes

Papers on Practices
Terminology (1)

Papers on Attitudes

Papers on Practices
Terminology (2)

Papers on Attitudes

Papers on Practices
Domains included in the operational definition of PS

Papers on Attitudes

Papers on Practices
Positive attitude towards palliative sedation, by type of sedation
Positive attitude towards palliative sedation, by target population

2005: public 59% versus professional 57%
2010: public 61% versus professional 43%
Positive attitude towards palliative sedation, by type of suffering

![Bar chart showing support for palliative sedation by type of suffering and year of publication.](image)
Determinants of positive attitude towards PS

++ means RR > 2
Palliative sedation is different from physician assisted death.
CONCLUSIONS (1)

• The focus on continuous deep sedation and on differences between sedation and physician assisted death **confirms the importance of** ‘intention not to hasten death’ **to understand** sedation in palliative care.

• Nonetheless ‘intention not to hasten death’ is generally **not explicitly considered** in studying attitudes towards PS (1/26 papers)
CONCLUSIONS (2)

• To assess ‘intention not to hasten death’ in research on PS a combination of behavior and declared intention should be used (like in the Courts)

• Referring to the ‘narrow’ sense of the term (what plan guided the action) could help to disambiguate the use of intention in empirical research
CONCLUSIONS (3)

• When a **definite context of meaning** is clearly given, as it is for specific clinical situation which occur in palliative care, the accurate observation of the main components of action (like titration and monitoring for palliative sedation) should be enough to interpret meaningfully the action itself, even **without asking** for the intention
Thank you

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