Why Do Palliative Care Patients Request Deep Sedation at Home in France, and how Is Deep Sedation Conducted?

A Multicenter, Observational Case-control Study

EBERT Marie-Agnès, *University of Montpellier, Palliative care department*
RICHARD Bruno, MD, *University of Montpellier, Palliative care department*

INTRODUCTION

New French Law on the End of Life (Leonetti-Claeys) in 2016 has permitted new rights for palliative care patients :

- ➔ the right to decide better health way for themselves : right to autonomy
- ➔ the right to decide to have a “deep and continuous sedation until death” is allowed **under 3 circumstances** :

The authors have no conflict of interest to report

When patients with serious and incurable condition and his vital prognosis is engaged in a short term, and presents one or more symptoms or suffering impossible to control with no alternative than the use of sedation

1

When patients with serious and incurable condition decide to withdraw a vital treatment and consequently engages his or her vital prognosis in a short term and susceptible to involve unbearable suffering

2

when patients cannot express himself, resulting in the refusal of unreasonable obstinacy if physician stops life-sustaining treatment, it applies a deep and continuous sedation causing an alteration of consciousness maintained until death, associated with analgesia

3

Deep sedation is a paradoxal and difficult care because patients can no more communicate and have no more autonomy. It can be stressful for doctors, nurses and caregivers who can feel deeply isolated especially at home.

The main aim of this study was **to determine reasons of sedation requests** to further anticipate them and maybe avoid them.
The second aim was to determine **how deep sedations were conducted** at home.

METHODS

This **multicenter observational case control study** in 2018 lasted 3 months.

Cases :

- patients 18 y.o. or more
- Decided to die at home
- Life-threatening engaged in a short term or a medium term
- Received a deep sedation
- Had a refractory suffering

Controls did not receive a deep sedation.

« **refractory suffering** » was defined « as any symptom that has been proposed and/or implemented with all available therapeutic and accompanying measures : without the relief expected by the patient; or causes unacceptable adverse effects; or their therapeutic effects are not likely to act within a period acceptable to the patient »

All home palliative care teams and home care services **on an area of 2.5 million people** were associated to this study in order to include patients and controls and to collect data according to the questionnaire we elaborated. Socio-demographic data, spirituality, symptoms, prognosis, advance directives, surrogate decision-makers, medical evaluation, deep sedation representation and parameters were collected.

RESULTS

20 consecutive patients were included over a period of 3 months. **11 had deep sedation** and 9 were controls.

Variables	N tot	N	Cases			Controls			Test	P-Value
			N	%col	%lig	N	%col	%lig		
Depression	18	2	1	9,09	50,0	1	14,29	50	Fisher	0,1026
Unbearable suffering	18	4	4	36,36	100,00	0	0,00	0,00	Fisher	0,1026
Nausea/vomiting	20	1	1	9,09	100,00	0	0,00	0,00	Fisher	1,000
Generalised pain	20	4	1	9,09	25,00	2	33,33	75	Fisher	0,2848
Anxiety	20	11	9	81,82	81,82	2	22,22	18,17	Fisher	0.0216
Insomnia	20	2	1	9,09	50	1	11,11	50,00	Fisher	1.0000
Male	20	14	9	81,82	64,29	5	55,56	35,71	Fisher	0,3359

5 deep sedations were started according to advance care directives. Deep sedation was conducted with **Midazolam** in **90,9%** of patients, **Clorazepate** in **18,2%** and **both** in **9,1%**. Titration was used in 5 of 11 patients.

CONCLUSION

Anxiety was the only significant factor for deep sedation request in our region.
Therefore home medical teams would focus on that symptom in order to better accompany and treat palliative care patients who want to die at home.
Could GPs reduce sedation number with screening and early treatment for anxiety?

DISCUSSION

Most common indications for palliative sedation

- Delirium and dyspnea¹²
- Sedated patients were younger¹²
- Male¹²

Drugs used for palliative sedation

- Midazolam or Levomepromazine²

References

¹ Rietjens JAC, Zuylen L van, Veluw H van, Wijk L van der, Heide A van der, Rijt CCD van der. Palliative Sedation in a Specialized Unit for Acute Palliative Care in a Cancer Hospital: Comparing Patients Dying With and Without Palliative Sedation. Journal of Pain and Symptom Management. 1 sept 2008;36(3):228-34.
² Alonso-Babarro A, Varela-Cerdeira M, Torres-Vigil I, Rodríguez-Barrientos R, Bruera E. At-home palliative sedation for end-of-life cancer patients. Palliat Med. 1 juill 2010;24(5):486-92.