



Palliative Sedation

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Palliative Sedation

People who are dying of a serious medical condition for which no cure is available or for which treatments have failed have a **terminal illness**. These patients can receive comfort care, which focuses not on life-prolonging measures but on relieving pain and suffering at the end of life. **Palliative care** provides comfort care to the patient by focusing on relieving symptoms such as pain, anxiety, nausea, and difficulty breathing. Family members as well as the patient are provided with emotional, social, and spiritual support to help them with the dying process. **Hospice care** provides palliative treatment, often with a team approach, to serve a variety of patient and family needs such as home nursing care, social services, pain management, and spiritual support. The October 12, 2005, issue of *JAMA* includes an article about **palliative sedation**.



PALLIATIVE SEDATION

Terminal illnesses can cause distressing symptoms, such as severe pain, mental confusion, muscle spasms, feelings of suffocation, and agitation. Despite skilled palliative care, in some cases these symptoms may not respond to standard interventions. After all other means to provide comfort and relief to a dying patient have been tried and are unsuccessful, doctors and patients can consider palliative sedation. Palliative sedation is the use of sedative medications to relieve extreme suffering by making the patient unaware and unconscious (as in a deep sleep) while the disease takes its course, eventually leading to death. The sedative medication is gradually increased until the patient is comfortable and able to relax. Palliative sedation is not intended to cause death or shorten life.

ADVANCE DIRECTIVES

Decisions regarding the end of life are difficult. It is imperative to maintain open communication between the palliative care team, patient, and family members. If possible, patients should make their own decisions about end-of-life care. If a patient is unable to make his or her own decisions and has no **advance directive** (documents that state in advance a patient's end-of-life wishes), a **health care surrogate** (someone who is appointed by the patient in advance or who is appointed to represent the patient) may make decisions based on what the patient would want.

WHAT TO CONSIDER REGARDING PALLIATIVE CARE

Patients and their families should feel comfortable discussing their feelings and what to expect with the palliative care team. Patients should consider what they want for comfort and discuss their wishes regarding family good-byes, funeral plans, and religious rituals. It is important to know that the timing of death is difficult to predict and could be anywhere from hours to days after palliative sedation is initiated. Although many times these issues are discussed only when death is near, you should consider discussing your end-of-life wishes, including palliative care decisions, with family, friends, and your doctor before a terminal illness occurs.

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FOR MORE INFORMATION

- National Hospice and Palliative Care Organization
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www.caringinfo.org
- Hospice Foundation of America
800/854-3402
www.hospicefoundation.org
- International Association for Hospice and Palliative Care
www.hospicecare.com

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To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. A previous Patient Page on palliative care was published in the March 16, 2005, issue; one on hospice care in the February 21, 2001, issue; and one on end-of-life care in the November 15, 2000, issue.

Sources: American College of Physicians–American Society of Internal Medicine End-of-Life Care Consensus Panel, National Hospice and Palliative Care Organization

