At-home palliative sedation for end-of-life cancer patients.

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Abstract:

Using a decision-making and treatment checklist developed to facilitate the at-home palliative sedation process, we assessed the incidence and efficacy of palliative sedation for end-of-life cancer patients with intractable symptoms who died at home. We retrospectively reviewed the medical records of 370 patients who were followed by a palliative home care team. Twenty-nine of 245 patients (12%) who died at home had received palliative sedation. The mean age of the patients who received palliative sedation was 58±17 years, and the mean age of the patients who did not receive palliative sedation was 69±15 years (p=0.002). No other differences were detected between patients who did or did not receive palliative sedation. The most common indications for palliative sedation were delirium (62%) and dyspnea (14%). Twenty-seven patients (93%) received midazolam for palliative sedation (final mean dose of 74 mg), and two (7%) received levomepromazine (final mean dose of 125 mg). The mean time between palliative sedation initiation and time of death was 2.6 days. In 13 of the cases (45%), the palliative sedation decision was made with the patient and his or her family members, and in another 13 patients (45%), the palliative sedation decision was made only with the patient’s family members. We concluded that palliative sedation may be used safely and efficaciously to treat dying cancer patients with refractory symptoms at home.

Strengths/Uniqueness:

This is one of the few studies looking at the use of palliative sedation in the home that actually demonstrates efficacy and safety for its use. It also provides a decision-making checklist for administering at-home palliative sedation.

Weaknesses:

The study is retrospective, single institution, and underpowered with small sample size.

Relevance to Palliative Care:

The study recognizes at-home palliative sedation as an effective option for patients with refractory symptoms who wish to die at home. Current use of at-home palliative sedation in Canada is not well studied.