Pain and symptom management: Terminal sedation for existential distress.

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Abstract:

Although sedation for existential distress has been actively discussed in the palliative care literature, empirical reports are limited. A retrospective cohort study was performed to clarify the physical conditions of terminally ill cancer patients who expressed existential distress and received sedation.
Of 248 consecutive hospice in-patients, 20 patients expressed a belief that their lives were meaningless and received sedation.
The target symptoms for sedation were dyspnea (n = 10), agitated delirium (n = 8), and pain (n = 1). Only one patient received sedation for psychological distress alone, although physical symptoms were acceptably relieved.
The Palliative Performance Scale just before sedation was 10 (n = 7), 20 (n = 11), 30 (n = 1), and 40 (n = 1). All but one patient could take nourishment orally of only mouthfuls or less. Edema, dyspnea at rest, and delirium were observed in 10, 13, and 14 cases, respectively. The Palliative Prognostic Index was greater than 6.0 in all but one case with a mean of 12 -± 3.3.
In conclusion, in our practice, sedation was principally performed for physical symptoms of cancer patients in very late stages. Further research is encouraged to establish standard therapy for existential distress of the terminally ill.

Comments:

Strengths/uniqueness: The literature on sedation for physical and non-physical problems is an area loaded with opinion but short on good documentation of clinical experience. The authors of this report have made a commendable attempt to contribute solid information in an area that is difficult to define and research.

Weakness: The description of this study as being a retrospective reanalysis of previous studies immediately raises concerns. This is further highlighted by the multiple weak definitions described including existential distress, oral intake, edema, dyspnea and delirium. This limits the credibility of much of the reported data. It may have been better to simply report a more limited methodology and results on the patients sedated for non-physical symptoms.

Relevance to Palliative Care: The authors have created a forum to promote further discussion and highlight their belief that sedation for non-physical problems is rare in their experience. Further they outline a reasoned approach to assessment and management of this difficult problem, and point to the need for a clear definition of existential distress and further research into this controversial issue.