

Journal Watch - Palliative sedation – January 2018

Article:

Continue palliative sedation for patients with advanced cancer at a tertiary care cancer centre.

Authors: Prado BL, Gomes DBD, Usón Júnior PLS, Taranto P, França MS, Eiger D, Mariano RC, Hui D, Del Giglio A.

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Article link: [Continuous palliative sedation for patients with advanced cancer at a tertiary care cancer center.](https://doi.org/10.1186/s12904-017-0264-2) (doi: 10.1186/s12904-017-0264-2)

Review:

Strengths: Sheds light on practice patterns and the characteristics of patients receiving continuous palliative sedation, and whether continuously palliative sedation had any impact on survival. They had a reasonable-sized sample for the question of interest and attempted to minimize confounding factors by setting clear exclusion criteria.

Weaknesses: While this study highlighted significant differences between sedated and non-sedated patients, the presence of significant differences in the two populations also makes direct comparison between the two groups difficult. In addition, as the authors acknowledged, the surrogate endpoint of duration from admission to death may not be the ideal way to define survival. It is understandable however that these limitations are difficult to overcome due to ethical and practical reasons. Finally, as with other retrospective studies, it is difficult to establish clear causality between sedation and the difference in length of admission as there are alternative explanations, some of which the authors alluded to in their discussion, affecting the two factors.

Relevance to palliative care: Palliative sedation has an important place in the continuum of palliative care to control symptoms and alleviate suffering at the end of life. This study adds more evidence to previous study to demonstrate that palliative sedation does not hasten death. It also sheds light on the practice patterns and characteristics of patients receiving palliative sedation. Future studies may identify factors contributing to the more common use of palliative sedation in these patient populations and help optimize future practice in other patient populations.