Palliative Sedation

Mary Lawson, FNP-BC, ACHPN

The focus of palliative care is to relieve human suffering; however, about 90% of patients with advanced cancer will experience severe pain. Intolerable human suffering may be defined in the healthcare setting as symptoms that cannot be tolerated or endured for any length of time. If the patient is unable to communicate, the family or identified decision maker for the patient may decide when symptoms cannot be endured any longer. All dimensions (i.e., physical, psychological, social, emotional, and spiritual) of the symptom causing suffering must be evaluated.

J.D., a 20-year-old woman with metastatic colon cancer, was admitted two days prior with a partial small bowel obstruction, intractable abdominal pain, nausea, and vomiting. She had a nasogastric tube placed on admission to assist with symptom management. Her last dose of chemotherapy was one month ago. Her mother, who is her sole support system, is at her bedside. J.D. is crying and refusing to make eye contact, holding her abdomen. Her current pain medication includes hydromorphone 8 mg every three hours as needed for pain. J.D. was using a fentanyl transdermal patch at 200 mcg every 72 hours at home, which was discontinued on admission.

J.D. still suffers from intractable abdominal pain and nausea despite attempted medical intervention. The physician has explained to J.D. and her mother that she now has a complete bowel obstruction. He also explains that J.D.'s metastatic colon cancer is untreatable at this point and she will likely die very soon. J.D. is a candidate for palliative surgery to attempt to alleviate symptoms from the bowel obstruction, but she refuses the intervention. J.D. has agreed to placement of a venting gastrostomy to assist with symptom relief. A hydromorphone patient-controlled analgesic pump was initiated at 8 mg per hour basal rate with a 4 mg every 20 minutes bolus rate, available maximum dose per hour of 32 mg. She also is on lorazepam 1 mg IV push every six hours, ondansetron 8 mg IV push every eight hours, and octreotide 500 mcg subcutaneously every eight hours.

J.D. is crying. She states to her nurse, "I don't want to suffer anymore. Please don't let me suffer. I just don't want to hurt anymore, even if that means I will sleep all the time."

Relieving Pain

As pain escalates and becomes more difficult to control in situations like J.D.'s, it may become necessary to consider palliative sedation. Palliative sedation is defined by Bruce, Hendrix, and Gentry (2006) as the implementation of specific sedative medications to relieve intolerable and distressful refractory symptoms in the imminently dying patient with the intent to decrease the patient's level of consciousness and achieve symptom relief. Palliative sedation is an appropriate method to consider when symptoms are refractory, or not adequately controlled with conventional treatment options. Although the issue is controversial, several studies support the use of palliative sedation for intolerable, intractable symptoms in patients with advanced illness (De Graeff & Dean, 2007; Seymour et al., 2011).

One week after the placement of her venting gastrostomy, J.D.'s refractory abdominal pain, nausea, and anxiety continues to worsen. She now is tachypneic without apnea, severe abdominal distention, and mottling in her lower extremities. J.D.'s mother is at the bedside, but avoids discussions about advancing illness and death. When the healthcare team attempts to discuss J.D.'s approaching death, her mother avoids the conversation, looking through e-mails on her phone instead. J.D. states to her physician in front of her mother, "I know I am going to die soon. It's okay. Please don't let me hurt anymore! I am so tired of suffering. I just want the pain to stop."

Palliative sedation is offered to J.D. to assist with relief of suffering. J.D. decides continuous sedation is a better option than continuing her current medication regimen. J.D. wants to allow death to occur naturally and focus on comfort. Her physician writes an order for "do not resuscitate." J.D.'s mother is present at the bedside during the discussion and agrees with J.D.'s decision.

Mary Lawson, FNP-BC, ACHPN, is a family nurse practitioner in palliative care and oncology at Our Lady of the Lake Regional Medical Center in Baton Rouge, LA. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

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