



Exploring Palliative Sedation Therapy (PST) Practices Among Pediatric Palliative Care and Pain Medicine Physicians

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5th Maruzza International Congress on Paediatric Palliative
Care - Rome, Italy



Disclosures

No financial disclosures



Children Suffer at End-of-Life (EOL)

Children with advanced cancer frequently experience **pain (48%)**, **fatigue (46%)**, **drowsiness (39%)** and **irritability (37%)** at the end-of-life (EOL), all of which are reported to be highly distressing to the patient & family¹

Traditional symptom-directed agents are not always successful²

The suffering of dying children has dire consequences...on the patient, the family AND us

¹Wolfe, J., et al., J Clin Oncol, 2015. 33(17): p. 1928-35.

²de Graeff, A. and M. Dean. J Palliat Med, 2007. 10(1): p. 67-85.



Palliative Sedation Therapy (PST)

“The use of sedative medications to relieve intolerable and refractory distress by the reduction in patient consciousness”

PRIMARY vs. SECONDARY sedation

1°: sedation with intent of reduction in consciousness

2° : reduction of consciousness is acceptable adverse effect

Imminently dying patient, traditional interventions optimized, interdisciplinary collaboration & clear communication



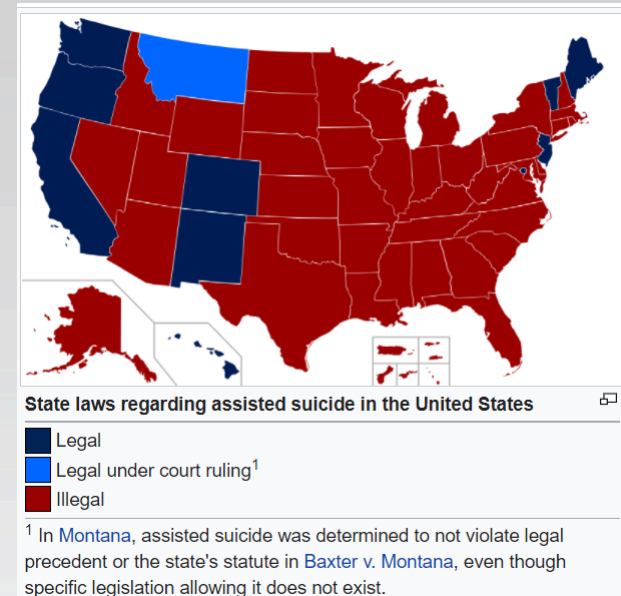
Palliative Sedation Therapy vs Physician Aid in Dying

PST

- Use of sedative medications to relieve intolerable and refractory distress by the reduction in patient consciousness
- Titrated to effect, risks of hastening death are low
- Consider ethical principle of *double effect*

PAD

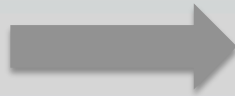
- Use of medications to result in death:
 - Prescription for lethal dose of medication that the patient can self-administer (ingestion), with the intention of ending life
- May be described as euthanasia or physician-assisted-suicide
- Not Permitted in most of US



https://en.wikipedia.org/wiki/Assisted_suicide_in_the_United_States#:~:text=Physician%2Dassisted%20death%20or%20%22medical,Oregon%2C%20Vermont%2C%20and%20Washington.



PST Practices – A Survey Study



Pediatric palliative care
and pain medicine
specialists

Goal: collect demographics and characteristics PST practices

- 83 total participants (33 – SPPM, 50 – AAHPM)
- 73% represented large academic children's hospitals, 70% had access to pain and 90% to palliative care teams
- Most common symptoms at EOL leading to PST consultation: **pain, dyspnea & delirium**



PST Practices

Variabilities regarding what service managed PST – pain vs palliative vs other

~50% reported institutional PST protocol, 69% did NOT require ethics consultation & 54% required a DNR in place

Pain Specialists: 1st choice: **opioids** (39%); 2nd choice: **benzodiazepines** (36%)

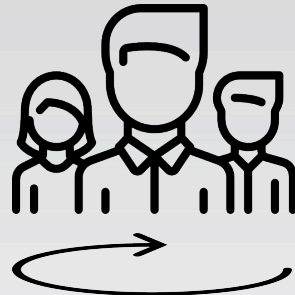
Palliative Care Specialists: 1st choice: **benzodiazepines** (52%); 2nd choice: **barbiturates** (28%)

Propofol and dexmedetomidine were infrequent selections

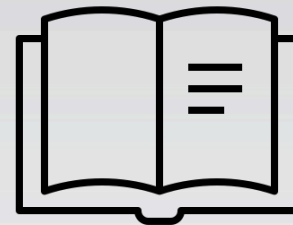
Take Home Points for PST



PST can
relieve
suffering



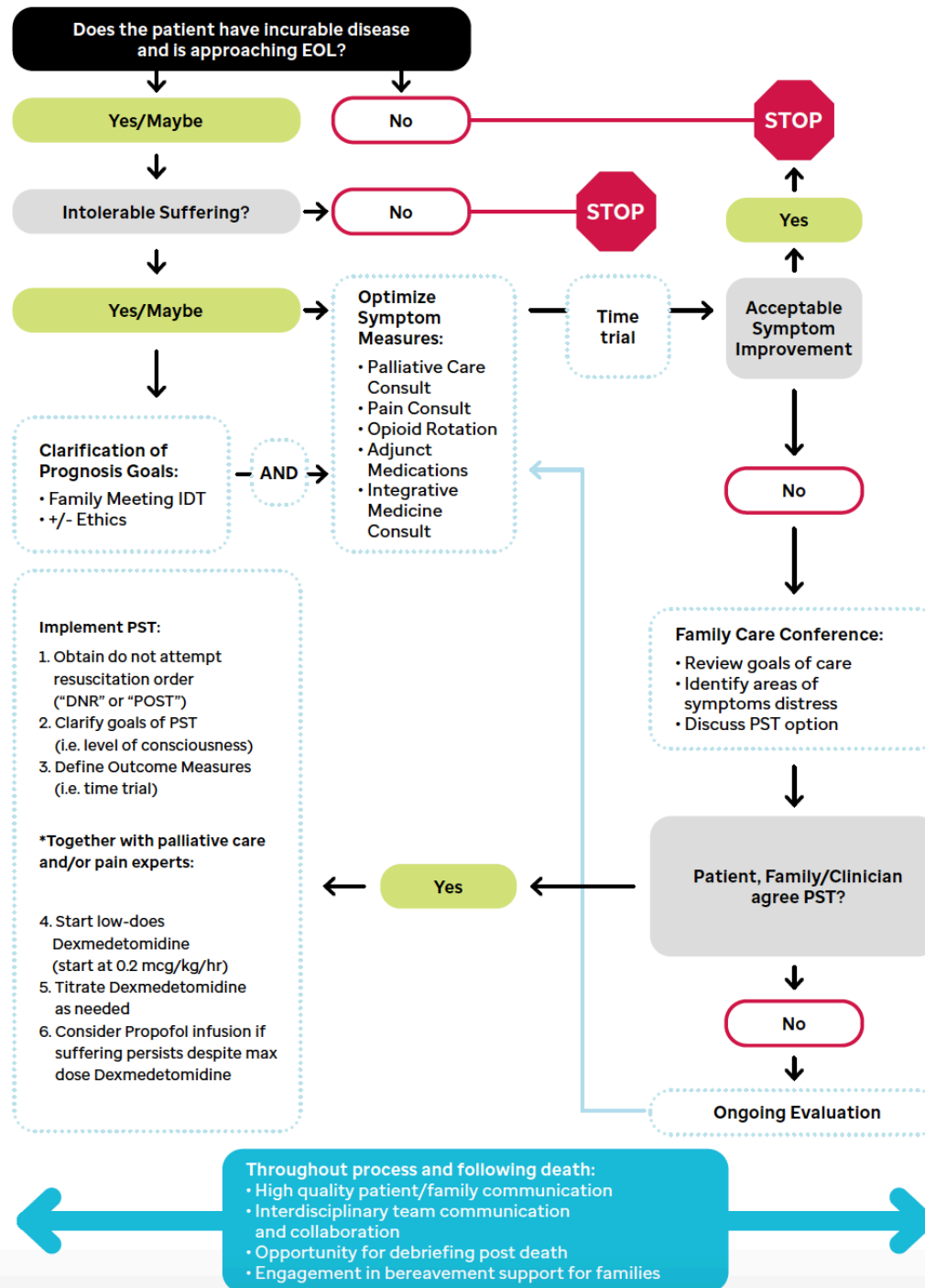
Variability
in
Practice



Increased
Education
&
Awareness



Standardization
of
Practice





Acknowledgements & Questions

Doralina Anghelescu, MD FASA

Justin Baker, MD FAAP FAAHPM

Kyle J Morgan, MD FASA

Liza-Marie Johnson, MD MPH MBS

Shalini Bhatia, MS

Melissa Pasli, MS-4

Nicholas Ang, MS-3

Society of Pediatric Pain Medicine
(SPPM)

American Academy of Hospice and
Palliative Medicine (AAHPM)

