

Journal Watch

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Full Reference: Miccinesi G, Rietjens JAC, Deliens L, Paci E, Bosshard G, Nilstun T, Norup M, van der Wal G. Continuous Deep Sedation: Physicians' Experiences in Six European Countries. *J Pain & Symptom Manage* 2006; 31(2):122-29.

Abstract

Continuous deep sedation (CDS) is sometimes used to treat refractory symptoms in terminally ill patients. The aim of this paper was to estimate the frequency and characteristics of CDS in six European countries: Belgium, Denmark, Italy, The Netherlands, Sweden, and Switzerland. Deaths reported to death registries were sampled and the reporting doctors received a mailed questionnaire about the medical decision making that preceded the death of the patient. The total number of deaths studied was 20,480. The response rate ranged between 44% (Italy) and 75% (The Netherlands). Of all deaths, CDS was applied in 2.5% in Denmark and up to 8.5% in Italy. Of all patients receiving CDS, 35% (Italy) and up to 64% (Denmark and The Netherlands) did not receive artificial nutrition or hydration. Patients who received CDS were more often male, younger than 80 years old, more likely to have had cancer, and died more often in a hospital compared to nonsudden deaths without CDS. The high variability of frequency and characteristics of CDS in the studied European countries points out the importance of medical education and scientific debate on this issue.

Strengths:

This study is unique in that it has an international focus in attempting to clarify the incidence of pharmacological management to induce continuous deep sedation in a large sample of non-selected patients from 6 European countries.

Weaknesses:

The large sample size and the variable response range may certainly have biased the study results. There may also have been a variable interpretation of the definition for continuous deep sedation.

Impact or Relevance to Palliative Care:

The study results do suggest that there is a significant practice of continuous deep sedation outside of the traditional study population of specialists in palliative care practice. This certainly highlights the need for further medical education and discussion for health care populations outside of specialists in palliative care programs.