

JOURNAL WATCH

Practices and attitudes of Japanese oncologists and palliative care physicians concerning terminal sedation: a nationwide survey.

Morita T, Akechi T, Sugawara Y, Chihara S, Uchitomi Y. *J Clin Oncol* 2002;20:758-764

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Abstract:

Purpose: To clarify the frequency of practice of sedation therapy for terminally ill cancer patients and to identify physicians' attitudes toward sedation.

Methods: Questionnaires were mailed to 1,436 Japanese oncologists and palliative care physicians with a request to report their practice of and attitudes toward palliative sedation therapy.

Results: A total of 697 physicians returned questionnaires (response rate, 49.6%). Use of mild, intermittent deep, or continuous deep sedation for physical and psychologic distress was reported by 89% and 64%, 70% and 46%, and 66% and 38%, respectively. In vignettes in which physicians were asked whether they would use sedation for a patient with refractory dyspnea or with existential distress, 14% and 15%, respectively, chose continuous-deep sedation as a strong possibility. Those physicians less confident with psychologic care and with higher levels of professional burnout were more likely to choose continuous-deep sedation. In vignettes in which they were asked whether they use sedation for a patient with depression or delirium, 39% and 31%, respectively, and 42% and 50% regarded continuous-deep sedation as a potential treatment option.

Physicians less involved in caring for the terminally ill and less specialized in palliative medicine were significantly less likely to choose psychiatric treatment.

Conclusion: Sedation is frequently used for severe physical and psychologic distress of cancer patients. Physicians' clinical experiences with the terminally ill and their levels of professional burnout influence the decisions. Training and education for physicians in regard to end-of-life care and valid clinical guidelines for palliative sedation therapy are necessary.

Comments:

Strengths/uniqueness:

This is the first survey of practices and attitudes concerning terminal sedation which includes oncologists as well as palliative care specialists. The questionnaire appears to have been constructed with careful consideration of the literature and expert opinion.

Weaknesses:

The response rate was low. Some questionnaire terms were not well defined in the paper. Although analysis of the attributes of physicians who chose certain treatments revealed statistically significant differences, the absolute differences were small in many cases. The findings are not necessarily generalizable to the North American setting.

Relevance to Palliative Care:

This paper highlights the potential for inappropriate use of sedation, as well as the importance of education for physicians in end-of-life care and the possible impact of burnout on decision-making. Research-based guidelines on sedation are needed.