

Continuous deep sedation for patients nearing death in the Netherlands: descriptive study

Rietjens J, van Delden J, Onwuteaka-Philipsen B, et al. *BMJ* 2008; 336:810-813.

Prepared by: Robin L. Fainsinger, M.D.

Received during: Journal Club (8th May 2008)
Tertiary Palliative Care Unit, Grey Nuns Hospital

Abstract:

OBJECTIVES: To study the practice of continuous deep sedation in 2005 in the Netherlands and compare it with findings from 2001. **DESIGN:** Questionnaire study about random samples of deaths reported to a central death registry in 2005 and 2001. **SETTING:** Nationwide physician study in the Netherlands. **PARTICIPANTS:** Reporting physicians received a questionnaire about the medical decisions that preceded the patient's death; 78% (n=6860) responded in 2005 and 74% (n=5617) in 2001. **MAIN OUTCOME MEASURES:** Characteristics of continuous deep sedation (attending physician, types of patients, drugs used, duration, estimated effect on shortening life, palliative consultation). Requests for euthanasia. **RESULTS:** The use of continuous deep sedation increased from 5.6% (95% confidence interval 5.0% to 6.2%) of deaths in 2001 to 7.1% (6.5% to 7.6%) in 2005, mostly in patients treated by general practitioners and in those with cancer (in 2005, 47% of sedated patients had cancer v 33% in 2001). In 83% of cases sedation was induced by benzodiazepines, and in 94% patients were sedated for periods of less than one week until death. Nine per cent of those who received continuous deep sedation had previously requested euthanasia but their requests were not granted. Nine per cent of the physicians had consulted a palliative expert. **CONCLUSIONS:** The increased use of continuous deep sedation for patients nearing death in the Netherlands and the limited use of palliative consultation suggests that this practice is increasingly considered as part of regular medical practice.

Comments:

Strengths/uniqueness:

This is a large nationwide study with well described definitions for sedation and impressive response rate..

Weakness:

The design and questions used in 2001 and 2005 are not identical. The reason for the use of sedation is not clear – the question focused on symptoms not indications. The questionnaires were completed at an uncertain later date and the accuracy of the data is dependent on memory.

Relevance to Palliative Care:

The increased use of sedation at the end of life by non-specialists carries risks of premature application and self-fulfilling prophecy. However with good education it may also allow better relief of distress for patients and families. The issue or implication of sedation being substituted for euthanasia carries both pros and cons.