

life quality and the end-of-life

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1. introduction

2. decisions regarding end-of-life

Advanced Care planning (ACP)

A method for better communication



-ACP is originally a method to formulate your will at the right time to support an adequate decision-making for different scenarios.



ACP consists of three points of interest:

1) listen carefully to the patient to understand his perception of the actual quality of life;



2) ask the patient to define his aims of care and talk frequently about the stadium of the terminal illness

3) formulate with the patient his plans for the insecure future to make sure you will try to honor the last wishes of the patient.



The treatment plans within advance care planning can include

- pain management,
- hydration issues,
- artificial nutrition,
- blood transfusions,
- DNR ("do not resuscitate")
- hospital transfers
- organ and tissue donation



Summary APC

Advanced care planning is an approach that focuses on timely and open communication with your patient, family members and the palliative care team to achieve a better quality of life in de last period of life.



3. palliative sedation

terminal illness can cause distressing symptoms

in our hospice we want to provide comfort care to the patient by focusing on relieving symptoms such as :



- pain,
- anxiety,
- mental confusion,
- muscle spasm,
- feelings of suffocation,
- agitation,
- nausea and
- difficulty breathing.



- despite skilled palliative care, in some cases these symptoms may not respond to standard interventions.
- in this case palliative sedation is an option of last resort for patients whose symptoms cannot be controlled by other means.



Definition: palliative sedation is the use of sedative medications to relieve extreme suffering by making the patient unaware and unconscious.

palliative sedation is also known as

- terminal sedation,
- continuous deep sedation
- sedation for intractable distress in the dying patient
- brief or intermittent sedation



- in palliative sedation the medication is gradually increased until the patient is comfortable and able to relax.
- palliative sedation is not intended to cause death or shorten life.



palliative sedation is only possible

- in the final stage of life
- when the patient is expected to die within one or two weeks.
- when one or more untreatable or 'refractory' symptoms are causing the patient unbearable suffering.

- A **refractory symptom** is defined as a symptom for which none of the conventional modes of treatment is effective.



palliative sedation compared with euthanasia:

1. aim: to relieve suffering/to end suffering
2. means: lowering consciousness/terminating life
3. indications: refractory symptoms/unbearable suffering
4. stage of life: only in the final stage of life/irrelevant
5. patient consent: if possible/well considered request

6. consultation with independent physician: No/Yes
7. family: consensus/patient-physician
8. medication/dosage:
sedatives/barbiturates-muscle relaxants
9. administration: also nurse/physician



10. reversible: yes/no

11. shortens life: no/yes

12. death by natural causes: yes/no

13. statutory controls: medical procedure/separate
legislation

14. notification and review procedure: no/mandatory



4. The palliative practice in the Netherlands

In the Netherlands we often prefer the use of palliative sedation instead of euthanasia because:



- immediately relieving pain and suffering at the end of life
- no consultation needed (the patient doesn't need to tell his story again)
- no review procedure/normal medical procedure



- goal is not to shorten life but to cease suffering
- it is a less emotional burden for patient, family, nurses, doctor's etc.