



Continuous palliative sedation therapy

WHAT YOU NEED TO KNOW



santemonteregie.qc.ca/ouest



“You matter because you are you, and you matter to the last moment of your life. We will do all that we can not only to help you die peacefully, but also to live until you die.”

– Dame Cicely Saunders

In a context of advanced illness, when death is inevitable, several options are available to the public, including continuous palliative sedation (CPS) therapy.

This publication contains useful information to help you understand the services available to you.

In certain complex situations, it may be difficult to keep the end-of-life person comfortable, despite the best possible palliative care. In those cases, continuous palliative sedation therapy may be considered a therapeutic option.

The purpose of CPS therapy is to provide relief, for an end-of-life person, from refractory, intolerable symptoms that have failed to respond to all other medical treatments. This is achieved by inducing a deep state of sedation that continues until death (INESS). Intolerable symptoms can be physical, psychological, existential, or spiritual.

Eligibility criteria

This therapy, which is provided under the *Act respecting end-of-life care*, consists in administering medications to an end-of-life person—at their request or that of a loved one—to relieve their suffering by rendering them unconscious without interruption until death ensues.

This therapy is governed by specific requirements. The person must:

- Have one or more intolerable, refractory symptoms that cannot be controlled with any other proposed treatment;
- Have a limited or compromised life expectancy;
- Give their voluntary and informed consent.



If the person is incapable of consenting to care, the decision falls to their legal representative. The appropriate consent form must be signed in front of a physician or a specialized nurse practitioner (SNP).

A person who decides to receive CPS therapy is free to change their mind at any time before it begins.



Purpose of the therapy

CPS therapy consists in inducing an artificial coma—putting the person into a deep, deliberate sleep until the advanced stage of their illness brings their natural death.

Administration of sedation

The sedatives used to induce deep sleep are chosen based on the person’s symptoms, medical history, and lifestyle.

The medication is generally given subcutaneously (under the skin) through regular injections or by continuous infusion using a pump that delivers the necessary dose.

What to expect

Continuous palliative sedation therapy keeps the person asleep continuously until death. There may be a short delay between the start of medication and the desired effect. The doctors and nurses will monitor and adjust the medication as needed.

Once started, CPS therapy usually lasts from a few hours to several days, depending on the person’s condition (illness, age, etc.).

Monitoring sedation and comfort

To keep the person as comfortable as possible and make sure the sedation is working, the care team regularly checks on the person’s condition. Here are some of the signs they look for.



Good	Bad
<ul style="list-style-type: none">• Does not wake up when spoken to or touched• Relaxed facial expression• Resting peacefully• Breathing calmly• Normal, slight movements, as during sleep• Disappearance of refractory symptom(s)	<ul style="list-style-type: none">• Wakes up when spoken to or touched• Restless, pulling at blankets, trying to get up• Tense or grimacing expression• Moaning

If the sedation takes place at home

At home, the medication is administered and monitored by loved ones in close collaboration with the CLSC nurse and the attending physician or SNP. For that reason, a loved one must be present for the entire sedation period. The nurse will walk you through the process.



Support

Before continuous palliative sedation therapy is started, it is important to take the time to say your goodbyes, because once the sedation begins, the person will no longer be able to communicate.

While not being able to speak to the person may seem pointless, a quiet, steady presence at their bedside is more important than you know. In fact, it's priceless—both for the person who is sedated and for their loved ones.



Ongoing care

Comfort care is provided throughout the sedation period by loved ones and health professionals. This includes mouth care, changing the person's position in bed, and hygiene care (sponge bath, changing incontinence underwear), with the goal of keeping the person as comfortable as possible.

In some cases, health professionals may insert a urinary catheter to ease the discomfort of not being able to urinate naturally.

Important

Continuous palliative sedation therapy is very different from medical aid in dying. CPS therapy does not hasten or cause death; death occurs naturally. **Continuous palliative sedation therapy allows the body and mind to rest—and for the soul to decide on its own when it is time to depart.**

In contrast, the goal of medical aid in dying is to bring death at a specific time, using specific medication, at the dying person's request.

Conclusion

Continuous palliative sedation therapy is used only as a last resort, when standard treatments have failed to provide adequate relief.

Do not hesitate to ask the nurse or doctor for more information. Other answers can be found in the booklet *Life's Last Few Moments...*



Santé Montérégie Portal
For more information about our palliative and end-of-life care, scan this QR code.