

# Sedo-analgesia In Terminally sick patient



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# Sedo-analgesia



- It is a state in which a patient is able to undergo a painful procedure while maintaining adequate cardio-respiratory function and is able to respond vigorously to verbal commands independent of age and fitness of the patient
- It is cost- and time-effective when compared to general or regional anesthesia
- it can reduce the requirements of nursing staff and
- equipment for a given procedure.

# The Terminally sick



- Those who have advanced diseases like Cancers , End stage Kidney disease or any other organ disease , Diabetes , cardiac disease or very old patients
- These patients have been thoroughly evaluated and have no chance of recovery from the disease and have been labeled terminal and very sick after all efforts and possibilities of achieving Cure have been exhausted

# Pain and Terminally sick



- Pain is mostly subjective, and **in** patients who are **terminally** ill it is not simply a physical experience.
- Pain expression is impacted by the terminal nature of illness that also results **in** other sources of distress, functional decline, dependence, family disruption, and financial burdens that threaten Quality of life adversely

# Behavioral cues suggestive of pain in cognitively impaired patients



- **Verbal cues**

- Crying
- Moaning
- Groaning
- Grunting

- **Facial expressions**

- Grimacing
- Biting lips
- Blinking
- Closing eyes tightly

- **Body movements**

- Clenching fists
- Restlessness
- Combativeness
- Guarding

- **Social interaction and activities**

- Withdrawn
- Silent
- Wanting to spend time **in** bed
- Irritability
- Insomnia
- Decreased appetite

# The Objective in terminally sick



- The primary goal of therapy in terminal care is to alleviate suffering and ensuring comfort. This often entails liberal use of medication with foreseen but unavoidable respiratory depressant effects.

# The Legal Position



- There are no pronouncements in Indian Law specifically providing legal guidelines for Sedo-Analgesia in terminal illness.
- The US Supreme Court implicitly endorses the practice of using analgesics and sedatives to ensure that no patient dies in pain or distress.
- However, in high doses side effects may take place that may hasten the dying process

# The Ethical position



- This is not clear
- Involves the indulgence of several group of experts and authorized people which may include family members , surrogates , legal , social workers and medical professionals .
- The Role of primary or family physician has been under played .
- This should revolve around basic principles of Ethical practice of Critical Care Medicine which are includes patient Autonomy, commission , omission, Patient welfare and justice



# The Philosophy



- Primary goal of treatment is not “cure” But is to “care”,
- Symptomatic management of pain and distress may be required to be intensive to allay suffering and unforeseen anxiety
- However, this care needs to be calibrated because of the unintended risks of sedation leading to respiratory depression.
- Court cannot recognize intentions, we should take care to document the use of this modality and the indication for its use to reduce the likelihood of misinterpretation or abuse.
- This may hasten the impending unpreventable death and may be misinterpreted as Physician-assisted suicide.
- Therefore ,it needs to be distinguished purely as unintended hastening of death and therefore has to be documented explicitly and without any ambiguity
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# The approach



- While facing terminal illness ethical principles require that the option of foregoing life support therapies and focusing only on comfort care should be offered to the patient and/or family.
- Most critically ill patients lose mental capacity during this phase of illness, this decision should be a shared one between physicians and family centered around patient's choices either expressed directly or through his/her surrogates.

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# Achieve consensus



- Once the family-physician consensus is achieved and documentation of the end-of-life decision is made, analgesics and sedation should be used liberally.
- The analgesics recommended in order are
- Paracetamol – highest possible doses
- NSAIDS
- Then the Opioids
- Opioids available in India are -Morphine and Fentanyl

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# The Titration and Escalation



- Starting with simple analgesia with full doses of Paracetamol, escalation to non-steroidal anti-inflammatory agents should be done.
- If these are inadequate then opioids such as Fentanyl either as sustained –release transdermal applications or as continuous infusions should be employed without delay.
- Anxiolysis should be achieved with oral or iv benzodiazepines

# Morphine is the ultimate Opioid



- Finally morphine infusions may be used liberally despite concerns over respiratory depressive effects as freedom from distress is the primary objective in terminal care.
- However, a balance should be achieved between symptom reduction and retaining enough alertness to be able to interact with the family.

# Morphine administration



- There should be a thorough discussion with nurses and resident staff on the goals of therapy so that optimization of therapy may be achieved.
- Small doses of intravenous morphine may be used for “topping up” sedo-analgesia for immediate control of distress
- Oral or parenteral routes may chosen to suit the situation

# The Death rattle and distress



- Towards the end sedation may also be used in relatively large doses to control gasping or the “death rattle” that may be distressing to the family.
- Use of neuromuscular blockers has always been a sensitive topic of emotional discussion and is best reserved for worst cases after complete consensus and documentation only

# Use of other adjuvant Medicines



- Anxiolytics
- Haloperidol , Olanzapam , Benzodiazepines
- Anti- Neuropathic medicines  
Gabapentin , Preglabalin, Carbamezapine
- Antidepressants
- Amitryptiline , Fluoxetine , Desipramine



# Summary



- Alleviation of Pain and suffering in terminally is compassionate issue which has invited debate all over the world
- Sedation and analgesia have definite place in this endeavor
- Opioids are major drugs recommended
- Relief from Pain and suffering always supersedes all other considerations
- The application of local laws and ethical principles must be adopted
- Thorough discussion , consensus achievement and documentation are vital to success of this modality



# THANK YOU



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