Utility of Precedex (Dexmedetomidine) in Palliative Care

Can it obviate the need for palliative sedation?

Hofherr ML, Abrahm JL, Rickerson E. 2020. J Pall Med 23:1515-1517.

Dexmedetomidine (Precedex) Use in the Intensive Palliative Care Unit at BWH

- Eligible Patients: Refractory pain, opioid-induced hyperalgesia, and/or delirium who wish to remain as alert as possible
- Methods: Dexmedetomidine delivered by a continuous infusion at 0.1-1/5 mcg/kg/h with prn bolus of 0.4-1 mcg/kg to 8 patients
- Results: All patients had control of refractory pain, reversal of hyperalgesia, and/or delirium until death and 3 had reduced opioid use; many remained interactive as they wished

CENTER FOR PALLIATIVE CARE
HARVARD MEDICAL SCHOOL

Utility of a Palliative Sedation Guideline

Can it ease / prevent moral distress?

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Operational Definition of Palliative Sedation: Policy

"The use of medication to induce sedation to relieve an imminently dying patient's severe distress that cannot be controlled despite other aggressive measures."

The **goal** of palliative sedation is to relieve intractable distress, not to hasten death. Palliative sedation is not physician-assisted suicide or euthanasia.

Eligibility Criteria
Prerequisites for Initiation of Palliative Sedation

- The patient must be dying within days to weeks from a severe, irreversible, life-threatening illness
- Palliative sedation is not for the treatment of existential suffering
- An active order must exist to withhold at least the following life-sustaining treatments: chest compressions, defibrillation, endotracheal intubation, mechanical ventilation, pressors
- If the patient has an implanted defibrillator, it must be inactivated or turned to the lowest setting

Requirements for communication and consultation …

- The in-patient attending physician and **two palliative care physicians must be in agreement**
- The implementing physician (a palliative care attending physician) insures that all involved staff (including the Nurse Director) understand the purpose of the procedure and its ethical, professional, and legal bases
- Psychiatry must be consulted for patients for whom the indication is delirium; the Ethics Service can be consulted
- Chaplaincy and Social Work consultation is strongly recommended

… Requirement for communication and consultation

- Informed Decision Making
  - The implementing physician must document the discussion of risks and benefits of palliative sedation with the patient or, if the patient does not have capacity to make medical decisions, with the health care proxy or a surrogate decision-maker