

Palliative Sedation for Existential Distress? A Survey of Canadian Palliative Care Physicians' Views

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Continuous palliative sedation, intentionally reducing a patient's level of consciousness, is often used during end-of-life care as a final option for treatment of physical symptoms for which all other possible treatments have been unsuccessful. However, palliative sedation for the management of existential distress remains controversial, as it is difficult to determine when this type of suffering has failed all other treatments. Existential distress describes the experience of patients who suffer from their understanding of their terminal condition, which may, for example, be related to feelings of hopelessness, a loss of purpose, or fear of death. In addition, the physician intent for the use of palliative sedation may complicate matters. The goal of palliative sedation is to relieve suffering caused by symptoms not treatable by all other means and not to intentionally shorten life or cause death, which is euthanasia. Given that euthanasia and physician assisted suicide are currently increasingly debated issues in Canada, further discussion regarding the role of palliative sedation for existential distress is inevitable. These are issues often not well understood by many physicians, let alone the general public. To date, there does not appear to be any recent data on the views and practices of Canadian palliative care physicians on the use of palliative sedation for existential distress. The aim of this study is to determine the opinions and practices of palliative care physicians across Canada regarding palliative sedation for the management of existential distress. An invitation to respond to an anonymous, online survey will be sent out to a target group of approximately 280 palliative care physicians across Canada who are members of the Canadian Society of Palliative Care Physicians. The survey will focus on questions regarding participant demographics and clinical experience with, as well as opinions about continuous palliative sedation and its use for existential distress.