



Medical End-of-Life Practices in Switzerland: A Comparison of 2001 and 2013

Behandlungsabbruch und künstlicher Tiefschlaf kommen am häufigsten

gleich zu einer früheren Studie im Jahr 2001 habe sich der Einsatz dieser Massnahme 2013 vervierfacht.

Manchmal ohne Absprache

bei Schwerkranken leisten.

Dies ergab eine 2013 durchgeführte Befragung von Medizinern, deren Ergebnisse Forscher der Universitäten Zürich und Genf nun in den Fachjournalen

Eine immer häufiger eingesetzte Praxis sei die Sedierung der Patienten kurz vor dem Lebensende, um sie in einen künstlichen Tiefschlaf zu versetzen, wie die Universität Zürich schrieb.

Patienten vorgängig b... dienautor (Universität... Mitteilung. Wenn es...

Palliative Sedation in Switzerland: Medical routine or specialized care?

Sarah Ziegler¹ PhD
sarah.ziegler@uzh.ch

SAMW Symposium, 21. November 2019

Margareta Schmid¹ MD, Matthias Bopp¹ PhD, Georg Bosshard² MD, Milo A. Puhan¹ MD, PhD

¹ Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Zurich, Switzerland

² Clinic for Geriatric Medicine, Zurich University Hospital, and Center on Aging and Mobility, University of Zurich and City Hospital Waid, Zurich, Switzerland

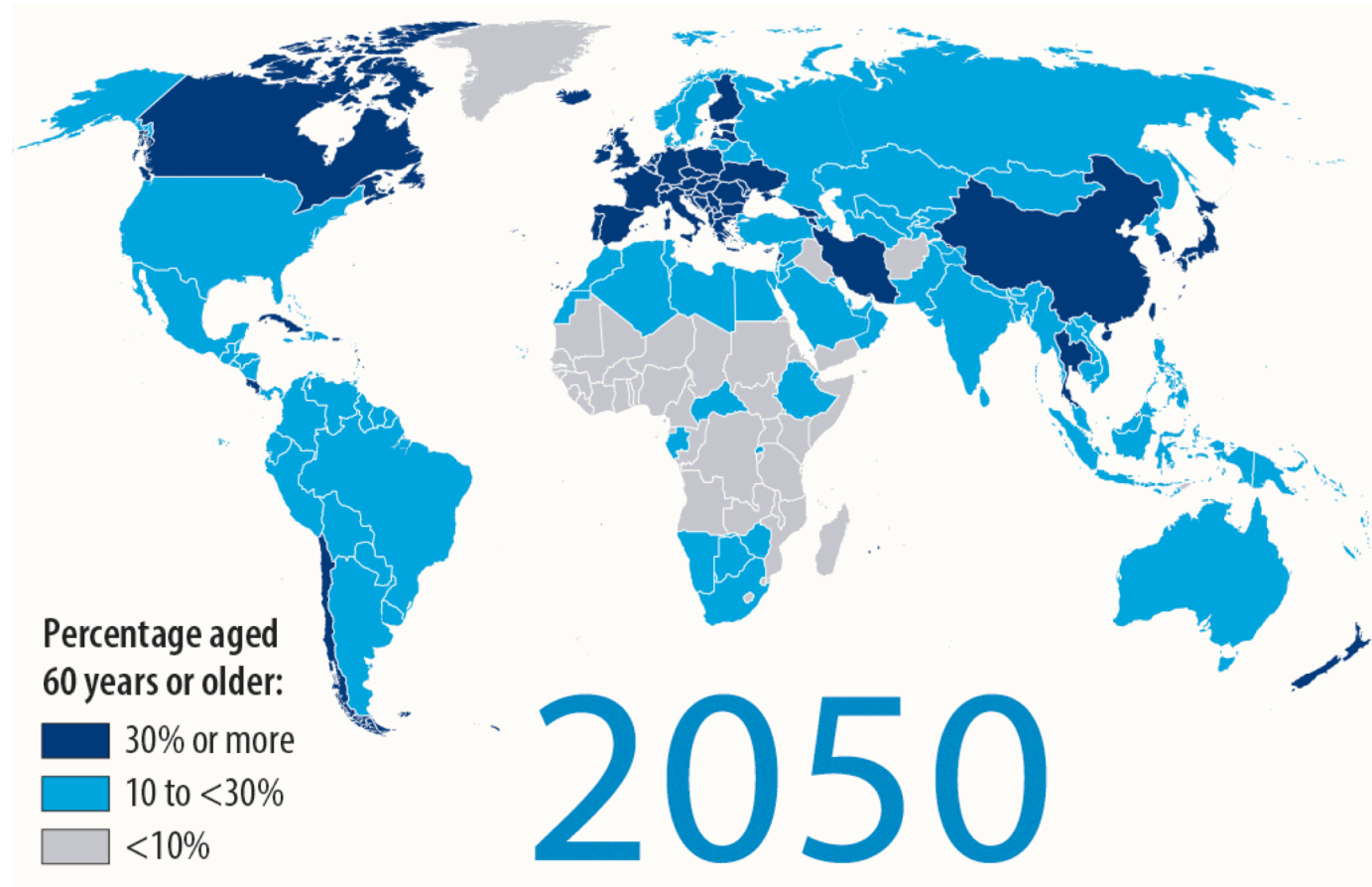


Funded by:

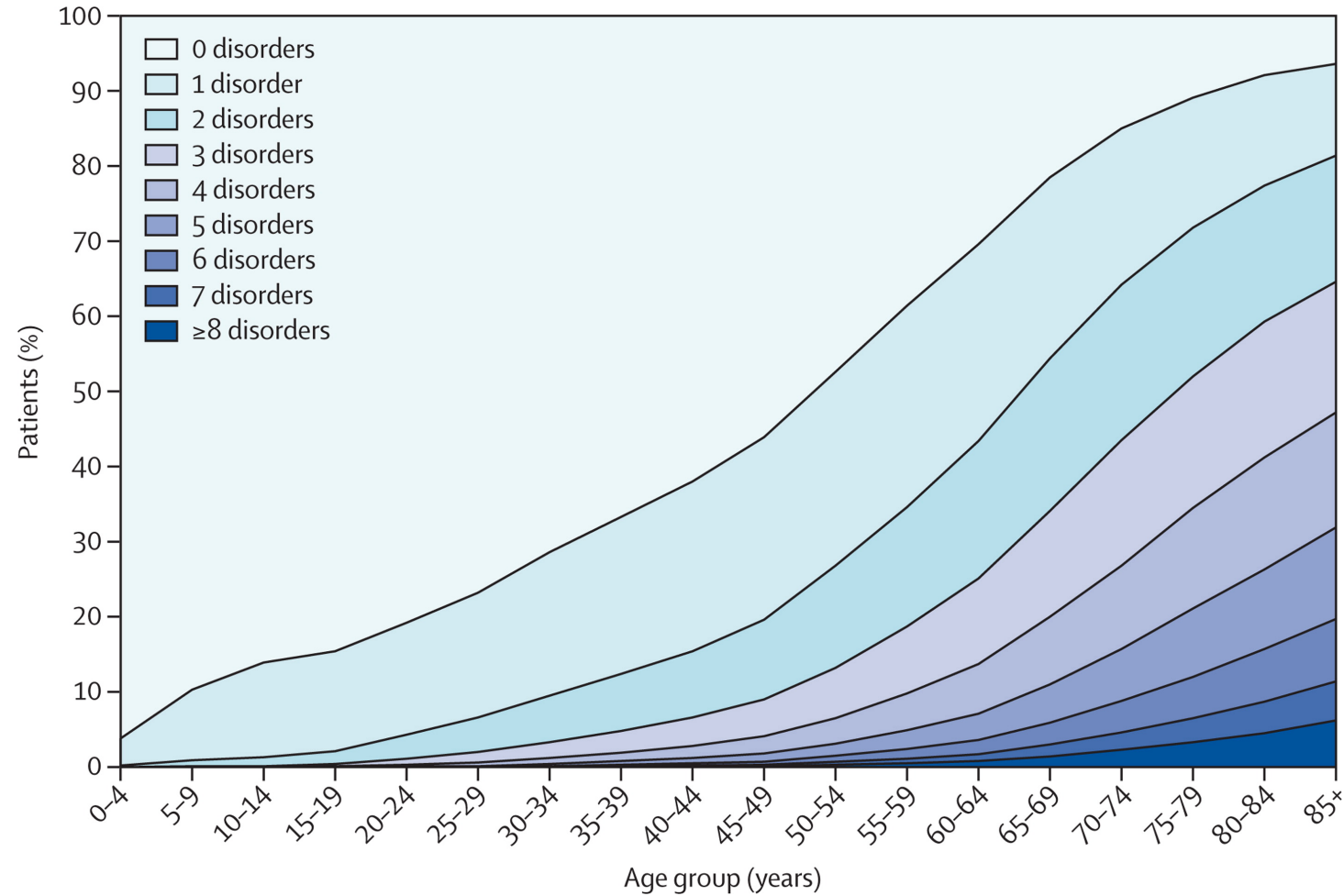
SAMW, the Gottfried and Julia Bangerter-Rhyner Foundation and the Stanley Thomas Johnson Foundation (grant PC 03/16) Swiss National Science Foundation, National Research Program 67 "End of Life" (grant 406740-139309)



SCHWEIZERISCHER NATIONALFONDS ZUR FÖRDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG



Rising multimorbidity with age

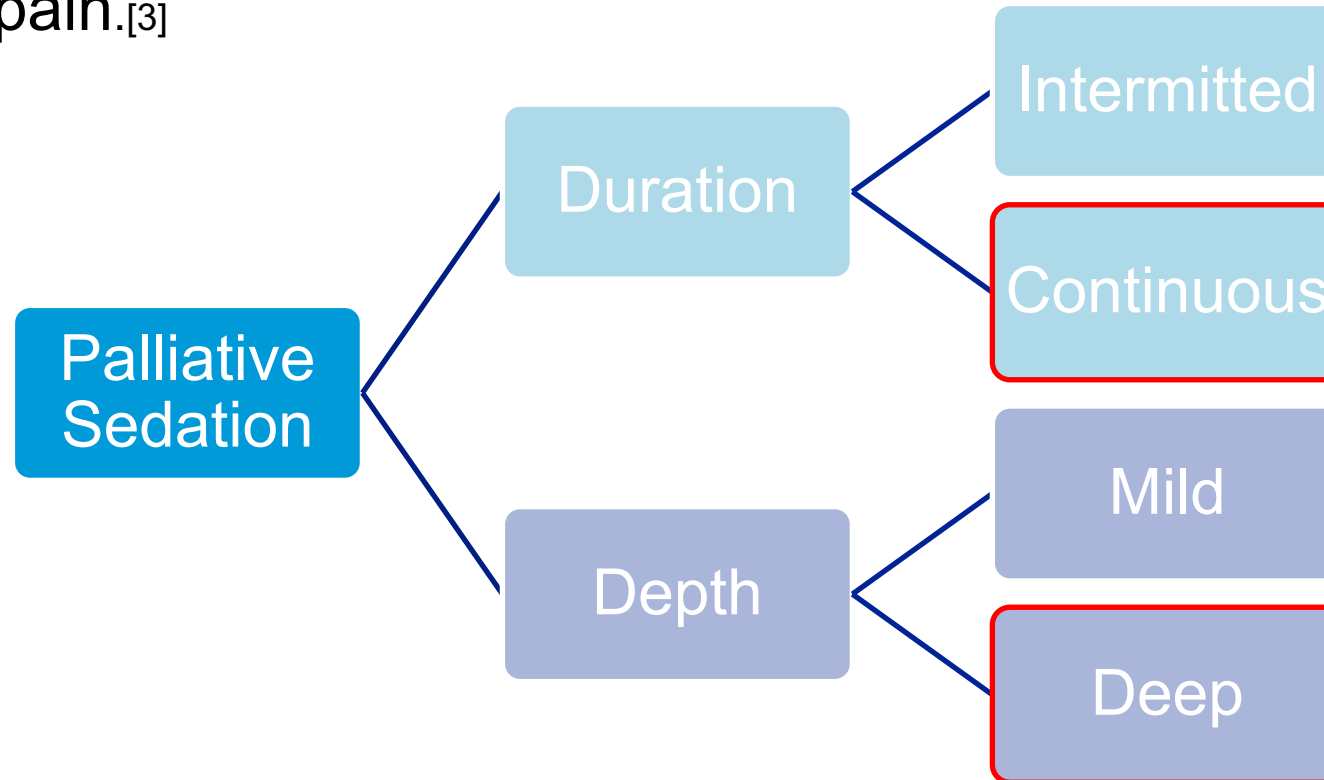


[2]

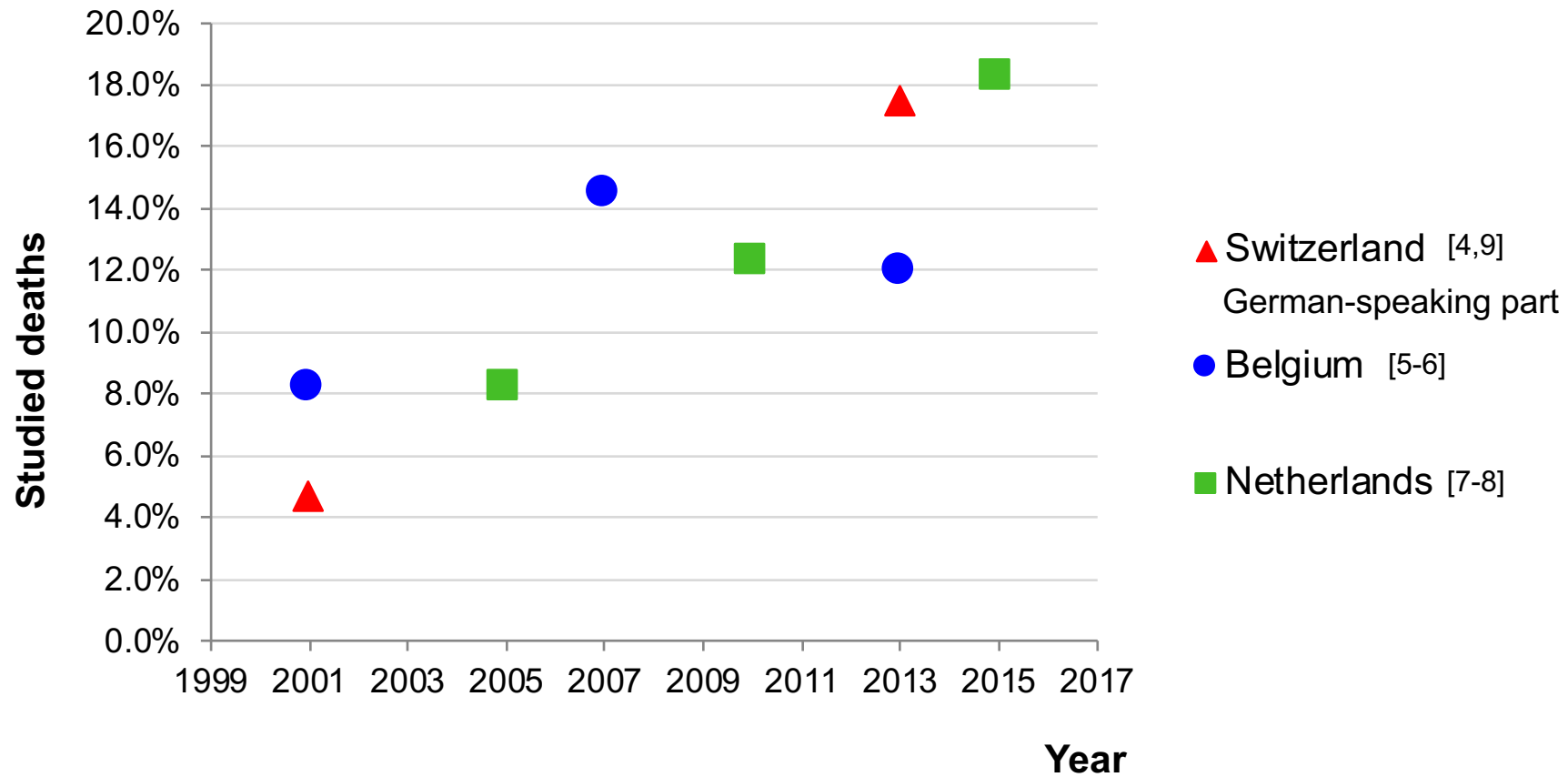
What is palliative sedation?



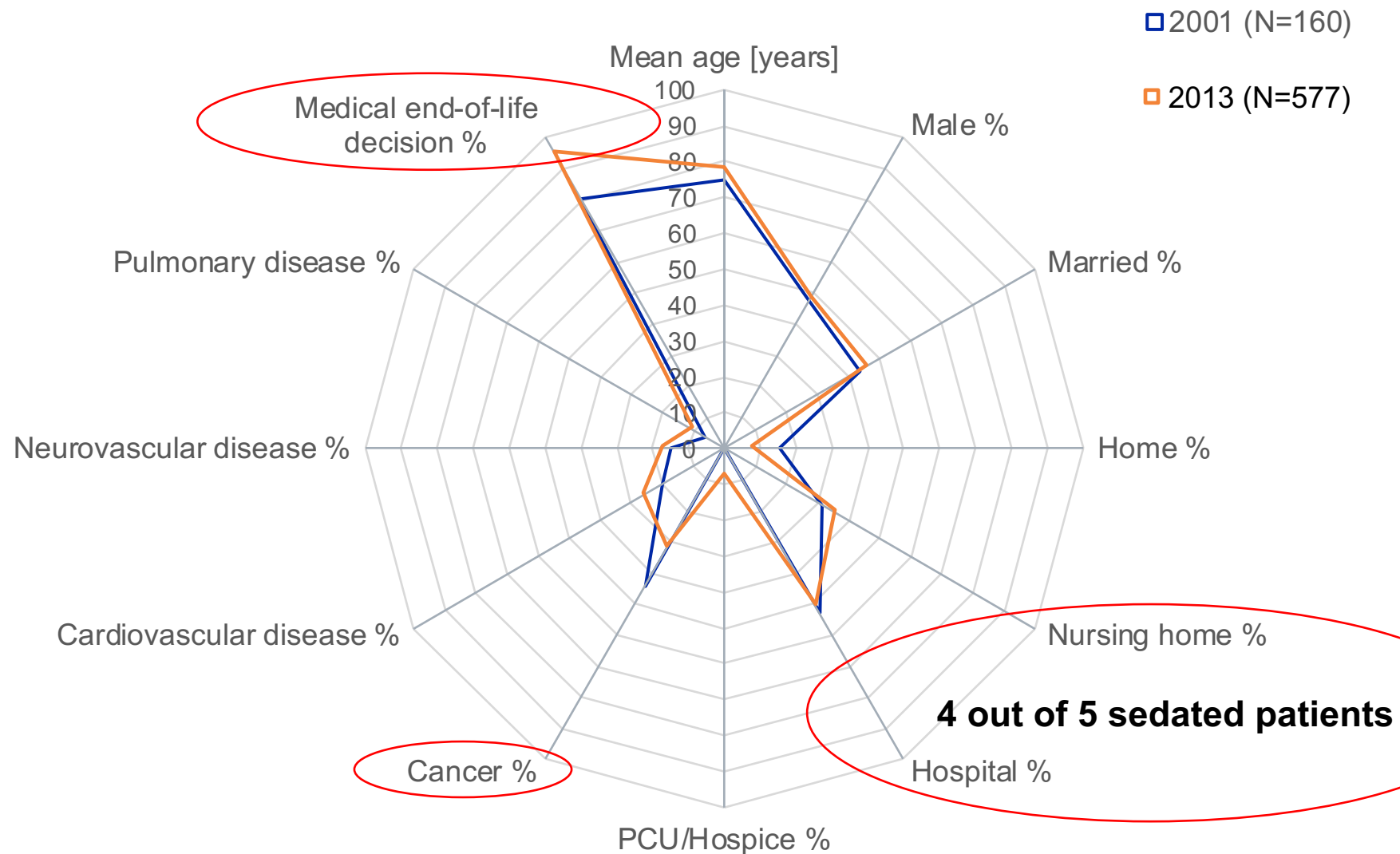
The monitored use of sedative medications intended to induce a state of decreased or absent awareness in order to relieve the burden of patient's unbearable suffering of **refractory** symptoms e.g. delirium, dyspnea, pain.[3]



“Did the patient receive sedative substances to be kept in deep sedation until death?”



Who gets continuous deep sedation until death? [9]



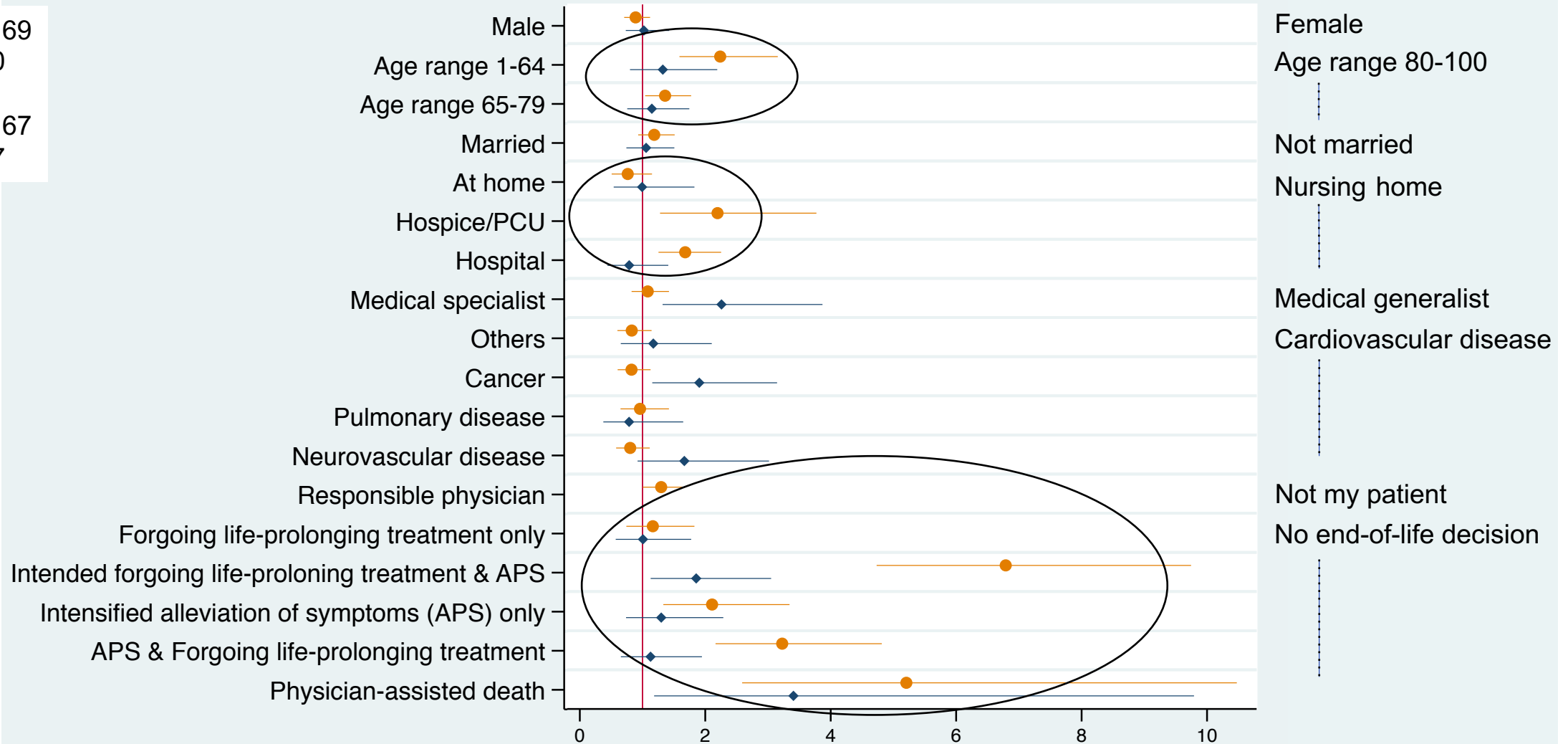
Associations between patients' demographics, clinical characteristics and continuous deep sedation until death [9]



Covariates

Odds ratio (95% CI)

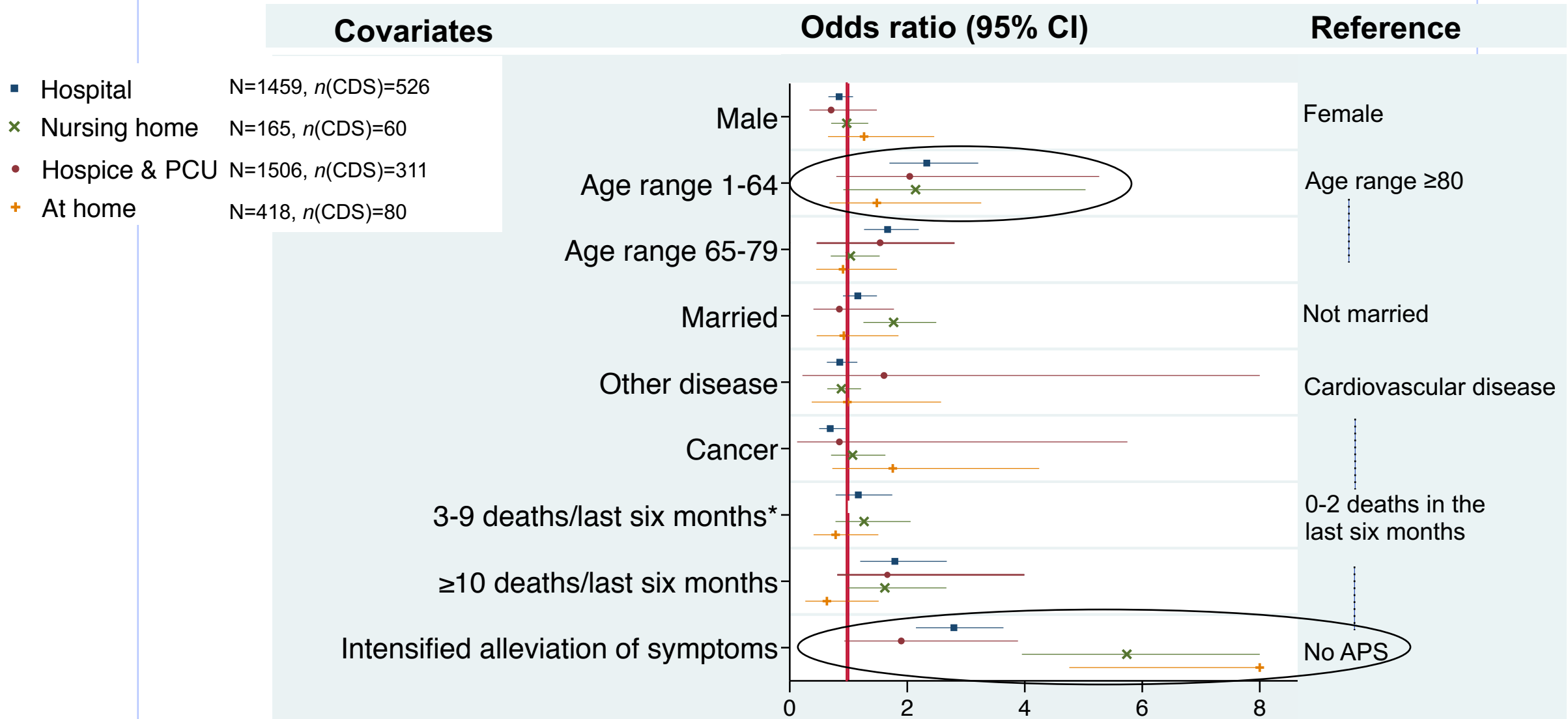
Reference



◆ 2001: N= 2169
n(CDS)=160

● 2013: N= 2167
n(CDS)=557

How is it practiced across Swiss healthcare settings? [10]



* In hospice, all physicians practicing CDS had more than 0-2 deaths in the last six months.

What is continuous deep sedation and how is it practiced? [11]

	Palliative care setting / specialization	Outside palliative care setting / specialization	
	Intended sedation	Intended sedation	Unintended sedation
Terms used	Palliative/Terminal/ Continuous deep sedation	Palliative/Terminal/Continuous deep sedation/Comfort therapy/Supportive Care/Symptom Control/No terminology	
Indication	Patient's unbearable suffering, given symptoms are refractory	Patient's unbearable suffering	Patient's unbearable suffering
Intention	Relieving suffering by reducing consciousness	Relieving suffering by reducing consciousness	Intensified alleviation of symptoms taking into account sedation as side-effect
Decision-making	Multi-disciplinary teamwork, patient & family	Multi-disciplinary teamwork, patient & family	Multi-disciplinary teamwork, patient & family
Sedative agents	Benzodiazepines	Benzodiazepines or Opioids	Benzodiazepines or Opioids

Challenge: Setting theory into context



The monitored use of sedative medications intended to induce a state of decreased or absent awareness in order to relieve the burden of patient's unbearable suffering of **refractory** symptoms e.g. delirium, dyspnea, pain. [3]

- ❖ *What is unbearable suffering? Who decides about that?*
- ❖ *When are all other treatment options exhausted?*
- ❖ *When is a patient in a terminal stage?*
- ❖ *Does continuous deep sedation hasten death?*

How to bridge the gap? ^[11]



Back to the roots

	Palliative care setting / specialization	Outside palliative care setting / specialization	
	Intended sedation	Intended sedation	Unintended sedation
Terms used	Palliative/Terminal/ Continuous deep sedation	Palliative/Terminal/Continuous deep sedation/Comfort therapy/Supportive Care/Symptom Control/No terminology	
Indication	Patient's unbearable suffering, given symptoms are refractory	Patient's unbearable suffering	Patient's unbearable suffering
Intention	Relieving suffering by reducing consciousness	Relieving suffering by reducing consciousness	Intensified alleviation of symptoms taking into account sedation as side-effect
Decision-making	Multi-disciplinary teamwork, patient & family	Multi-disciplinary teamwork, patient & family	Multi-disciplinary teamwork, patient & family
Sedative agents	Benzodiazepines	Benzodiazepines or Opioids	Benzodiazepines or Opioids

IMPROVE

Knowledge exchange

Multi-disciplinary
collaboration & education

Financial and regulatory support

BUILT

CONSENSUS

Use of sedative
substances for palliation

Use of opioids for
appropriate symptom
management

ACHIEVE

**Patient-centered
&
integrated care**



Medical End-of-Life Practices in Switzerland: A Comparison of 2001 and 2013

bei Schwerkranken leisten.

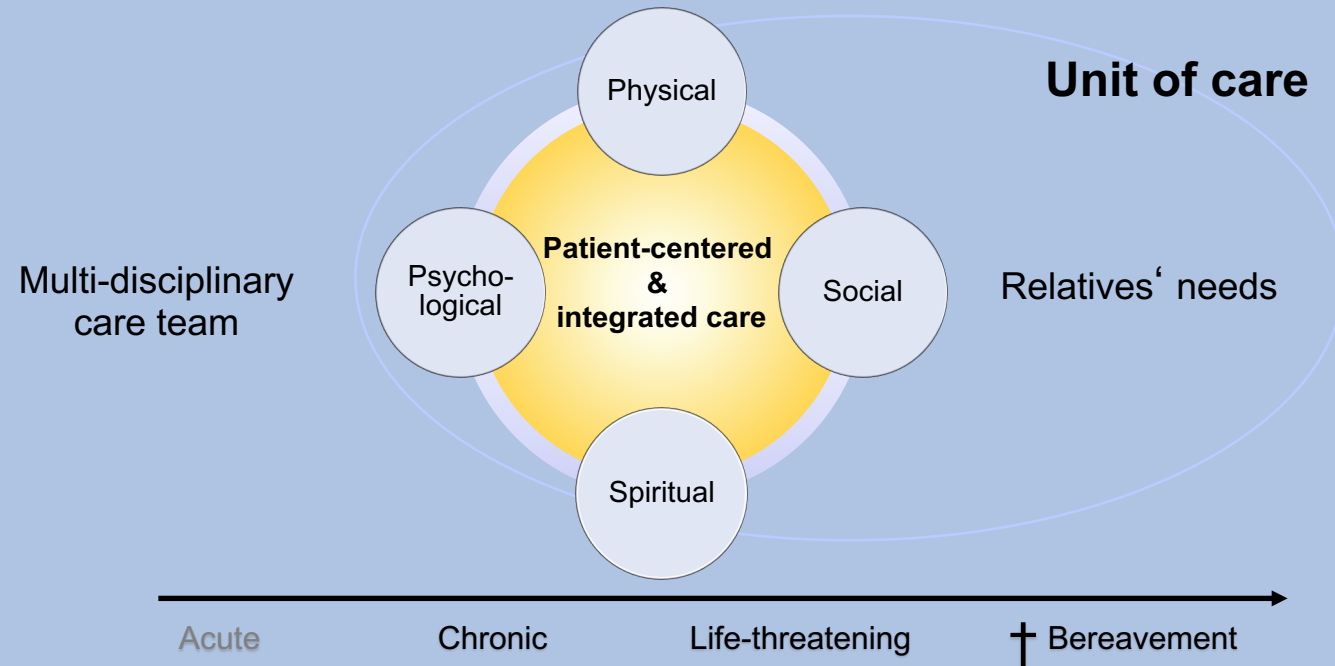
Dies ergab eine 2013 durchgeführte Befragung von Medizini-

Eine immer häufiger eingesetzte Praxis sei die Sedierung der Patienten kurz vor dem Lebens-

Patienten < vorgängig b, dienautor <

Thank you!

Sarah Ziegler PhD
sarah.ziegler@uzh.ch



Margareta Schmid MD, Matthias Bopp PhD, Georg Bosshard MD, Milo A. Puhan MD, PhD



Funded by:
SAMW, the Gottfried and Julia Bangerter-Rhyner Foundation and the Stanley Thomas Johnson Foundation (grant PC 03/16)
Swiss National Science Foundation, National Research Program 67 "End of Life" (grant 406740-139309)



SCHWEIZERISCHER NATIONALFONDS
ZUR FÖRDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG

- 1) The World Bank. Life expectancy at birth. 2017. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=EU-CH> (accessed April 13, 2018).
- 2) Barnett K, Mercer SW, Norbury M, et al. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet* 2012, 380, 37-43 DOI: (10.1016/S0140-6736(12)60240-2)
- 3) Cherny, N. I., & Radbruch, L. (2009). European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care. *Palliative Medicine*, 23(7), 581–593.
- 4) Bosshard G, Zellweger U, Bopp M, et al. Medical end-of-life practices in Switzerland: a comparison of 2001 and 2013. *JAMA Internal Medicine*. 2016;176:555-6.
- 5) Chambaere K, Vander Stichele R, Mortier F, Cohen J, Deliens L., Recent trends in euthanasia and other end-of-life practices in Belgium. *N Engl J Med* 2015;372:1179-81.
- 6) Robijn L, Cohen J, Rietjens J, et al. Trends in Continuous Deep Sedation until Death between 2007 and 2013: A Repeated Nationwide Survey. *PLoS One*. 2016;11: e0158188.
- 7) van der Heide A, van Delden JM, Onwuteaka-Philipsen BD. End-of-Life Decisions in the Netherlands over 25 Years. *N Engl J Med*. 2017;377:492–4.
- 8) Onwuteaka-Philipsen BD, Brinkman-Stoppelenburg A, Penning C, de Jong-Krul GJ, van Delden JJ, van der Heide A. Trends in end-of-life practices before and after the enactment of the euthanasia law in the Netherlands from 1990 to 2010: a repeated cross-sectional survey. *Lancet*. 2012;380:908-15.
- 9) Ziegler S, Schmid M, Bopp M, Bosshard G, Puhan MA. Continuous deep sedation until death - A Swiss death certificate study. *J Gen Intern Med*. 2018. 33(7):1052-1059. doi: 10.1007/s11606-018-4401-2.
- 10) Ziegler S, Schmid M, Bopp M, Bosshard G, Puhan MA. Using sedative substances until death: A mortality-follow back study on the role of healthcare settings. *Palliat Med*. 2018. doi: 10.1177/0269216318815799.
- 11) Ziegler S, Schmid M, Bopp M, Bosshard G, Puhan MA. Continuous deep sedation until death in patients admitted to palliative care specialists and internists: a focus group study on conceptual understanding and administration in German-speaking Switzerland. *Swiss Med Wkly*. 2018;148:w14657.