

# LET'S TALK ABOUT HOSPICE PALLIATIVE CARE **FIRST**



DECISIONS



RESPECT



QUALITY



END OF LIFE

## Key Terms Defined October 2013

**Hospice palliative care** aims to relieve suffering and improve the quality of living and dying. It strives to help patients and families:

- deal with important physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears as these occur
- promote opportunities for meaningful experiences and personal and spiritual growth as they prepare for dying and death
- cope with loss and grief.

Hospice palliative care is appropriate for any patient and/or family living with a progressive life-threatening illness due to any diagnosis, with any prognosis, regardless of age. It may co-exist with and enhance therapy of the disease or it may become the total focus of care.

Hospice palliative care is most effectively delivered by a team of skilled healthcare providers who are both knowledgeable and skilled in all aspects of hospice palliative care.

Euthanasia, physician assisted dying or assisted suicide are not considered a part of the practice of hospice palliative care.

**Palliative Sedation Therapy** - Based on the Canadian Consensus Framework, palliative sedation therapy is defined as: 1) the use of (a) pharmacological agent(s) to reduce consciousness; 2) reserved for treatment of intolerable and refractory symptoms; and 3) only considered in a patient who has been diagnosed with an advanced progressive illness.

Continuous palliative sedation therapy is the use of ongoing sedation continued until the patient's death.

As stated by a palliative care physician:

"There are two cases where physicians use palliative sedation. The most frequent case is at the very end of a patient's life. It is very common in the last days or hours of life for patients to become agitated or restless. Sedative medicines ease the restlessness, making the patient more comfortable. Far less frequently, palliative sedation is used earlier in the patient's life, when the patient has an extremely distressing symptom (such as pain or shortness of breath) and all other treatments have been unable to help. After much consultation with colleagues, the

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patient and their family, sedation is offered as a last resort for control. Sedative medicines are used to decrease the patient's awareness of severe symptoms, often varying the dose to allow the patient to wake up. As patients do not eat or drink during sedation, they are at increased risk for shortening their natural life. While both types of palliative sedation use similar medicines and have the same goal of providing comfort, they are quite different.

**Euthanasia** – Ending the patient's life on request. It is defined as a doctor intentionally ending a person's life through the administration of specific drugs, at the person's voluntary and competent request.

**Assistance in suicide** – Knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs.

**Physician Assisted Dying** – A doctor intentionally helping a person to commit suicide by providing drugs for self-administration, at that person's voluntary and competent request.

**Medical aid in dying** – (As defined by the Quebec Commission on Dying with Dignity) Although the term "euthanasia" is used in Belgium and the Netherlands, we noted during the public hearings that this term is emotionally charged, and not everyone agrees on its use. But more importantly, it does not evoke the idea of support, which is central to our proposal. Over the course of the Committee's work, "medical aid in dying" is the expression that gradually emerged on its own. The word "aid" refers to the fundamental value of support, while "medical" indicates the type of support and implies the intervention of a physician and health professionals. We therefore opted for the expression "medical aid in dying". P. 76

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Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs