Evaluating Provider Choices For Palliative Sedation

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INTRODUCTION

According to the American Academy of Hospice and Palliative Medicine, palliative sedation is the "intentional lowering of awareness towards, and including, unconsciousness for patients with severe and refractory symptoms". It is an essential aspect of end-of-life care that providers must be knowledgeable about to properly treat the symptoms of their patients.

Despite its importance, there is no official guideline in the United States that gives providers a definite protocol for administering palliative sedation. Rather, different providers and organizations utilize their own personal protocols. Sharing providers' and organizations' approaches to palliative sedation can be beneficial to trainees to help care for their future patients.

MATERIALS & METHODS

202 Hospice Centers from 7 states in the New England/Northeast area of the United States were contacted either via phone* or through a Qualtrics Survey.

A total of 122 centers responded and 16 were willing to give information regarding their providers' general practices.

Data points collected for this study include:

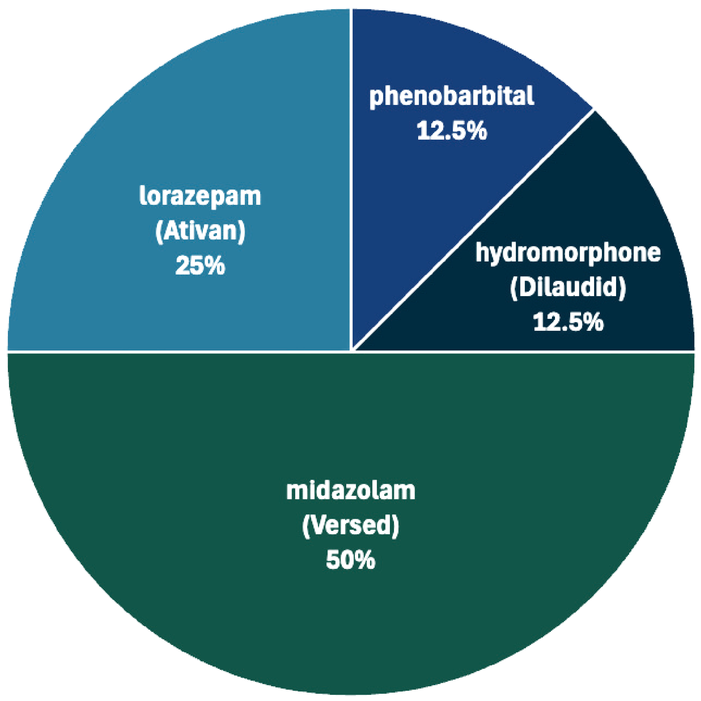
1. First-line medication choice
2. Second-line medication choice
3. Goals of palliative sedation

*Phone numbers obtained from the Centers for Medicare & Medicaid Services (CMS) hospice provider search tool

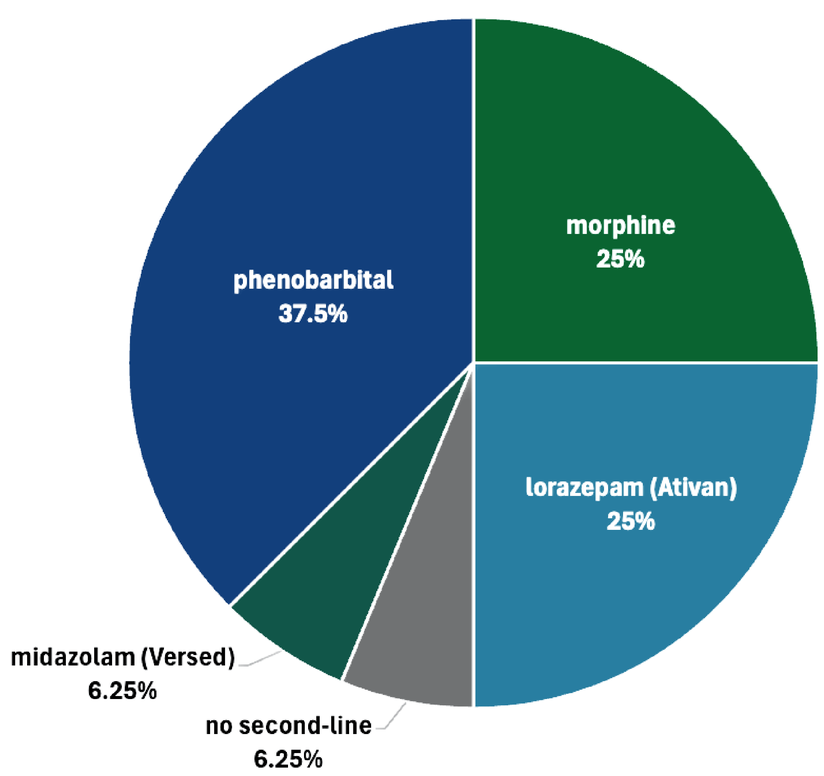
RESULTS

- Of the hospice centers that responded between January and June 2025, 16 provided details about their sedation protocols
- For **first-line medications**, 8 centers reported using midazolam (Versed), 4 used lorazepam (Ativan), 2 used phenobarbital, and 2 used hydromorphone (Dilaudid).
- For **second-line medications**, 6 centers reported using phenobarbital, 4 used morphine, 4 used lorazepam (Ativan), 1 used midazolam (Versed), and 1 center reported no use of second-line medications.

First-line Medication Choices



Second-line Medication Choices



DISCUSSION

Interestingly, in centers where palliative sedation is primarily defined as a means of "relieving suffering", hydromorphone (Dilaudid) and morphine were used as the first- and second-line medications, respectively.

In contrast, other centers, that defined palliative sedation as the intentional reduction of consciousness in end-of-life care, preferred benzodiazepines as first-line agents, with most using barbiturates as second-line options.

This preliminary pattern suggests that how an institution defines the purpose of palliative sedation influences its choice of medications. Further data collection is needed to better guide trainees in becoming compassionate, values-driven hospice and palliative care providers committed to alleviating suffering.

LIMITATIONS & FUTURE EFFORTS

There are several limitations to consider in this preliminary survey. First, our current sample size is small; only 16 centers participated in the survey. While this provides an initial snapshot, additional data are needed to support more definitive conclusions. Second, some centers or providers may prescribe certain medications based on factors not captured in the survey, such as cost-effectiveness or availability. Future efforts should aim to expand survey participation across more regions in the United States.

REFERENCES

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