

## **ARTIFICIAL SEDATION AT THE END OF LIFE AND PATIENT'S WILL**

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Aim of investigation: Terminal sedation (TS) for refractory symptom control remains a difficult issue in palliative care with regard to medical indication, decision-making and ethical problems. The frequency of TS varies in different institutions between 1 and 50%. Intention of this study was to analyse frequency and attitude towards TS in our PCU during the last 7 years and discuss medical and ethical guidelines.

Methods: The data of all 446 patients (37% of all admissions) who died between 1995 and 2001 on the PCU of GK Havelhöhe were analysed in relation to the prevalence of unbearable symptoms, demand and indication for continuous sedation in the last days of life. On the base of these data a critical evaluation for the TS decisions was made.

Results: The annual frequency of TS from 1995 till 2001 varied between 7.4 and 20.3%. While medical indications (refractory symptom control) decreased over the years there seemed to be an increasing willingness from patients and relatives to “die in sedation, when death is expected in the next 48 hrs” during the last 2 years. The ethical implications of this change are discussed.

Conclusions: TS is an useful therapeutic technique for refractory symptom control in palliative care but especially in relation to growing public demand special guidelines are needed.