

## Factors Influencing the Judgment Process in Palliative Sedation Hospice's Struggle to Strike a Balance between Varied Individual Autonomy

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### Introduction

The goal of this study is to see how the practice of palliative terminal sedation treatment (PST) has altered in a hospice environment through time and what psychosocial factors have impacted it. The prevalence of palliative/terminal sedation therapy (PST) and several parameters linked with the decision-making procedure in PST were investigated (awareness of death, impairment of cognitive function, discussion of sedation with physicians, etc.). Despite a decreased tendency in patients who are unaware that they are dying, the caregiver is always the interpreter in the decision-making process. Furthermore, when the caregiver was the primary interlocutor in the judgment process, the likelihood of conscious sedation preceding profound sedation was dramatically reduced. The importance of the patient's decision-making appears to be related to understanding of the death process, and the families' responsibilities are an important consideration in healthcare interventions.

Palliative sedation therapy (PST) is used in accordance with national and international recommendations, as well as the National Hospice and Palliative Care Organization's guidelines [1]. Terminology, justifications, methodologies, drugs, hazards, and judgment procedures are all addressed in the guidelines. The critical modifications of principles that are being compared in terms of important aspects of PST: prevalence, type of sedation (mild or deep), survival, medication, food intake, fluid intake, judgment, physician attitudes, family experience, efficacy, safety, and important ethical issues related to the identification of refractoriness of symptoms, existential suffering, patient data, and family consent [2,3].

Especially interested in seeing how our clinical practice has evolved over time, as well as how patients' autonomy and family involvement were seen. The willingness of physicians to get away with emotional strain at the intrapsychic and interpretative levels to balance the ethical stress among the different individual autonomies in the field, that is, the effort to modify the cultural aspect of society and dominant opinions, is

dependent on the extent to which the patient is able to or wants to take over the liability of his or her own options [4,5].

### Conclusion

The conclusion is that physicians' and families' attitudes of responsibility are important factors in advance directives because they influence the role that family members will accept in end-of-life judgment. More research is likely needed to fully understand these complicated phenomena. The physician's and care team's job is to tailor therapeutic decision-making communication to the degree of autonomy available in each family's situation, as well as to the patient's and family's coping patterns, if necessary, using a moderate traditionalism strategy. Despite emphasizing the importance of family members or surrogates making decisions based on the patient's presumed will, the palliative care team faces the challenge of knowing that the outcomes of their own work must be balanced between the ideal degree of patient autonomy and realistic awareness of dealing with patients and family members with whom they are unfamiliar. Palliative care groups can help to alter society's cultural level and prevalent ideas in this way [5].

### References

1. Abbe J, Piller N, Bellis A, Esterman A, Parker D, et al. (2004) The Abbey pain scale: A 1-minute numerical indicator for people with end-stage dementia. *Int J Palliat Nurs* 10:6–13.
2. Borreani C, Brunelli C, Bianchi E, Piva L, Moro C et al. (2012) Talking about end-of-life preferences with advanced cancer patients: Factors influencing feasibility. *J Pain Symptom Manag* 43:739–746.
3. Borreani C, Brunelli C, Miccinesi G, Morino P, Piazza M et al. (2008) Eliciting individual preferences about death: Development of the end-of-life preferences interview. *J Pain Symptom Manag* 36:335–350.
4. Morita, T, Akeki, T, Sugawara, Y, Chihara, S, & Uchitomi, Y (2002). Practices and attitudes of Japanese oncologists and palliative care physicians concerning terminal sedation: A Nationwide Survey. *J Clin Oncol*. 20:758–764.
5. Núñez OJM, Guillén G (2001) Cultural issue and ethical dilemmas in palliative and end-of-life care in Spain. *Cancer Control* 8:46–54.

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