



## STATEMENT ON CONTINUOUS PALLIATIVE SEDATION THERAPY

### November 2017

### Examples updated April 2020

The Canadian Society of Palliative Care Physicians (CSPCP) strongly recommends that all physicians practicing Continuous Palliative Sedation Therapy (CPST) create or adopt a specific policy on CPST for their practice group or institution. This will ensure that CPST is a transparent practice that is easily distinguished from practices that hasten death and subject to best practice.

In alignment with the [Framework for Continuous Palliative Sedation Therapy](#), elements of a policy include:

- palliative approach to care in place
- patient characteristics: severe, refractory symptoms
- estimated prognosis less than two weeks
- explicit consent process
- patient informed consent: ideal
- family participation: encouraged to form consensus agreement
- incompetent patient: patient proxy and family members with use of advance directives or consensus about patient wishes and best interests to make decision
- second opinion: from palliative care consultant (telephone consult or e-consult is acceptable)
- medical staff participation and staff consent required for their participation
- medication selection and titration according to availability and best practice

Examples of policies are below.

[Alberta Health Services Palliative Sedation - Adult](#)  
[BC Centre for Palliative Care Refractory Symptoms & Palliative Sedation](#)