

Use of palliative sedation in pulmonary medicine in Norway

Palliative sedation for terminally ill patients is defined as medication-induced reduction of consciousness to alleviate suffering that cannot be relieved in any other way. We would like you to answer the following questions so that we can map practices in this area among pulmonologists in Norway. The results will be presented at the Norwegian Association for Pulmonary Medicine's autumn meeting on 12 November, and if we receive sufficient responses, we will also write an article on this topic for the Journal of the Norwegian Medical Association. Thank you in advance for participating.

1. Are you familiar with the Norwegian Medical Association's guidelines for palliative sedation for terminally ill patients?

☐ Yes

☐ No

☐ Not sure

2. If you are familiar with the Norwegian Medical Association's guidelines for palliative sedation, what do you think of them?

☐ Clear and unambiguous, serve as a good support tool in our department

☐ Could be clearer in relation to specific pulmonary medicine issues

☐ Unclear, do not serve as a good support tool in our department

☐ Not sure

☐ Other

3. Is palliative sedation for terminally ill patients practised in your department?

☐ Yes

☐ No

☐ Not sure

4. If you are not aware of palliative sedation being practised in your department, you can proceed to question 23. Alternatively, you can add comments here if you have any thoughts on whether it should be practised in your department or not.

5. If palliative sedation is practised in your department, would you say it is carried out in line with the Norwegian Medical Association's guidelines?

☐ Yes, it is only carried out in exceptional cases in patients with intractable symptoms at end of life

☐ No, we have our own protocols/practices

☐ Not sure

☐ Other

6. If you have your own protocols/practices for palliative sedation in your department, can you give a brief description of what these entail?

7. If palliative sedation is practised in your department, how frequently would you say it is carried out?

☐ Less than once a year

☐ A few times a year

☐ Every month

☐ Every week

8. If palliative sedation is practised in your department, which patient groups have received it?

☐ Lung cancer

☐ COPD

☐ Interstitial lung diseases

☐ ALS/neurodegenerative diseases

☐ COVID-19

☐ Other

9. If palliative sedation is practised in your department, which diagnostic group does it mainly apply to?

☐ Lung cancer

☐ COPD

☐ Interstitial lung diseases

☐ ALS/ neurodegenerative diseases

☐ COVID-19

☐ Other

10. Have you personally administered palliative sedation to patients?

- ☐ No
- ☐ Yes, once
- ☐ Yes, several times
- ☐ Not sure
- ☐ Other

11. If palliative sedation is practised in your department, what medication is used (in combination, if relevant)?

- ☐ Midazolam
- ☐ Morphine
- ☐ Propofol
- ☐ Levomepromazine (Nozinan)
- ☐ Dexmedetomidine (Dexdor)
- ☐ Not sure
- ☐ Other

12. If palliative sedation is practised in your department, who is involved in the decision-making process and/or administering the sedation, in addition to the pulmonologists?

- ☐ Patient
- ☐ Patient's family
- ☐ Nurses
- ☐ Doctor in palliative care team
- ☐ Anaesthesiologist
- ☐ Oncologist
- ☐ Other professions
- ☐ Clinical ethics committee
- ☐ Other

13. If palliative sedation is practised in your department, can you elaborate on the normal decision-making process there (include discussions with clinical ethics committees)?

14. If palliative sedation is practised in your department, what are the indications for this?

- ☐ Intractable dyspnoea at end of life
- ☐ Intractable pain at end of life
- ☐ Intractable delirium at end of life
- ☐ Intractable psycho-existential suffering at end of life
- ☐ Not sure
- ☐ Other

15. Have you experienced ethical challenges relating to palliative sedation in your department?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Other

16. If you have experienced ethical challenges relating to palliative sedation, can you briefly describe these (NB: do not give personal information)?

17. How many of the patients that are considered for palliative sedation in your department would you estimate are also receiving non-invasive ventilation (NIV) and/or high-flow oxygen therapy (HFOT) as part of their overall treatment?

- ☐ Almost all
- ☐ Approx. 75%
- ☐ Approx. 50%
- ☐ Approx. 25%
- ☐ Almost none
- ☐ Not sure
- ☐ Other

18. In patients who are receiving palliative sedation as well as non-invasive ventilation (NIV) and/or high-flow oxygen therapy (HFOT), how do you proceed after the patient has been sedated?

- ☐ NIV/HFOT is continued until death
- ☐ NIV/HFOT is gradually tapered and discontinued
- ☐ NIV/NFOT is discontinued immediately after sedation
- ☐ Not sure
- ☐ Other

19. If palliative sedation is practised in your department, how long do patients live on average after sedation?

- ☐ A few hours
- ☐ A few days
- ☐ A few weeks
- ☐ Not sure
- ☐ Other

20. If palliative sedation is practised in your department, what other medical interventions, if any, are continued?

- ☐ Fluids
- ☐ Artificial feeding
- ☐ Antibiotics
- ☐ Everything
- ☐ Not sure
- ☐ Other

21. If you have been involved in administering palliative sedation, how confident did you feel in carrying this out?

- ☐ Very confident
- ☐ Confident
- ☐ Neither confident nor uncertain
- ☐ Uncertain
- ☐ Very uncertain
- ☐ Other

22. Can you elaborate on what made you feel confident or uncertain in relation to administering palliative sedation?

23. Do you have any suggestions as to how the Norwegian Medical Association's guidelines for palliative sedation could be improved to better meet the needs of pulmonary patients?

24. I am a

- ☐ specialty registrar
- ☐ specialist in pulmonary diseases
- ☐ Other

25. I work at a

- ☐ university hospital
- ☐ local hospital
- ☐ private hospital
- ☐ Other

26. Age

- ☐ <30 years
- ☐ 30-40 years
- ☐ 41-50 years
- ☐ 51-60 years
- ☐ >60 years

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