STATEMENT ON CONTINUOUS PALLIATIVE SEDATION THERAPY
November 2017

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 polices are below.

Fraser Health Authority in British Columbia
Quebec
Edmonton
Waterloo Wellington

Approved by the CSPCP Board of Directors November 4, 2017