

PERCEPTION OF PATIENTS' RELATIVES AND HEALTHCARE PROVIDERS REGARDING CONTINUOUS DEEP SEDATION UNTIL DEATH: A LEXICOMETRIC AND THEMATIC ANALYSIS

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Background

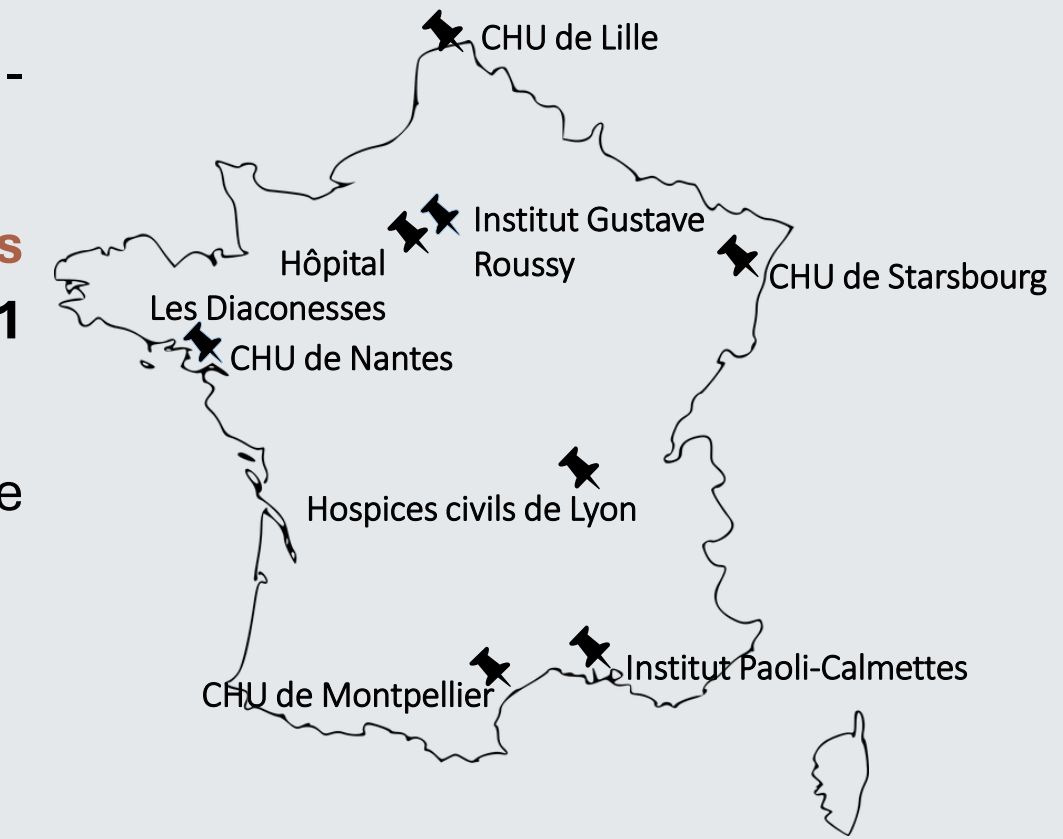
- Continuous Deep Sedation Until Death (CDSUD) is considered by some a “French exception” since 2016
- Findings suggest that this procedure is **not really integrated in the care structures** yet
- **This procedure might not be clear** to patients, their relatives and their healthcare providers (HCP)

Objective

» **To document**, through their discursive characteristics, **the perception and the experience of patients' relatives and HCPs of CDSUD** in the cancer context

Methods

- The **APSY-SED study** is a multicentric prospective, longitudinal study, using a mixed-methods design
- We present here the qualitative results of a **lexicometric and class analysis (Descending Hierarchical Classification)** of relatives and HCPs' interviews at T1 (when CDSUD is implemented)
- Frequencies and co-occurrences of words associated with this procedure were analyzed with the Iramuteq Software
- A thematic analysis provided a deeper understanding of these lexicometric findings
- The **COREQ** checklist was used to promote the rigor of the study



Results



N=9 HCP
♀ = 5

Nurses	6
Doctors	3

Class analysis (DHC) stemming from a Reinert analysis of HCP interviews

Medical & team decision

"sedation is a team procedure"

"the collegial procedure really helps"

Family decision - communication with family

"the family was ready" / "it's hard for families"

"talk to the family" "accompany the family"

"we take the time before and even after to explain"

Deep sedation - End of Life

"sedation" linked to patients' desire to die "they want to die", and difficulties for HCP "it puts me in too much difficulty"

"active aid in dying" linked to "difficulties", "patient's request", "prohibited"



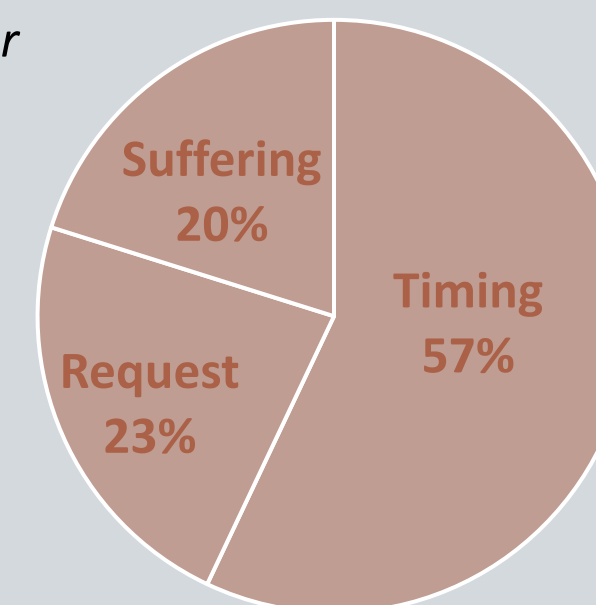
N=17 relatives
♀ = 8

Children	11	Siblings	3
Spouses	2	Parent	1

Frequency of words used by relatives

"I didn't want her to suffer"
"What I want is for her to stop suffering"
"He had suffered enough"
"She didn't suffer and for us that was the most important thing"

"She asked for it" "her request"
"we listen to the person asking to leave"
"he's the one who asked for it [sedation]"



"We were able to take our time and decide on the moment"
"To share quality moments"
"For me it wasn't the right time"
"I found it really hard to understand why it took so long".
"How long does it take?"
"leave time for reflection"



Relatives: **respect for the patient's choice** - request of the patient

choice x29, to accept x34, wish x28



Professionals: **respect for the law / patient's right** - relief of suffering

law x15, right x14, procedure x10

Conclusion

- CDSUD is regulated by law and for many HCPs its initiation **can be an emotionally distressing decision**
- Compared with HCPs, families were more likely to agree that death with CDSUD is one type of good death and they were more likely to regard CDSUD as appropriate. The **wish for a calm and peaceful death** was so important that moral problems with CDSUD raised in the literature were of no concern to them
- It would be useful to **offer training to the professionals** who seem to be most concerned by this change in practices

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