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A qualitative study on pattern of practice and decision making on palliative sedation among physicians in Thai medical schools

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Background: in Thailand, palliative sedation is not systematically taught in both undergraduate and post-graduate medical curricula. This causes variation of practice which is depending on individual physician experience.

Aim: To study physician thinking process and prescription pattern of palliative sedation.

Method: A qualitative research by in-depth interview among physicians who have experience of palliative sedation in three medical schools from June 2014 to November 2014.

Results: From total of 20 physicians in this research, there are 7 faculty physicians, 2 hospitalists, 1 fellowship physician, and 10 resident physicians. Thinking process and decision making for palliative sedation among physicians started from the patients in their care were in terminal stage and had suffering symptoms or unconsciousness. Physicians considered patient factors, relative factors, share-cared physicians and hospital system factors. When all factors are concordant, physicians would make decision. The commonly used medications are opioids, benzodiazepines, muscle relaxant, antipsychotics and amnestic agent. Starting dose, adjusting dose and drug monitoring is different between physicians who have knowledge or formal training in palliative sedation and physicians who have experience on learning by doing. Furthermore, the study found different paradigm of palliative care definition.

Conclusions: Thinking process, decision making and prescription pattern of palliative sedation depend on whether the formal training has been provided. Physicians who got formal training have more confidence and prescribe more safe dosing than physicians who learned by doing only. Almost all physicians recognize the importance and necessity of formal training in palliative sedation in undergraduate medical curriculum.