

# Factors Influencing the Judgment Process in Palliative Sedation in Hospice { Hospice }

## Introduction

The goal of this study is to see how the practice of palliative terminal sedation treatment (PST) has altered in a hospice environment through time and what psychosocial factors have impacted it. The prevalence of palliative/terminal sedation therapy (PST) and several parameters linked with the decision-making procedure in PST were investigated (awareness of death, impairment of cognitive function, discussion of sedation with physicians, etc.). Despite a decreased tendency in patients who are unaware that they are dying, the caregiver is always the interpreter in the decision-making process. Furthermore, when the caregiver was the primary interlocutor in the judgment process, the likelihood of conscious sedation preceding profound sedation was dramatically reduced. The importance of the patient's decision-making appears to be related to understanding of the death process, and the families' responsibilities are an important consideration in healthcare interventions.

Palliative sedation therapy (PST) is used in accordance with national and international recommendations, as well as the National Hospice and Palliative Care Organization's guidelines [1]. Terminology, justifications, methodologies, drugs, hazards, and judgment procedures are all addressed in the guidelines. The critical modifications of principles that are being compared in terms of important aspects of PST: prevalence, type of sedation (mild or deep), survival, medication, food intake, fluid intake, judgment, physician attitudes, family experience, efficacy, safety, and important ethical issues related to the identification of refractoriness of symptoms, existential suffering, patient data, and family consent [2,3].

Especially interested in seeing how our clinical practice has evolved over time, as well as how patients' autonomy and family involvement were seen. The willingness of physicians to get away with emotional strain at the intrapsychic and interpretative levels to balance the ethical stress among the different individual autonomies in the field, that is, the effort to modify the cultural aspect of society and dominant opinions, is

dependent on the extent to which the patient is able to or wants to take over the liability of his or her own options [4,5].

## Conclusion

(scale: 1-5 minute numerical indicator) - for people - with wend-