



**NHPCO response to NY Times article of 12/26/09**

December 30, 2009

**Selected Bibliography**

Cherny, N., et al. (2009). European Association for Palliative Care recommended framework for the use of sedation in palliative care, *Palliative Medicine*, 23(7), 581-593.

Chiu, T., et al. (2000). Sedation for Refractory Symptoms of Terminal Cancer Patients in Taiwan. *Journal of Pain and Symptom Management*, 21, 467-472.

Kohara, H., et al. (2005). Sedation for Terminally Ill Patients with Cancer with Uncontrollable Physical Distress. *Journal of Palliative Medicine*, 8, 21-25.

Maltoni, et al. (2009). Palliative sedation therapy does not hasten death: results from a prospective multicenter study. *Annals of Oncology*, 20: 1163-1169.

Morita, T., et al. (2001). Effects of High Dose Opioids and Sedatives on Survival in Terminally Ill Cancer Patients. *Journal of Pain and Symptom Management*, 21, 282-289.

Stone, P., et al. (1997). A comparison of the use of sedatives in a hospital support team and in a hospice. *Palliative Medicine*, 11, 140-144.

Sykes, N., & Thorns, A. (2003). Sedative Use in the Last Week of Life and the Implications for End-of-Life Decision Making. *Archives of Internal Medicine*, 163, 341-344.

The recently published European Association for Palliative Care recommended framework for the use of sedation in palliative care is another important source of guidance surrounding this issue that healthcare professionals may find as a valuable resource. It is available online at [www.eapcnet.org/projects/Sedation.html](http://www.eapcnet.org/projects/Sedation.html).

For members of the public looking to learn more about care at the end of life, please visit NHPCO's Caring Connections at [www.caringinfo.org](http://www.caringinfo.org).

**National Hospice and Palliative Care Organization  
Alexandria, VA**

*NHPCO is the oldest and largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. NHPCO's mission is to lead and mobilize social change for improved care at the end of life.*