Purpose

- To encourage discussion related to new scientific findings and suggestions that oxygen may not be necessary at end-of-life, and in fact, oxygen use may prolong death for those wanting to die.
- Literature review on this topic has suggested that oxygen use may prolong the dying process.

Literature Review

- Some research studies demonstrate that oxygen use may not be indicated for various reasons: (Maunder, 2006).
  - Oxygen is a costly intervention
  - Oxygen use may be uncomfortable for certain people due to nasal prong discomfort, decreased mobility, noisy equipment
  - Long oxygen tubing may be hazardous and cause falls
  - Use of high oxygen levels may not even relieve shortness of breath
  - Excessive oxygen levels can cause lung or airway damage
  - Oxygen may prolong the dying process in patients who are ready to let go

- Some evidence reveals that oxygen use may have benefits in patients with: (Uronis and Abernethy 2008)
  - Severe hypoxemia
  - Chronic obstructive pulmonary disease
  - Certain types of cancer

- According to research, other ways to manage breathlessness include opioids, use of fans, cool air from an open window, breathing strategies, positioning, and relaxation techniques (Barnes, 2010)

- All literature indicates a need for further research on this topic.

Attitudes and Beliefs

- Motivating force for prescribing palliative oxygen:
  - Perhaps clinical practice and decisions are more influenced by and related to beliefs held by treating physicians, families, and caregivers
  - Often, the use of palliative oxygen is based on the judgment of physicians rather than that evidence of benefits to the patient, i.e. is the oxygen prolonging the dying process or clearly benefitting the patient?
  - Palliative care patients are prescribed palliative oxygen in 70% of cases. Sixty-five percent of the time this is for refractory (hard to manage) symptoms and only 30% of the time this is by request of the patient (Baumrucker et al, 2009)

- Power of perception:
  - In many cases, patients are ready to die and make it apparent that they wish to die comfortably and without delay. Families can become uncomfortable when labored breathing begins and suggest treatment.
  - Oxygen may provide a psychological comfort to patients and/or caregivers

Varied Institutional Policies

- Informal discussion of institutional policies was undertaken by a group member with people from six different palliative care programs in the United States:
  - All six hospitals had physician-ordered “comfort care” protocols: Five out of six hospitals utilized orders for oxygen as needed.
  - Several reasons for the preferential use of oxygen included standard practice, patient comfort, makes family comfortable, and eliminating breathlessness

- Family members as decision makers
  - “The patient tugs on or continually removes the oxygen tubing or mask”
  - “There is a wish to not prolong the dying process using any artificial means”
  - “The patient seems to be breathing comfortably without oxygen”

- Interest has been shown regarding the results of such a research study, but “the information probably won’t change [the] practice”

Suggestions for Future Research

- Further research is needed on this topic, and despite the difficulty in obtaining information through randomized trials, we urge research in the following areas:
  - Case studies of persons who have died peacefully with removal of oxygen
  - A matched, controlled case study of persons who have used oxygen and those who have not used oxygen
  - A large survey of health providers and their perceptions of patient deaths with or without oxygen
  - Surveys detailing the attitudes and beliefs of health care providers, patients and family members related to oxygen use at end-of-life
  - Research comparing end-of-life experiences of patients between institutions operating with oxygen or non-oxygen use at end-of-life

Bibliography


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