Letter

Response to "Hyoscine Butylbromide for the Management of Death Rattle: Sooner Rather Than Later"

Dear Editor,

With great interest, we read the article "Hyoscine Butylbromide for the Management of Death Rattle: Sooner Rather Than Later" by Mercadante et al.[1] The authors concluded that the prophylactic use of hyoscine butylbromide, an anticholinergic drug, is an efficient method to prevent death rattle in dying patients with a reduced level of consciousness. The striking study results may be a starting point to change the current practice of treating death rattle.

Although the study results are striking, we would like to place a critical note. Mercadante et al. made use of a randomized controlled trial without a double-blind research design, for example, a placebo arm was not included. As a consequence, the chance that observer bias has occurred is considerable, which may have influenced the results significantly. The authors stated that "the trial could include a placebo arm, but [that] this kind of study is difficult to afford in the dying patient." We agree with the statement that performing an RCT in people in the last stage of their lives is a challenge but also believe that this is feasible with appropriate strategies.

Currently, we are performing a randomized double-blind, placebo-controlled, multicenter study evaluating the efficacy of prophylactically given subcutaneous scopolamine butyl: the SILENCE study.[2] The study is conducted in several hospices in The Netherlands. We adapted our research strategies to overcome two important challenges in performing research in patients in the last hours and days of their lives: gatekeeping and patients' informed consent. Gatekeeping refers to the prevention of access to eligible patients for research recruitment.[3] Important gatekeepers are the professional staff and patients' family. We decided to involve the professional staff actively in the design and preparation of the study to guarantee clinical relevance and feasibility. Furthermore, we integrated the study procedures in the regular care as given in the participating hospices by standard operating procedures. Patients' consent is an important challenge as they may already be unable to give informed consent at the recognition of the dying phase. We therefore decided to use an advanced consent procedure by asking eligible patients shortly after their admission in one of the participating hospices. At this stage, most patients are still capable of understanding the information and able to decide whether they want to participate.[4] Patients and relatives are informed about the study by the hospice physician and nurse in the first interview after admittance in which needs and expectations are also explored. Patients sign the informed consent after a period of reflection. This procedure also prevents gatekeeping from patients' family as patients themselves have decided in an earlier stage to participate in the study.

Our study started recruitment in April 2017. Its design is feasible as we already included 134 patients, about 75% of the required sample size.

More research is needed to further optimize care in the last phase of life. When it comes to intervention-based research studies, these studies are ideally randomized double-blind placebo-controlled studies. The SILENCE study will give a definite answer on the question whether this unpleasant symptom can be prevented by the use of an anticholinergic drug.

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