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LETTER TO THE EDITOR

High-flow oxygen therapy in palliative care: A reality in a near future?

Dear Editor,

Duarte, et al. in the article review "High flow oxygen therapy in palliative care: A reality in a near future?" argue that High Flow Oxygen (HFO) is a reasonable palliative treatment in end-of-life patients.[1] This is a fact and I also share their opinion, since it makes it possible for people to communicate and feed themselves without an increased physical effort.

The authors also mention that this type of oxygen therapy has the benefit of producing fewer skin lesions. From my experience, it is true that it does not cause pressure ulcers, especially on the nasal bridge (even with the application of protective padding) and the whole feeling of claustrophobia,[2] as is often the case with non-invasive ventilation (NIV). However, HFO causes internal injuries in the nasal septum and a tamponing sensation with continued and prolonged use. There are visible effects reported by patients undergoing HFO in the pneumology service where I work. I emphasize that when this happens, patients remove the nasal cannula for a moment and try to clean it to diminish this nasal tamponade sensation, which eventually results in epistaxis. I should add that we always prefer a nasal catheter that is silicone-coated and as rigid as possible, in order to provide the best comfort for the patient.

I think it's important to analyze the benefits and drawbacks of this type of oxygen therapy recently used because, despite all the benefits it has, it is translates into discomfort. In the authors opinion, HFO is a reasonable palliative treatment in end-of-life patients, however this ends up being counterproductive since it cause injury and, consecutively, suffering in patients.

For end of life patients I do not believe, in most cases, it is the best option, and there is also no evidence that it has advantages over opioids and anxiolytics. As the authors says, dyspnea is the most prevalent symptom, and can be quite debilitating at all levels. The most important thing is the symptomatic relief of dyspnea, emphasizing that the use of oxygen therapy does not represent an improvement in survival in people with advanced disease.[3]

There is still an urgent need to look at the person suffering from an incurable disease in advanced and/or progressive stages, in order to promote well-being and quality of life.[4] Prevention and relief of pain are indispensable, not the removal of one type of pain in order to offer another. Symptomatic treatment continues to make more sense than inappropriate and excessive use of oxygen therapy.[5]

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