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Navigating a Request for LVAD Termination in the Context of Depression

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Palliative Care, Behavioral Health, Ethics

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Topic Focus

Taking into account a patient's mental health in decision making related to end of life and how to utilize an interdisciplinary approach to facilitate the conversation.

Objectives

- Describe an approach to assessing capacity for end-of-life decision making in a patient with depression
- Recognize the Interdisciplinary Team's (IDT) approach to navigating a patient's request to discontinue a Left Ventricular Assist Device (LVAD)
- Define the ethical principles that are involved in the decision to withdraw LVAD therapy

Background

- There is ethical consensus that patients with capacity have the right to stop any life-extending medical treatment, including an LVAD.
- When a patient with depression requests discontinuation of an LVAD, capacity for decision-making can be called into question, particularly when there has been inconsistency in expressed wishes.
- An Interdisciplinary approach is needed to navigate these decisions.

LVAD

- LVAD therapy had first been introduced with the intent to be a bridge to transplantation however, it as of late has become a destination therapy.
- The INTERMACS (Interagency Registry for Mechanically Assisted Circulatory Support) --a group that generates outcome data useful to programs with LVAD therapy at their institutions-- **has emphasized the importance of QOL measures in the evaluation of LVADs.**

Case

A 62 year-old man had a stroke one month after LVAD implantation, resulting in hemiparesis, dependence for his basic needs, and need for transition to a nursing facility. During an admission two years later, he expressed that his quality of life was poor and he wanted to stop his LVAD. He was found to be depressed and grieving an unexpected loss. He accepted treatment for depression and agreed with continuing LVAD therapy. Two months later, he reported that while life at the nursing facility was "not Disney World," his quality of life was acceptable. Two weeks later, he returned to the hospital requesting LVAD termination. He acknowledged depressed mood, but felt it stemmed entirely from his dependence on others and would never improve. His wife supported his decision and felt it was consistent with his long-standing values. Behavioral health, palliative care, ethics, and the heart failure team were involved. Although there was some evidence of fluctuation in his wishes over time, team consensus was that he had decision-making capacity and his request to discontinue the LVAD should be honored.

Interdisciplinary Teams Involved

- Those involved in providing information and evaluating patient's for LVAD therapy all play a key role in deciding whether the patient is an appropriate candidate to receive this specific therapy. Alternatively, the same teams come together when decisions regarding its termination arise. They include:
 - **Cardiology/Advanced Heart Failure Team**
 - **Palliative Care**
 - **Social Work**
 - **Behavioral Health**

Left Ventricular Assist Device



Benefits & Risks with LVAD Implantation

Benefits: A better quality of life (less fatigue, more strength, and better breathing) and longer survival. Some VAD patients have been on support for up to seven years.

Complications: Bleeding, stroke, infection, and death.

Sometimes patients experience complications related to LVAD therapy:

- Bleeding
- Gut
- Brain
- Clot
- Stroke
- Infection
- Right heart dysfunction
- Hemolysis
- Damage to blood cells due to the pump

Post Implantation

- Understanding issues regarding psychiatric illness, adherence and behavioral correlates of success in heart failure may identify feasible strategies for optimizing care of LVAD patients.
- Depression and distress complicate post-transplant care.
- Psychiatric morbidity is associated with poor outcomes, including graft rejection, non-adherence, hospitalizations, infection, and death.
- With a high risk of embolic neurological events, patients' ability for self-care may be compromised.

Conclusion

Although extension of life is often seen as a benefit, we respected the autonomy of this patient to determine that his quality of life was unacceptable and continuing life-extending treatment was not a benefit in his view. Depression was present but given the persistence of the patient's request, clear rationale for his decision, and support from his wife, we respected his choice.

References

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