ICD DEACTIVATION AGAINST A PATIENT’S WISHES: PERSPECTIVES OF INTERNATIONAL EP PRACTITIONERS

Poster Contributions
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Authors: Margaret Grace Daeschler, Ralph Verdino, Arthur L. Caplan, James Kirkpatrick, University of Pennsylvania, Philadelphia, PA, USA

Background: Decisions about deactivation of implantable cardioverter defibrillators (ICDs) are complicated. Unilateral Do-Not-Resuscitate (DNR) orders (against patient/family wishes) have been ethically justified in cases of medical futility. We investigated whether electrophysiology practitioners believes medical futility justifies unilateral ICD deactivation.

Methods: Email invitations to take an online survey were sent to 1,894 EP practitioners. There were 32 inaccurate addresses. 384 responses were collected (response rate 20.6%). Mean age was 48 (range 26-76); 80% were male; 74.6% Caucasian, 15.0% Asian, 5.5% Latino, 1.3% Black/African American, 64.0% academically affiliated; 78.7% from North America, 10.2% Europe, 5.0% Asia, 3.1% Australia, 2.6% South America and 0.3% Africa; 67.8% urban, 27.2% suburban and 5% rural.

Results: A plurality (165/383, 43.0%) regarded ICD’s to be unlike any other intervention (compared to “applied therapy like external defibrillation”--24.2%; “constitutive therapy that keeps patient alive, like dialysis”--13.3%; “implant that becomes part of the body, like a coronary stent”--12.0%). Half of respondents, by contrast, considered pacemakers to be “constitutive therapy” (191/382, 50%). A majority indicated that deactivating ICD shock function is not ethically/morally different than withholding CPR or external defibrillation in a code (72.7%, 277/381) but was different than deactivating pacing in a pacemaker-dependent patient (83.0%, 318/383). When asked if deactivation of ICD shock function in agreement with patient wishes and a pre-existing DNR order constituted physician assisted suicide, the vast majority answered, “no” (371/382, 97%). However, a majority responded that it was not ethical/moral for doctors to deactivate ICDs against patients’ wishes (77.4%, 296/382) or against family/surrogates’ wishes (72.6%, 278/383), even in the setting of medical futility.

Conclusions: This international sample considered ICD and pacemaker deactivation to be ethically distinct. While ICD deactivation was considered appropriate in the setting of patient/family agreement, unilateral deactivation was not deemed ethical/moral.