

A Patient's Request for Removal of a Ventricular Assist Device: Is it Ethical? Is it Legal?

The Gold Foundation *Ethics for Lunch* Seminar Series: Difficult Cases from the New York - Presbyterian Hospital Ethics Committee.

Lunch was provided by a generous grant from the Arnold P. Gold Foundation

Tuesday, 28 November 2006
12:00pm – 1:30pm

Kenneth Prager, MD,
Chair, New York-Presbyterian Hospital Ethics Committee

David Fedoronko, MD
Assistant Clinical Professor of Psychiatry First Floor Amphitheater
College of Physicians & Surgeons
630 West 168th Street
New York, NY 10032

Dr. Kenneth Prager, Chair of the New York-Presbyterian Hospital Ethics Committee, presented the case of Mr. M., a 75 year old man who had requested to have the Left Ventricular Assist Device [LVAD] that had been implanted in his chest in 2005 turned off. The LVAD serves as a 'booster' for the natural heart. It can be used as bridge therapy, supporting patients until they receive a transplanted heart; or, as in this case, destination therapy, sustaining the patient for the rest of their life.

The Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure or REMATCH study of 2001 found that long-term use of an LVAD improved survival rates and quality of life for heart patients; however, because the device is expensive and patient motivation to use it has to be very strong, it is not widely used. Currently, Dr. Prager said, there are only five patients on LVAD therapy at Columbia.

Since discharge for the implant, Mr. M. had suffered many setbacks. He was extremely weak, and in constant pain. The quality of his life was very poor; he never got out of bed. As a consequence, he wanted his LVAD turned off, which would end his life. Mr. M. could easily turnoff his LVAD, but he did not want to commit suicide. He wanted the doctors to turn it off at the hospital where he would be made comfortable

Was the patient's request legal? Yes, said Dr. Prager. Based on the 1976 decision of the New Jersey Supreme Court in the Karen Ann Quinlan case, and the 1990 decision of the Supreme Court of the United States in the case of Nancy Cruzan, a person has a right to reject life-sustaining treatment. This is

based on the principle of autonomy. However autonomy is not absolute. Given this, evaluations of a request to remove life-sustaining treatment are made based on: patient's mental capacity; whether the physical examination deems it appropriate [opinions vary]; a patient's motives in making the request. New York State law requires that a patient must have a written Advance Directive or a Health Care Proxy, or verbal, clear and convincing evidence.

At Columbia, life support is removed 'on a regular basis'; 95% of these patients are so critically ill they stand no reasonable chance of recovery. Unique in this situation was that the patient was awake and alert, sick but not moribund. The patient wanted the LVAD turned off even though he was not facing imminent death.

Consultant psychiatrist Dr. David Fedoronko, who had known the Mr. M. since 2003, addressed the issue the patient's psychological state. He wanted to know the motivation behind the patient's request – was there suicidal intent? The patient mentioned that his wife, to whom he had been married for 53 years, was receiving chemotherapy for cancer; he was concerned that his illness might be a burden on her. After thorough psychiatric examination Dr. Fedoronko concluded that there was no intent of self-harm involved; indeed Mr. M. was willing to accept psychiatric intervention via medication and meeting daily with the doctor.

Ultimately, because Mr. M's quality of life was unbearable to him, and his request was cogent, at the direction of the attending cardiologist, and with comfort measures in place, the LVAD was turned off, and Mr. M. died six hours later. There had been a great deal of consulting between the hospital Ethics Committee, Dr. Prager, and the patient's family. The family expressed gratitude for their time and effort; so many people contributed to resolving this case. Dr. Prager noted that in instances like this, they are not just treating the patient, but the family as well.