My Heart Will Go On: Ethical Dilemmas in the Cardiology

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No Disclosures
Goals and Objectives

- Review and understand the complex trajectory of the cardiac patient
- Review definition of Ethical Principles in medical care and how to use for ethical questions and dilemmas that may arise.
- Discuss the importance of communication in addressing common ethical dilemmas in cardiology.
Epidemiology

• Cardiovascular disease accounts for 801,000 deaths in US
• 1 in every 3 deaths in US
• More deaths than all cancers combined
• About 92.1 million American adults are living with some form of cardiovascular disease or the after-effects of stroke. Direct and indirect costs of cardiovascular diseases and stroke are estimated to total more than $316 billion; that includes both health expenditures and lost productivity.
• Prediction of death in cardiovascular disease difficult
• Ethical issues and dilemmas arise
Trajectory of Illness

(slide adapted from Joanne Lynn, MD, Rand Health/CMS)
LETS GET ETHICAL, ETHICAL
Common Ethical Thoughts?

• How do ethical issues differ in cardiology?
• When is it appropriate to utilize high tech medical interventions for patient?
• Should a patient consider cost regarding their interventions?
• What would I do if I were in patients shoes?
Ethical Principals in Medical Care

- Autonomy: Honor the patient's right to make their own decision.
- Beneficence: Help the patient advance his/her own good.
- Nonmaleficence: Do no harm.
- Justice: Be fair and treat like cases alike.
- Dignity: Right to be treated with dignity
- Honesty: Concept of informed consent and truth telling.
Communication

• Early communication is key
• Communication with patients and families on goals of care in any progression or changes in their condition, including possibility of sudden death
• Communication as an ongoing process regarding procedures, devices, medications on their effects on quality of life, quantity of life and the deactivation or discontinuation of them.
• Communicate to encourage patient and family participation in decision making
• Communication between disciplines always appropriate and important.
Top Ethical Dilemmas in Cardiology Patients

• Story # 1

John

65 year old man with no known PMHx, has a sudden and severe MI, despite all aggressive cardiac treatment, patient is end of life and has a few weeks as a prognosis.
Ethical Questions

• Who should deliver this news? Doctor, Nurse, Family?

• Who do we tell first? Patient? Girlfriend? Children?

• How should we deliver the news?
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Decision Maker

- Adult Patient
- Spouse
- Adult Children
- Parents
- Siblings
- Adult Relative
- Person acting in good faith

Delivery of Bad News

1. Have all accurate information.

2. Start with: “What do you know about this condition?” or “What have the doctors told you?”

3. Warning shot: “I am afraid I have some bad news for you!”

4. State the bad news: Use terms the patient will understand.

5. WAIT; stop talking; quiet!

6. Follow the patient’s lead.

7. End: Always with a follow-up plan; “We will talk again in the morning.”

8. Due to uncertainty in cardiac care, exercise humility with prognostication and provide ranges of time if terminal.

9. If opportunity given, obtain palliative care or end of life teams for assistance for hopes and legacy building of patients.
• **John’s Story ending:**

Family and patient had a palliative care team available in their hospital. Goals of care were established. His hopes were established and he expressed he did not want to have crushing chest pain again and have help with this, marry his live in girlfriend, see his grown children and grandchildren and ask for forgiveness.

John lived longer than expected, married his girlfriend and had closure at end of life.
• Story #2  James

• 68 year old male with end stage heart failure and s/p placement of a pacemaker for complete heart block and having frequent admissions for exacerbations including ventilatory support in past. He has daily shortness of breath at rest, bedbound, malnourished and wishes to not prolong his life and go home. He tells the nurse he would like to deactivate his pacemaker if it is prolonging his life because he feels it is prolonging his suffering.
Ethical Questions

- Can a pacemaker be deactivated when it is for survival?
- Who determines this decision?
- If the pacemaker deactivated, is this considered physician assisted suicide? Euthanasia?
- When is it appropriate to turn off devices that continue to keep the heart beating or prevent deadly arrhythmia?
- Can a physician decline this request?
Physician Suicide vs Euthanasia

• Physician-assisted suicide: The voluntary termination of one's own life by administration of a lethal substance with the direct or indirect assistance of a physician. Physician-assisted suicide is the practice of providing a competent patient with a prescription for medication for the patient to use with the primary intention of ending his or her own life.

• Euthanasia: The practice of intentionally ending a life in order to relieve pain and suffering. It refers to the situation when a doctor induces the death with a lethal injection, of a patient who is suffering unrelievably and has persistently requested the doctor to do so.
Ethics and Informed consent

• As an **ethical** doctrine, **informed consent** is a process of communication whereby a patient is enabled to make an **informed** and voluntary decision about accepting or declining medical care. ... It is critical for physicians to document the contents of this conversation as part of the permanent medical record.
Difficult Conversations

• Integration of end of life decisions into the management of patients with implanted cardiac devices

• Deactivation of an device and interventions explained as part of informed consent
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• James Story

After consultation with his electrophysiologist, the decision was made not to deactivate the pacemaker due to the physician feeling uncomfortable but did agree to re-discuss should he continue to worsen.

Pt was referred to palliative care for symptom management and legacy building.
• Story #3  
  
• 55 year old male with chronic hypertension, cardiomyopathy and severe heart failure was told needed a heart transplant. He was sent for evaluation for heart transplant. Doctor suggested an Left Ventricular Assisted Device as a bridging strategy. Pt had advance directive with DNR in place as he “did not want to be a burden on his family if it came to that”. Physician was satisfied with that discussion. Pt taken to have LVAD placed, had a seizure in recovery room, complicated by a pneumonia and ARDS requiring ventilatory support. Pt was diagnosed with irreversible lung damage and no longer a candidate for heart transplant. Patient asks his cardiologist to “turn off” the machine in his chest as he does not want to live like this and this will” blow the savings that would take care of his wife and kids. “
Ethical Questions

- Did patient’s DNR include the resuscitation he received? Did he need a Living will to fulfill his wish of “not become a burden if it came to that?”

- Should the LVAD been considered?

- Should we consider his request to discontinue therapy?
Advance Directive : DNR

• DNR means "Do Not Resuscitate." DNR orders are written instructions from a physician telling health care providers not to perform Cardiopulmonary Resuscitation (CPR). CPR uses mouth-to-mouth or machine breathing and chest compressions to restore the work of the heart and lungs when someone's heart or breathing has stopped. It is an emergency rescue technique that was developed to save the life of people who are generally in good health.
Advance Directive-Living Will

- A written, legal document that spells out medical treatments you would and would not want to be used to keep you alive, as well as other decisions such as pain management or organ donation.
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A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.
• David’s story:

Discussion was had with Larry and his physician. Larry decided with his family to do comfort care even though he was alert.

Palliative care team called after discussion regarding his options for care, pt was placed on comfort care with extubation and medication for comfort honoring his wishes with his family by his side.
Stories that Touch the Heart

The Real Meaning of Peace
Peace doesn’t mean to be in a place where there’s no noise or adversity. It means to be in the midst of all those but still feel calm in your heart.
Questions?
The End!!!
Resources

- https://www.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_491265.pdf Ethical Considerations of Patients with Pacemakers - AAFP
- www.aafp.org › Journals › afp › Vol. 78/No. 3 (August 1, 2008)
Resources