

End of life care in patients with cardiovascular disease

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NO DISCLOSURES FOR YOU



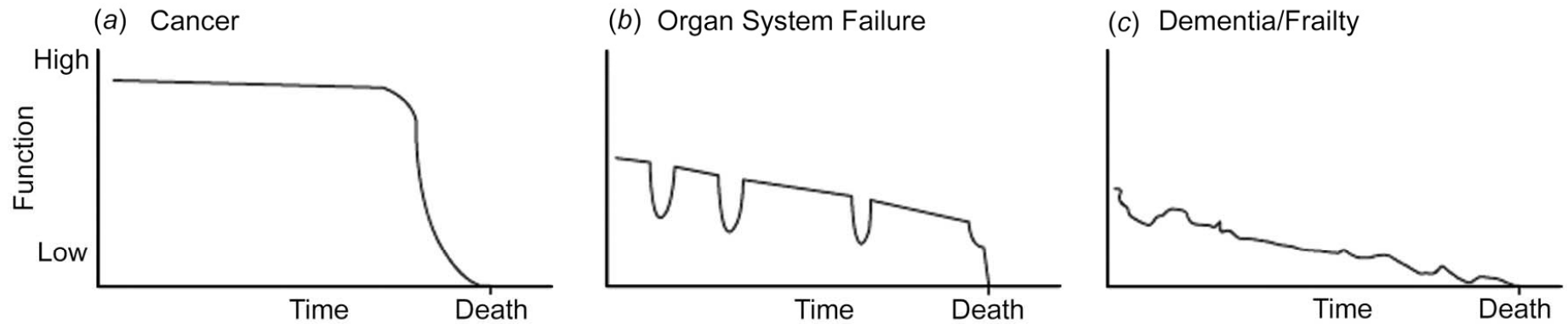


“You’ve got six months, but with aggressive treatment we can help make that seem much longer.”

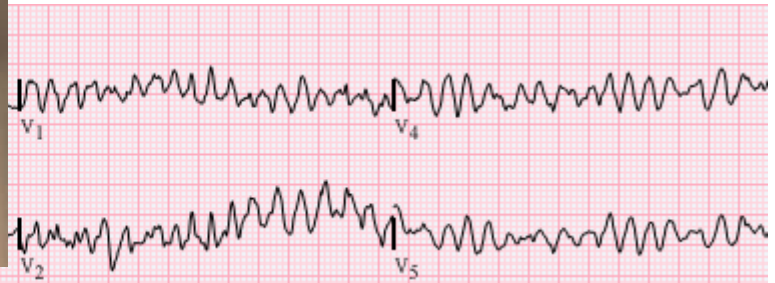
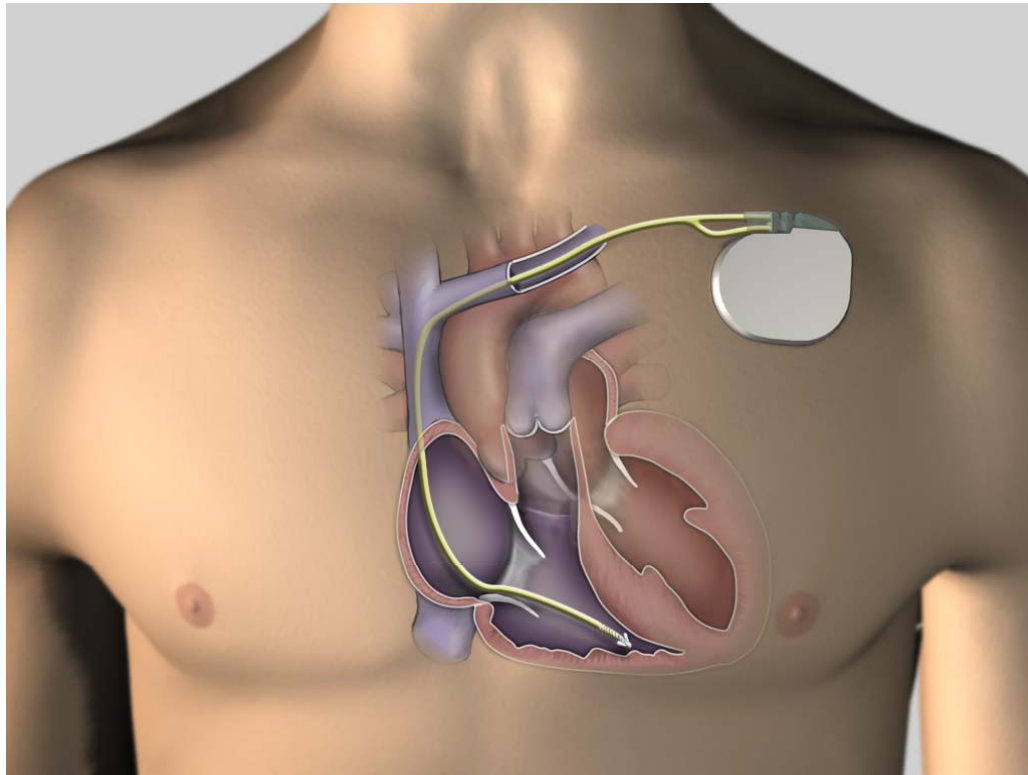




Trajectories of death



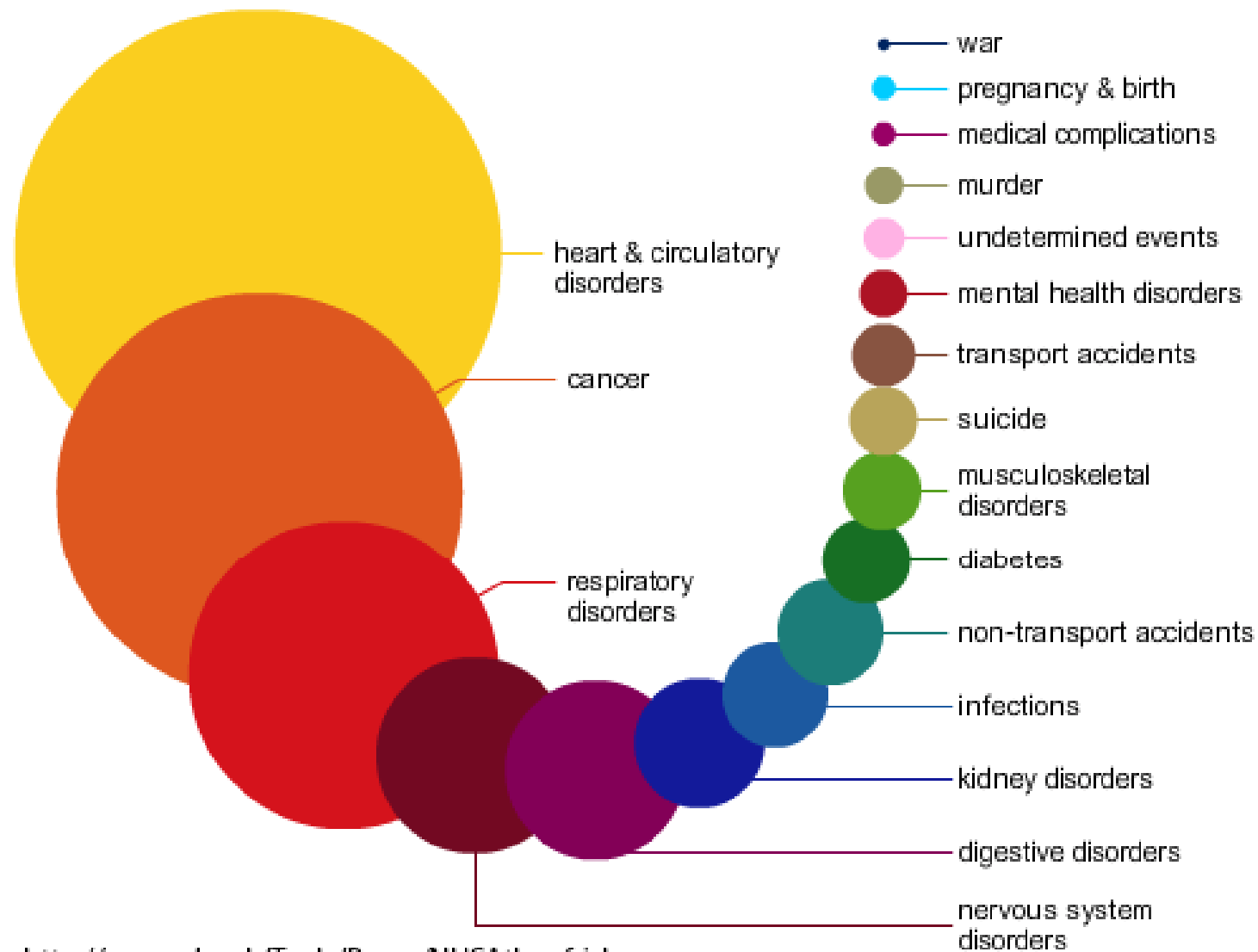








Leading causes of death in perspective



<http://www.nhs.uk/Tools/Pages/NHSAAtlasofrisk.aspx>



Dr. Mark Josephson



Agonal Rhythm

Agonal rhythm is when the Idioventricular rhythm is 20 beats or less per minute. Frequently is seen as the last-ordered semblance of a heart rhythm when resuscitation efforts are unsuccessful.



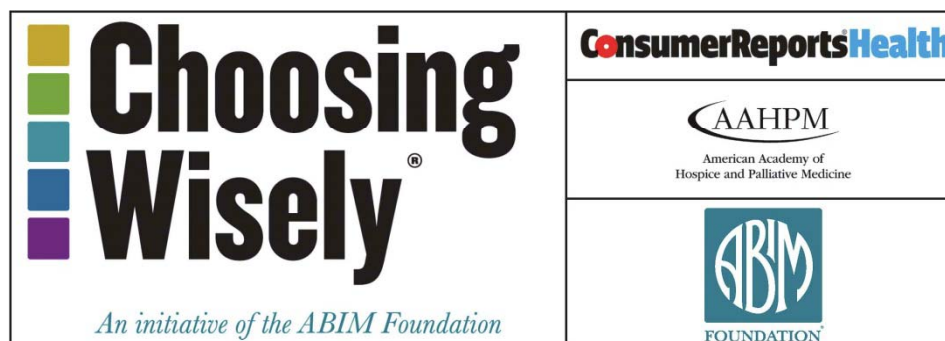


Ventricular Fibrillation

Shock Delivered

Normal Rhythm





Implanted heart devices at the end of life

When you need them—and when you don't

An ICD (implantable cardioverter defibrillator) is a small device that is placed in the chest. It helps to keep the heart beating normally. If the heart beats too fast, the device sends a powerful shock to the heart to help it beat normally again.

For many people with heart disease, this device can be a lifesaver. But if you are near death, those shocks can make things worse. Here's why:

An ICD isn't very helpful at the end of life.

An ICD probably won't help you if you are dying of heart failure or another illness.

- The shocks can't stop heart disease from getting worse.
- They can be very painful, like you're being kicked in the chest.
- They can cause anxiety, fear, and depression.
- They probably won't fix a dangerous heart rhythm near the end of life.

An ICD may make the dying process take longer and be more uncomfortable. There may be more shocks as the heart fails. This can lead to more emergency room visits, more hospital stays, and other aggressive treatments.



An ICD can be turned off.

You can have your ICD turned off so that it does not cause shocks.

If you want your ICD turned off when you are dying, you should talk to your doctor and family ahead of time.

Table 2. Outcomes of 150 Patients Who Underwent Cardiovascular Implantable Electronic Device Deactivation

Outcome	All Patients	Deactivation		P Value
		Tachycardia Therapies Only (n = 118)	Bradycardia Therapies With or Without Tachycardia Therapies (n = 32)	
Survival, No. (%) ^a				
Dead	146 (97)	114 (97)	32 (100)	.58
Alive	4 (3)	4 (3)	0 (0)	
Survival after deactivation, median (range), d	2 (0-483)	3 (0-483)	0 (0-60)	<.001
Deaths after deactivation, No. (%) ^b				
1 d	40 (27)	23 (19)	17 (53)	<.001
1 wk	106 (71)	78 (66)	28 (88)	.04
1 mo	130 (87)	100 (85)	30 (94)	.52
1 y	145 (97)	113 (96)	32 (100)	>.99
2 y	146 (97)	114 (97)	32 (100)	>.99

^a As of September 1, 2012.

^b Within the time frame noted.

JAMA Intern Med. 2014;174(1):80-85. doi:10.1001/jamainternmed.2013.11564.

TOP 6 PEARLS



1.



- Generally, there is no role for disabling pacing therapies in an ICD (or pacemaker) at the end of life.



2.



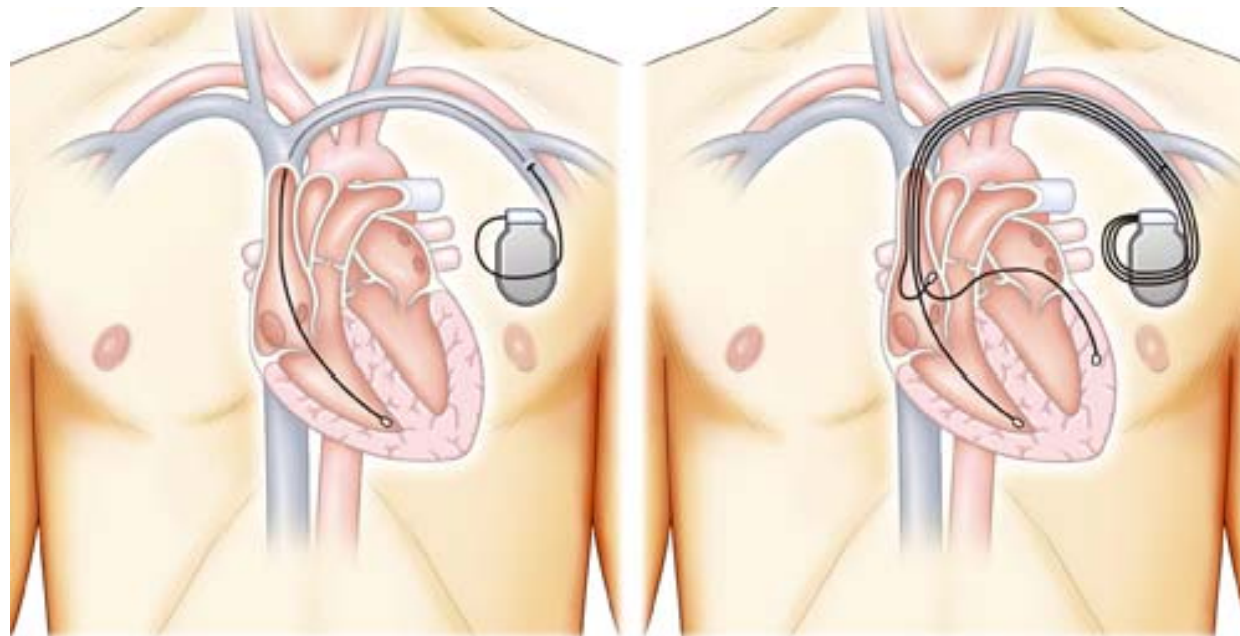
- If you need to disable the “shocking” function in an ICD at the end of life, and a programmer is not available, you can simply apply a magnet over the chest and tape it there.



3.



- In patients with CRT-ICDs, it is possible to continue the bi-V pacing but disable shocking therapies.



ICD

CRT-D

©KOMPAS

4.



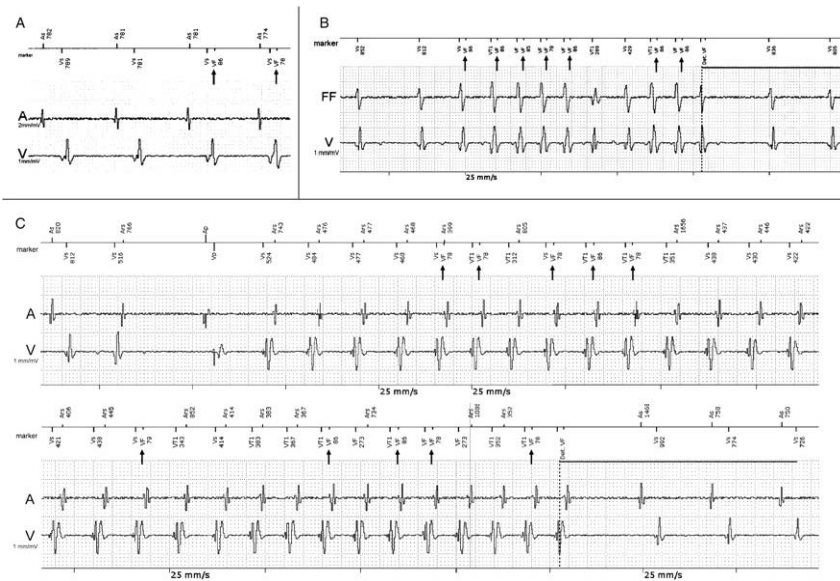
- Many patients can be very psychologically attached to their ICD



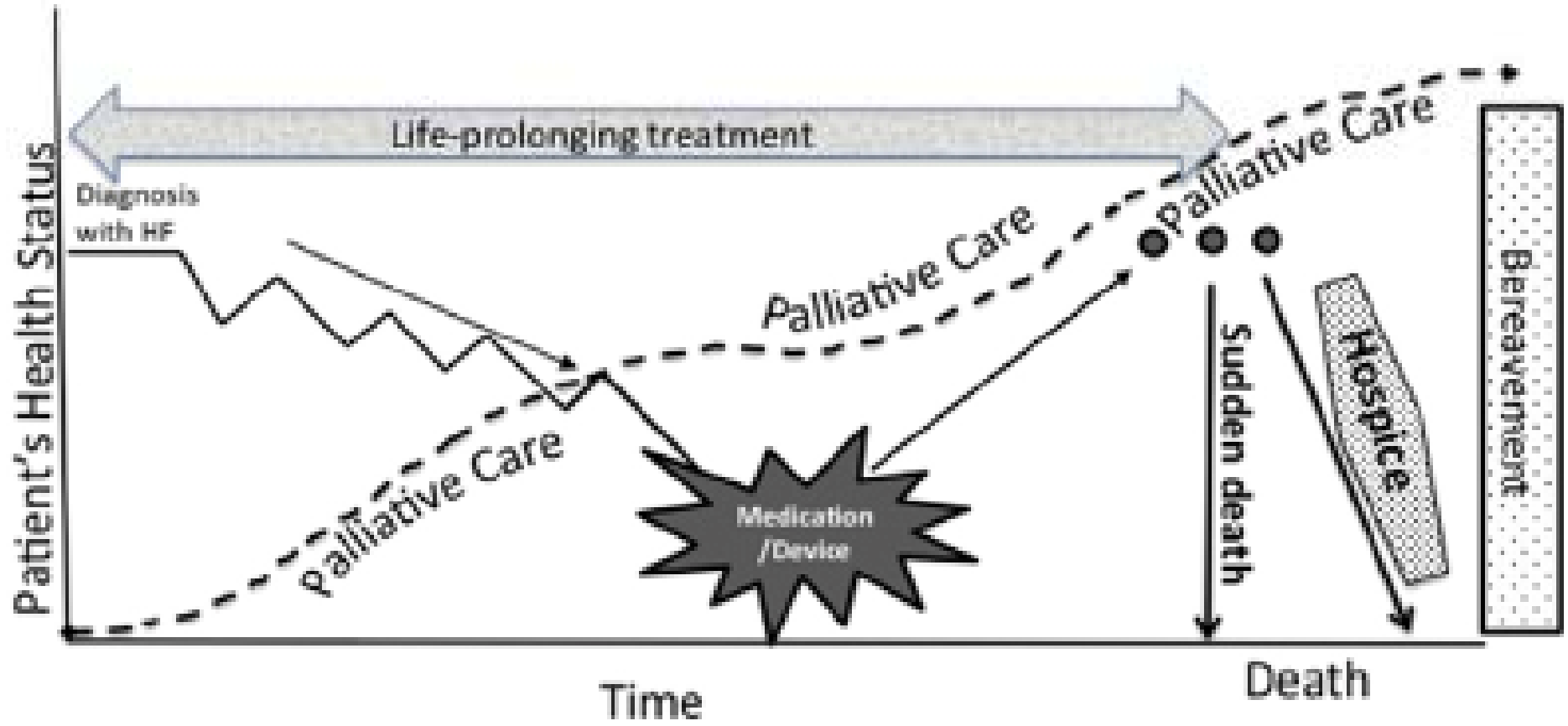
5.



- Make advance care planning an integral part of routine ICD and heart failure care



6. Palliative care isn't just for cancer patients



Palliative care isn't just for people at the end of their lives



HERE LIES

EVERYONE

250,000 BC - 2110 AD



➤ Conversation
with the
**public and
our members**



A conversation
with the entire
country

CMA is taking leadership in End-of-Life care with a live chat, online dialogue and cross-country town hall meetings.

CMA. Action that matters

cma.ca/action | [#eol](https://twitter.com/eol)

CMA's Principles-based Recommendations for a Canadian Approach to Assisted Dying

The recommendations address:

- patient eligibility;
- procedural safeguards;
- the roles and responsibilities of physicians;
- how to ensure effective patient access.

Bill C-14: *Medical assistance in dying*



Preparing to educate Canada's doctors on physician assisted dying

Sign up for future course updates.
#CMAaction #eolCare

- Contact education@cma.ca to be notified when more information about courses becomes available.

