

Turning off an implanted life-saving device

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- Mr. Stone had been experiencing cardiac problems, ranging from chronic hypertension to cardiomyopathy, for about 10 years when he was diagnosed with heart failure and was told that he would need a heart transplant. With a heart not forthcoming in the near future, Mr. Stone's long-time cardiologist,
- Dr. Holmes, suggested the possibility of inserting a left-ventricular assist device (LVAD) as a bridging strategy while they waited for a suitable donor to become available.
- Mr. Stone readily agreed to the idea. At 53 and a mechanic by trade, he told Dr. Holmes that he would do anything to relieve the burden he was currently placing on his wife by being unable to work and asked that the LVAD implantation be done as soon as possible.
- Dr. Holmes asked Mr. Stone if he had changed his advanced directives since his last surgery: "No doc, I still got the DNR order in there. I don't want to be a burden if it comes to that." Satisfied, Dr. Holmes called the hospital and scheduled the surgery.

- On the appointed day, Mr. Stone arrived at the hospital for the surgery, his wife, Martha, at his side.
- As he was being wheeled to the operating theatre, Mr. Stone gave his wife a quick peck on the cheek: “Don’t worry, dear. I’ll be back in a jiffy. Dr. Holmes will look after me.”
- The operation itself appeared to be another routine procedure for Dr. Holmes. After closing up the last skin wound, he checked Mr. Stone’s cardiac function. On finding that it had improved as expected, he went off to scrub down, leaving his nurse aide, Mary, to take Mr. Stone to the recovery room. As he was washing his arms, Mary rushed in.

- “Dr. Holmes, Mr. Stone just had a seizure.”
- “Call neurology, Mary. I’ll be there right away.”
- Anti-convulsant treatment stabilized Mr. Stone’s condition and he was kept in the intensive care unit. Although he regained consciousness a few days after the surgery, Mr. Stone developed complications with pneumonia and was placed on a mechanical ventilator, forcing him to stay in the ICU.

- The pneumonia failed to resolve in the following weeks. On consultation with the respiratory service, Dr. Holmes discovered that Mr. Stone's lung parenchyma had been irreversibly damaged and it looked like his condition would not improve much. This was bad news; as a member of the hospital transplant committee, he knew very well that this would make Mr. Stone ineligible for a heart transplant.

- Entering Mr. Stone's room, Dr. Holmes moved up close to the bed so that Mr. Stone could hear him better. "Mr. Stone, I am afraid that there are some complications to your case."
- Mr. Stone listened, and, apart from a few labored breaths on the ventilator as Dr. Holmes mentioned his loss of eligibility, he remained unemotional.

- After Dr. Holmes finished, Mr. Stone shifted, and, motioning Dr. Holmes up close so he could whisper to him, Mr. Stone breathed: “You and I both know I’ll be stuck like this for the rest of my life.
- I don’t want to. This will blow our savings and I want Martha to get on with her life. Can you turn off the machine in my chest and let me be?”

- Usually, left ventricular assist devices are employed as a bridge to heart transplant.
- It follows that they should be discontinued once one is no longer a candidate for transplant.
- Unfortunately the decision is not that easy; recent research suggests that a significant number of patients with advanced cardiomyopathy show a reduction in heart size and improvement in left ventricular function after receiving these devices .