Psychological & Ethical Aspects of Implantable Devices

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Outline

1. Ethics Primer

2. Psychological Effects of ICDs

3. Bioethics involvement with ICDs

4. Recommendations

5. Discussion
What Are the Essential Questions of Bioethics?
What Could We do?

versus

What Should We Do?
What is the Good We Want to Do?

‘Every clinical act is an Ethical act as you are making a judgment about the good you want to achieve.’
Psychological Effects of Implantable Cardioverting Defibrillators (ICDs)
Psychological problems observed in patients with Implantable Cardioverter Defibrillator

- Anxiety
- Depression
- Panic attacks
- Anger
- Emotional liability
- Adjustment disorders

A comparison of anxiety, depression and quality of life between device shock and nonshock groups in implantable cardioverter defibrillator recipients
Fanny Jacq, et al., General Hospital Psychiatry 31 (2009) 266–273
Specific risks for developing anxiety or depressive symptoms

- Younger age
- Gender
- Frequent or painful shocks
- Co-morbid conditions
- Limited understanding of the underlying medical condition
- ICD purpose and function

Fanny Jacq, et al., General Hospital Psychiatry 31 (2009) 266–273
Increase in percentage of depressed individual after ICD implantation
Minimizing the Psychological Harm

Recommendations
Ask Questions
Build Social Support
Join a Support Group

A-A has a link to numerous affiliated groups

Web: www.heartrhythmcharity.org.uk

Provides information and support nationwide to patients with ICDs fitted, and also to their families.
What is the Good of ICDs?
What is the Good Done With Implanted Devices?

• Save lives

• Increase life expectancy

• Improve quality of live
From Victim

To Victor
Background to Bioethics
Involvement with People who have ICDs
Is there a **HARM** to the Dying patient if ICD is functioning at the End stages of Life?
When

How

Should Discussions on End of Life with ICDs take place?
Difficulty in Having the Conversation: Provider Perspective

• Don’t know patient well enough

• Primary role of device

• “You are shutting off hope”

• Small size of device
Difficulty in Having the Conversation

• “The first time you see the patient you don’t want to scare them”

• “Just don’t think of turning off things off you have already started”

• Difference between withholding or withdrawing treatment
Difficulty in Having the Conversation
Patient Perspective

• People living in community with ICDs don’t want to engage in discussions of de-activation

• Reluctance in initiating the conversation

• Lack of information
Doing Good by:

Avoiding Harm
Recommendations
For the care of the person

• Include information about end of life care and deactivation during the Informed Consent process.

• Consider developing or including in an advanced directive with a statement about deactivation wishes like the Arrhythmia Alliance Advanced Directive
Recommendations
For the care of the person

• Include persons whom patient designates in discussions as later they may be Substitute Decision Makers

• As ICDs are not the concern of cardiology specialists only all members of patient’s care team should review deactivation as the patient’s condition is changing from cardiac or any other disease process
Discuss ICD care with your Family Doctor

Ah Ah Moment
Recommendations
For the care of the person

• Deactivate when a DNR order in place

• Deactivate when a person is dying
Thank You

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