Hospital Policy and Procedure on Deactivation of Implantable Cardioverter-Defibrillators (ICDs)

Policy: Patients at __________ Hospital have the right to accept or refuse life-sustaining treatment, including the use of cardiac implantable electronic devices such as implantable cardioverter-defibrillators (ICDs). The right to refuse and/or request the withdrawal of medical treatment is a well-defined ethical and legal right. The patient’s right to self-determination requires that patients and/or their Medical Power of Attorney representative or surrogate be provided with adequate information to make an informed decision about the initiation or discontinuation of treatment. Providers must determine that the patient has the capacity to make the decision and that the decision is not prompted by symptoms or depression, which if aggressively treated, would allow the patient to continue to enjoy a quality of life deemed acceptable by the patient. Providers must determine that a Medical Power of Attorney representative or surrogate making a decision on behalf of a patient who lacks decision-making capacity is acting as the patient would act (substituted judgment) or acting in the best interests of the patient. While providers are obligated to participate in a process of informed consent, they are allowed to conscientiously object to a patient’s treatment decision. No provider is required to participate in treatment decisions that violate his/her ethical or religious beliefs. In these limited cases, treatment should be maintained until transfer of care to another provider can be made.

ICDs: This implanted devices augments cardiac function. The device is a medical intervention that can be withheld or withdrawn in a manner similar to a ventilator, dialysis, antibiotics, and/or medically administered nutrition and hydration. The process of deactivation (reprogramming) does require the participation of cardiology clinicians. In an emergency, a magnet is available through the EKG technician on-call to deactivate the ICD of a dying patient who is being repeatedly shocked by the device when such shocks are unwanted by the patient, medical power of attorney representative or patient surrogate.

Process Statement: The following procedure guides the patient, family, and clinician(s) when a request is made to deactivate an ICD. The intent of the protocol is to provide for the safety and well being of the patient while addressing clinical and ethical concerns that may be involved in some cases. More information about the purpose, function, and implantation of ICDs can be found at http://www.hrspatients.org/patients/treatments/cardiac_defibrillators/default.asp.

1. At the time of admission the attending physician or his/her designee is responsible to ask or determine if each patient has an ICD. Physicians shall document in the problem list the presence of an ICD.

2. A patient with decision-making capacity may request that his/her ICD be deactivated. Usually this will occur because he/she is suffering from a chronic, progressive medical illness and no longer wishes to have his/her life prolonged should he/she develop a fatal cardiac arrhythmia.

3. The Medical Power of Attorney representative/surrogate of a patient who lacks decision-making capacity may request deactivation of the patient’s ICD.

4. The attending physician or his/her designee shall have an informed consent discussion with the patient and/or representative/surrogate to ensure that the consequences of deactivation are understood and acceptable. Potentially reversible factors that may be prompting the patient’s request for ICD deactivation are to be identified and addressed.

5. The attending physician may seek further consultation(s) if the request for deactivation persists following informed consent and implementation of any interventions related to symptom management. These consultations may include a psychiatric consult, pastoral care, or clinical consults related to the patient’s prognosis and/or deactivation of the device.

6. If the decision to deactivate the ICD is reached after this discussion and consultation, then the primary service will contact cardiology for ICD deactivation.
7. Depending on the patient’s condition, cardiology may want to have further discussion with the patient before agreeing to deactivation.
8. If the cardiologist involved in consultation with the attending physician is uncomfortable with the decision to discontinue ICD treatment based on the unique clinical aspects of the patient’s treatment, he/she may request further consultation with another cardiologist and transfer the care of the patient to another cardiologist who the patient is willing to be treated by and who is willing to treat the patient.
9. If agreement between the patient/legal agent and treating physicians is not reached, then an ethics consultation is encouraged.
11. Physicians and nurses treating dying patients with comfort measures only orders who are being shocked from a previously undetected ICD should administer appropriate comfort measures and page the EKG technician on-call to obtain a magnet to inactivate the sensing mechanism of the ICD and stop the shocking.

Reference:
Health care professionals caring for persons with ICDs may wish to review the Heart Rhythm Society’s consensus statement to help determine if the use or deactivation of an ICD meets the person’s current goals of care available at http://www.hrsonline.org/Policy/ClinicalGuidelines/upload/ceids_mgmt_eol.pdf

Note: The above sample policy was adapted by the PCPRV from a sample policy on www.wvendoflife.org titled “Sample Policy on the Pacemaker-ICD Deactivation Process”. 