



Heds FR

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Deactivation of an implantable cardioverter defibrillator at the end of life at home: a clinical case



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Hes·so

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Initial situation

- Man, aged sixty years old, heart failure (NYHA IV, LVEF 20%), with an active Implantable Cardioverter Defibrillator (ICD), receiving home based palliative care
- First visit: Management of refractory dyspnea → Introduction of morphine per os
- Health deterioration and imminent signs of end-of-life
 - Asthenia, altered state of consciousness, oliguria
 - Experience of repeated shocks which was related to pain and significant discomfort
 - His face was tugging, and his body was twitching at each discharge
 - He was able to express that he wanted these shocks to stop

Approach

Organization of a network: Independent nurse, palliative nurse specialist (Voltigo), patient and his wife, general practitioner

→ **Ethical issues and priority elements:** No reanimation, imminent signs of end of life, explanation of the deactivation of ICD

General practitioner contacted cardiologist → not possible to engage at home → Decision: **go get a magnet** in the cardiology unit of the hospital

Back to the patient's home: Re-explanation of the deactivation of the ICD, consent of the patient and his wife

Few minutes after the deactivation: Relaxed face, thanks
→ Death of patient during the night

Findings

- **For the patient and the family**
 - Relaxation and comfort for the patient
 - The shocks were experienced as contributing to patient suffering. The ICD deactivation was experienced by the family as a relief.
- **For health care providers**
 - The observation of the patient experiencing painful shocks urged us to act
 - No similar experience before, neither were guidelines familiar to us
 - The opportunity to collaborate tightly with the general practitioner was crucial
 - Purchase of a magnet by the mobile palliative care team

Reflexions

- Personal difficulty:
 - The act of posing the magnet
- The number of people wearing ICD is increasing:
 - ↑ elderly population & ↑ survival rates for patients with heart failure
- This problem should be discussed beforehand with the person and integrated into advance care planning, as described by recommendations:
 - “ICD deactivation at end of life needs to be part of the pre-implantation consent and counselling process, and formalised in advance care planning
 - Tailored information about deactivation should be provided to patients and their families when health deteriorates and at end-of-life “ (Thanavaro, 2013; Agency for Clinical Innovation, 2014; British Heart Foundation, 2013)

References

- Agency for Clinical Innovation. New South Wales Guidelines for Deactivation of Implantable Cardioverter Defibrillators at the End of Life [Internet]. 2014 [cited 2021 May 20]. Available from: www.aci.health.nsw.gov.au
- British Heart Foundation. ICD deactivation at the end of life: Principles and practice. 2013. [cited 2021 May 20];1–14. Available from: <https://www.bhf.org.uk/informationsupport/publications/living-with-a-heart-condition/icd-deactivation-at-the-end-life>
- Thanavaro, JL. ICD Deactivation: Review of Literature and Clinical Recommendations. Clin Nurs Res. 2013 Feb;22(1):36–50.

Thank you for your attention

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