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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.

Think about what you want.

If you are near death, you may feel that comfort is more important than living longer. You may prefer a quick, painless death from heart rhythm problems, instead of a slower death from heart failure or cancer.

When should an ICD be “on”?

It makes sense to have an ICD turned on if your quality of life is good and you will live more than a few days or weeks. Even at the end of life, you may still want your ICD on. There may be something special you still want to experience, like the birth of a grandchild.

Consider the facts about turning off your ICD’s shock feature.

- Turning an ICD off doesn’t mean surgery. The device can simply be reprogrammed to stop shocking you.
- If your ICD is turned off, it won’t send a shock if you have a heart rhythm problem. You may die.
- If you change your mind, your ICD’s shocking function can be turned back on at any time.
- Remember, leaving an ICD on does not guarantee that your heart rhythm will return to normal.

Advice from Consumer Reports

Making end-of-life choices about an ICD

Look at your values and goals.

- Ask your doctor how far along your illness is.
- Ask what your symptoms will be when it gets worse.
- Ask about the pros and cons of different treatments.
- Ask if an ICD can help you reach your goals.
- Include family members in these talks early. Later, they may be able to speak up for your wishes if you can’t.

Put your wishes in an advance directive.

- In an advance directive, you can say what kind of care you want if you are very sick and cannot communicate.
- You can also name someone, such as a trusted family member or friend, to decide about your treatment if you can no longer do it. This person is called a “health care proxy.”
- Your advance directive must be signed and witnessed. Give copies to your doctor, family, and proxy.
- You can get your state’s advance directive form at www.caringinfo.org.

Ask your doctor about hospice.

Hospice helps patients be more comfortable in the last months of life. You can choose hospice if you no longer want treatments to cure or slow your illness. Hospice provides care to reduce pain and relieve discomfort. It also provides support for your family. You can get hospice care at home. Medicare and many private health plans pay for hospice.

Learn about hospice and other kinds of palliative care at www.PalliativeDoctors.org, and in a YouTube video: “You’re Sick. It’s Serious.”

This report is for you to use when talking with your health-care provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.

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