

Brief Report

Reasons Why Eligible Candidates Decline Left Ventricular Assist Device Placement

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ABSTRACT

Background: A greater understanding of how beliefs and perceptions inform LVAD placement refusals can help ensure that standards for informed decision making are met. We report on the factors that influence refusal and what accounts for changes in decliners' decision-making process when, and if, that occurs.

Method and Results: We identified candidates (8 bridge to transplant; 6 destination therapy, 7 without designation) who declined LVAD placement ($n = 21$), 11 of whom were identified prospectively from February 2014 to March 2015, and 10 of whom were identified retrospectively with the use of our program database. Of these 21 decliners, 11 candidates persistently declined LVAD placement, with a median time of 175 days elapsing between time of LVAD offer and March 4, 2015. Ten candidates declined for an average of 224 days before agreeing to LVAD placement. From March 2014 to March 2015, we conducted structured interviews with LVAD decliners. Interviews were audio recorded, transcribed verbatim, and analyzed quantitatively with the use of Atlas.ti. The findings reflect that refusal can evolve over time. Decliners report that their initial refusals were made reflexively, but the 10 decliners who ultimately opted for LVAD placement changed their decisions as symptoms worsened. Decliners have concerns about the impacts of LVAD treatment on mobility, and they distrust LVAD technology. Some decliners believe LVAD placement would affect their ability to receive a transplant. Finally, decliners believe that they are not sick enough for LVAD placement when they are stabilized with medical management.

Conclusions: Decliners' perspectives are integral for improving informed consent and refusal processes. Our analysis revealed decliners' decision-making processes and factors influencing their decisions. We provide several clinically based practical recommendations based on our findings. (*J Cardiac Fail* 2015;21:835–839)

Key Words: Decision making, left ventricular assist device, informed consent, ethics.

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Little research has been done on the decisional needs of left ventricular assist device (LVAD) decliners, or on concrete factors that influence refusal, including why patients decline or how or why their refusal might evolve. A greater understanding of how underlying perceptions inform the decision to decline LVAD can help to ensure that standards for consent and refusal are met, requiring informed decision making consistent with patients' preferences.^{1–3}

Methods

Design and Participants

Inclusion criteria for this study have been reported elsewhere, with 1 added criterion: candidate refusal.³ From February 2014 to March 2015, 190 patients were evaluated for an LVAD and 58 were approved (Table 1; Fig. 1).

Table 1. Patient Demographics

Patient No.	Sex	Age at Interview, y	Race	Current Treatment Choice	BTT/DT Designation	Initial/Persistent Decliner	Time Between LVAD Offer and Acceptance, d	Time Since Refusal,* d	INTERMACS Score	Hospital Status
1	M	55	Black	LVAD	DT	Initial	115**	—	3	Outpatient
2	M	71	Black	MM	NA	Persistent	—	296	4	Inpatient
3	F	63	Black	LVAD	BTT	Initial	336	—	3	Outpatient
4	M	82	Black	MM	NA	Persistent	—	89**	3	Inpatient
5	M	46	Black	TXP	BTT	Initial	—	14***	NA	Outpatient
6	M	55	Hispanic	MM	NA	Persistent	—	212	4	Inpatient
7	M	45	Black	LVAD	BTT	Initial	153	—	2	Outpatient
8	M	72	White	LVAD	DT	Initial	991	—	3	Inpatient
9	F	46	White	MM	NA	Persistent	—	233	3	Outpatient
10	M	74	White	MM	NA	Persistent	—	296	6	Inpatient
11	M	66	White	MM	NA	Persistent	—	198	4	Outpatient
12	F	56	Black	LVAD	BTT	Initial	60	—	NA	Outpatient
13	F	60	White	MM	BTT	Persistent	—	254	4	Inpatient
14	M	62	White	LVAD	DT	Initial	31	—	4	Outpatient
15	F	61	White	MM	DT	Persistent	—	175	4	Inpatient
16	F	50	White	TXP	BTT	Persistent	—	150***	NA	Outpatient
17	M	54	Hispanic	LVAD	BTT	Initial	81	—	3	Outpatient
18	M	62	Black	LVAD	DT	Initial	26	—	4	Outpatient
19	F	63	Black	MM	DT	Persistent	—	—	3	Inpatient
20	M	68	White	LVAD	BTT	Initial	226	—	NA	Outpatient
21	M	77	Black	MM	NA	Persistent	—	9	3	Inpatient
Totals and averages	14 M, 7 F	61 y	9 White, 10 Black, 2 Hispanic	9 LVAD, 10 MM, 2 TXP	8 BTT, 6 DT, 7 undesignated (NA)	11 persistent, 10 initial	224 d	175 d	3.5	12 outpatients, 9 inpatients

BTT, bridge to transplant; DT, destination therapy; INTERMACS, Interagency Registry for Mechanically Assisted Circulatory Support; LVAD, left ventricular assist device; MM, medical management; TXP, transplant; NA, designation not available.

Initial decliner was defined as patient who declined LVAD from Medical Review Board recommendation until LVAD placement. Persistent decliner defined as patient who is declining LVAD placement to present (March 4, 2015). Seven patients did not receive a therapy designation because the evaluation process was never completed on account of their declination. Twelve patients were married; 5 divorced or widowed; 2 single; 2 unknown. Education consisted of: 6 patients with at least some college; 5 who completed high school; 2 who completed middle school; and 8 unknown.

*Days from LVAD offer to March 4, 2015.

**Deceased.

***Patient declined LVAD until cardiac transplantation.

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