

The Catholic Doctor Is In:

End- of- Life Decision: Can a Pacemaker Be Turned Off?

Physicians and their patients are frequently challenged with moral issues as it becomes clear that death is approaching. As a cardiologist, I take care of many people who have devices like a pacemaker or an ICD (implantable cardioverter-defibrillator). When their heart condition progresses to end-stage there are times when a patient may ask me to turn their device off. As a Catholic and a physician, when would that be acceptable? Allow me to first educate the readers on pacemakers and ICD's.

Pacemakers are inserted when a person's heart rate is too slow (bradycardia). The great majority of the time the presenting symptom is passing out (syncope) or episodes of lightheadedness or dizziness. A clear indication for a pacemaker is documentation that somebody's heart is stopping (asystole). Usually if the heart stops for about 5 seconds or more the individual will pass out. This is an unequivocal indication for a pacemaker. Then there are those people whose heart just begins to beat too slowly and the main symptom is just profound fatigue. In general if your heart rate starts running below 40 you likely need a pacemaker (unless you are a 30 year old marathon runner!).

Implantable cardioverter-defibrillators(ICDs) are placed for mainly two reasons. The first and most clear indication is an individual who goes into a life-threatening arrhythmia and nearly dies. The inciting arrhythmia is usually ventricular tachycardia or ventricular fibrillation. This is typically described as a cardiac arrest. If you are not lucky enough to get promptly cardioverted (shocked) back to a normal rhythm you will die. Those that have been successfully resuscitated from sudden death are then candidates for ICD's because it is likely that this potentially fatal arrhythmia will recur and the ICD will then prevent death by automatically shocking the heart when this rhythm disturbance occurs again.

Then there are people who are candidates for an ICD based on a prediction that they are at high risk for a fatal arrhythmia because of their heart disease. The most common condition is a weak heart muscle with a left ventricular ejection fraction (EF) of < 35%. These people meet the criteria for placement of an ICD since studies have shown that those that have an EF of <35% and are protected with an ICD have a better chance of long term survival. As a point of clarification, all ICD's come with a pacemaker so if you have an ICD you also have a pacemaker.

When would it be morally acceptable to turn an ICD off? As some patient's heart disease progresses they begin to have recurrent congestive heart failure (CHF) and frequent admissions to the hospital. This is a common scenario, and despite good

medicines and skilled heart failure experts, they continue to deteriorate. It becomes clear they will not survive much longer. They are short of breath all the time and they are miserable. It is then time to discuss end-of-life wishes. When death is becoming eminent it is not uncommon to actually have an increase in arrhythmias and therefore be at risk for frequent shocks. I worry about my patients getting recurrent shocks from the ICD in the last hours or days of their life causing pain and suffering and actually detracting from a more comfortable and dignified death. A decision to turn off the ICD so the patient no longer will be shocked out of their arrhythmia is really analogous to a “Do-Not Resuscitate” order or “Allow Natural Death” (A.N.D.). This is well within the teaching of the Catholic Church. Dying from an arrhythmia is not a bad way to go for lack of a better way to express it. When the arrhythmia occurs you typically pass out and slip away peacefully.

What about turning pacemakers off? Pacemakers are quite simple really. When your heart slows down below a particular rate the pacemaker kicks in with a micro-electrical stimulus that makes the heartbeat. Most pacemakers are set to pace the heart when the rate goes below the range of 50-70. Patients that have a pacemaker usually have no idea when it is stimulating their heart. It certainly causes no pain or discomfort. Many patients though, that have a pacemaker become pacemaker dependent. If you turn their pacemaker off their heart stops and they die very suddenly. This is akin to physician-assisted suicide or euthanasia in my opinion and that of religious scholars. If you poll physicians, the majority are against turning pacemakers off although they are typically comfortable with turning off ICD's. As a point of clarification, when an ICD is turned off the pacemaker part of the device is typically left on.

Many times through the course of my career I have had patients and families ask me if the pacemaker is left on will it unnecessarily prolong their loved ones life. The answer is that it will not. If, for example, you are dying of cancer the death will still take place in the same time frame whether you have a pacemaker or not.

Let us learn to embrace death as part of our journey toward ever-lasting life with our Lord. As written in John 14:1-3 “Do not let your hearts be troubled. Have faith in God and faith in me. In my Father's house there are many dwelling places; otherwise, how could I have told you that I was going to prepare a place for you? I am indeed going to prepare a place for you, and then I shall come back to take you with me, that where I am you also may be.”

Dr. Kaminskas is a cardiologist and the treasurer of the Dr. Jerome Lejeune Guild of the Catholic Medical Association. All health professionals are welcome to join. Visit www.fortwaynecma.com.

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