



Physician to Physician: An Option for End-stage Cardiac Disease

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Though the total number of cardiac deaths each year has slowly been declining, heart disease remains the number one cause of mortality in the US. The modality of cardiac deaths has changed greatly over recent decades. Sudden death, either immediate with an arrhythmia or within days of an event such as myocardial infarction, was once the most common presentation. Recent advances in cardiac care have altered this, such that unexpected deaths are less frequent. Dysrhythmia management, cardiac revascularization, heart failure (HF) management, and other treatments have not only significantly increased survival, but have also improved the ability of individuals with heart disease to remain functional, often for years with a good quality of life.

Note that these advances rarely cure patients of their heart disease, but rather change it to a chronic illness, which remains the top cause of death in America. The challenge now is recognizing when ongoing interventions are no longer effective or become so burdensome that the treatment itself is negatively impacting quality of life.

The American College of Cardiology (ACC) and the American Heart Association (AHA) jointly published clinical guidelines for the management of HF in 2013 with an update in 2017. These represent state-of-the-art recommendations for medical and interventional management of HF. Included is the following recommendation: 8.9. Inpatient and transitions of Care: Recommendations: Class 1 – 2.h. consideration for palliative care or hospice care in selected patients. This carries a Class of Recommendation (COR) Class I (the highest), and a Level of Evidence (LOE) of Class B, meaning benefit is much greater than risk and that there is significant evidence supporting this recommendation.

Determining when the time is right to recommend palliative care (PC) or hospice can be daunting. One deterrent is the managing physician's feeling of having failed the patient by not being able to "fix the problem." Such thoughts are better reframed in terms of understanding the limits of medical care and that eventually everyone dies. In some cases, it is obvious when this boundary is reached since there are no other medical options to offer. More commonly though,

it is the patient's opinion about when interventions, including hospitalizations, have become more burdensome than beneficial that determines the time to change the emphasis of care from life prolongation to primarily comfort care.

Clinical findings suggesting when this change in care should occur include the presence of ACCF/AHA HF Stage D, "refractory HF requiring specialized interventions," especially when associated with New York Heart Association (NYHA) class IV findings, including being "unable to carry on any physical activity without symptoms of HF, or symptoms of HF at rest" that occur despite optimal medical management. PC can be given at any time during this process, while hospice is a special type of PC for patients with a likely life expectancy of six-months or less. Utilizing PC and hospice services has clearly shown improved quality of life while avoiding unwanted rehospitalizations through the use of interdisciplinary services, usually in the home setting. Neither precludes ongoing medical management, and many PC and hospice providers can deliver more advanced services such as inotropic infusions.

The use of PC and hospice within the continuum of care for cardiac patients has become a standard of care. Become familiar with your local providers who will keep you involved as the attending physician, if desired. Otherwise, the hospice physician can assume that role.

Let us know how we can assist in optimizing the management of your end-stage cardiac patients.

Yancy WC, Jessup M, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Journ Americ Col Card.* 2013;62(16).

Yancy WC, Jessup M, et al. 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. *Journ Americ Col Card.* 2017;70(6).