Ethics and Interventional Cardiology

Jeff Cavendish MD, FSCAI, FACC
Kaiser Permanente San Diego
Co-Director Cardiac Catheterization Lab, Scripps La Jolla
No disclosures
Case 1

• First patient of the day, Monday AM

• DOB - March 26 – same birthday as my 15 year old son

• Year – 1914!!!

• 100 year old gentleman
  – h/o AVR and single SVG to RCA in 2005

• Admitted with severe USA

• Myocardial perfusion scan – larger antero-apical reversible defect
Ethical Dilemmas

Options:

Redo CABG???

PCI ???

Medical therapy, palliative care???
Palliative PCI

6 Fr Ikari left 3.75 guide

Wire LAD and Cx

POBA L Cx

Stent LM into LAD
Palliative PCI
Stent into LAD
Final Shot
Case 1

• Discharged home the following day.

• Doing well, no recurrence of angina.

• CT surgeon thanked me tremendously…
Ethical Decisions 2015 and beyond

- Complex Coronary cases
- Cardiac arrest patients
- Use of Impella etc
- ICD placement
- TAVR
- Mitraclip
US Census

• United States population as of 12/05/14 is about 319,383,500

• One birth every.............................. 8 seconds
• One death every............................... 12 seconds
• One international migrant (net) every........... 38 seconds
• Net gain of one person every................. 15 seconds

• CA Population about 40 million

• World population - 7.2 Billion people

For more information on the methodology for producing national estimates, see http://www.census.gov/popest/topics/methodology/2009-nat-meth.pdf
Historical National Population Estimates
Graying of America
14% > age 65

Source: http://www.ctmt.com/pdfs%5CemergingDirections%5Cdemographicsasdestiny.pdf
Medical Ethics FOR DUMMIES

Learn to:
- Guide patients and their families through treatment options and potential outcomes
- Quickly and confidently make the right moral and ethical choices
- Apply ethics to controversial issues

Jane Runzheimer, MD
Family physician
Linda Johnson Larsen
Journalist
“The Father of Biomedical Ethics”
"Medicine is a moral enterprise," he once told Georgetown Magazine.

“And if you take away the ethical and the moral dimensions, you end up with a technique. The reason it’s a profession is that it’s dedicated to something other than its own self-interests.”

“...one of the constants in medicine was the need for compassion, for the physician to put the patient's interests first, this is the most important element in medicine."
Four Principles of Biomedical Ethics

• Autonomy

• Beneficence

• Non-maleficence
  – "first, do no harm"

• Justice
Four Principles of Biomedical Ethics

• Autonomy - the patient has the right to refuse or accept treatment.

• Beneficence - a physician should act in the best interest of the patient.
Four Principles of Biomedical Ethics

• Non-maleficence - "first, do no harm"
  – Be aware of the doctrine of double effect, where a treatment intended for good unintentionally causes harm.
  – This doctrine helps you make difficult decisions about whether actions with double effects can be undertaken.

• Justice - the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality)
Ethical Decisions

• Right vs Wrong
• Patient’s wishes
• Family dynamics/Family wishes
• Fraility
• Dementia
• Quality of Life
• Referring Physician
• Re-imbursement
• Lawyers
Codes of Ethics

• AMA

• ACC

• SCAI
The Society for Cardiovascular Angiography and Interventions (SCAI) Code of Ethics

Preamble

SCAI's mission is to promote excellence in invasive and interventional cardiovascular medicine through physician education and representation, and the advancement of quality standards to enhance patient care.

In fulfillment of that mission, SCAI recognizes that ethical issues surrounding medical practice are more complex and critical than ever. The Society also recognizes its responsibility to promote the highest possible ethical behavior by its members. SCAI members must recognize their responsibility to patients, to society, to other physicians and to other health professionals.

To that end, the SCAI Code of Ethics defines the principles and standards of conduct the Society believes essential to the practice of invasive/interventional cardiology at the highest level, and defines standards for ethical, honorable behavior by SCAI members.

It is the policy of SCAI that members[1] will comply with the following Code of Ethics. It is also SCAI's policy to counsel members as appropriate, assist them to comply with these principles, and, when necessary, apply the Society's enforcement and disciplinary process in a fair and impartial manner. In the case of alleged and proven violations of this policy, such violations will be adjudicated through application of SCAI's separately published enforcement and disciplinary process policy.
Case 2

- 92 year old man with increasing DOE, chest discomfort with walking up hills
  - 3 months of symptoms
  - Relieved with resting, slowing down

- PMH
  - Hypertension
  - Hyperlipidemia
  - Perforated appendix
  - Shot in the shoulder
  - Kicked by a horse, knocked unconscious
Case 2

- **Meds**
  - ASA, Simvastatin, Lisinopril

- **SHx**
  - Wife of 62 years alive and well
  - 3 daughters
  - No more friends – they all died
Case 2 Options

• Stress tests

• Cardiac cath

• Coronary CT angio

• Medical management
Case 2

• Discussed options with the patient and wife

• Patient wanted to stick with medicines
  – “I’ve lived long enough”
  – Wife agreed

• Follow up 6 months later – about the same

• Follow up 6 years later – much worse but still satisfied with QOL
Ethical Decision Making

- Honesty
- Integrity
- Fairness
- Respect
Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

Dec. 5-8, 2013

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<tr>
<th>Profession</th>
<th>% Very high/High</th>
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GALLUP
Ethical Decision Making

• for·ti·tude - for-tə-tüd
  – Strength of mind that enables a person to encounter danger or bear pain or adversity with courage.

• Synonyms
  – Backbone, constancy, fiber, grit, grittiness, guts, courage

• Antonyms
  – Spinelessness, indecisiveness, cowardice
Cardiology Fortitude

• Strength of mind and character that enables a cardiologist to make tough decisions with compassion and resoluteness, standing up to peer pressure, family pressures, economic pressures and fear of getting sued.
Ethical Decision Making

• Huge time commitment
  – Review all data, imaging, STS score, fraility score
  – Patient’s physical, mental, spiritual and emotional state
  – Social support, home situation
  – Discuss options with patient, family

• Use of the Heart Team approach.
  – Interventional Cardiology, Cardiac Surgery, Heart Failure, Echo/CT, Case managers
  – Involve primary physician
  – Ethics Committee

• Case based presentations to multi-specialty group
  – Valve clinics
  – Complex case conferences
  – Cardiac Cath conferences
“All patients need emotional support, which means we have to give of ourselves to them.”

“Compassion is having the ability to feel something of the patient's predicament and to assure the patient he or she will not be abandoned.”

- Edmund Pellegrino MD