

Thank you for agreeing to participate in this survey end-of-life care for patients with heart rhythm devices. Your responses will be kept anonymous.

Please complete ALL questions to the best of your ability by checking the appropriate box.

**1. Age – Please check the applicable box.**

< 25

26 - 35

36 - 45

46 - 55

56 – 65

> 65

**2. Gender – Please check the applicable box.**

Male

Female

**3. Ethnicity – Please check the applicable box.**

White

Black

Hispanic

Asian

Other

**4. Religious Preference – Please check the applicable box.**

Catholic

Other Christian

Jewish

Hindu

Muslim

Decline to Answer

Other (please specify)

**5. Education – Please check all that apply.**

D.O.

M.P.H.

M.D.

Other Master's degree

Ph.D.

Other (please specify)

**6. Professional certifications -- Please check all that apply.**

	Board eligible	Board certified
Cardiac electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>
Critical care	<input type="checkbox"/>	<input type="checkbox"/>
General cardiology	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine	<input type="checkbox"/>	<input type="checkbox"/>
Surgery (any)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

**7. Please check the box that indicates your current PRACTICE LEVEL.**

Medical Student    
  Resident    
  Fellow    
  Attending    
  Retired

**8. Please check the box that indicates your YEARS IN PRACTICE**

<5    
  6-10    
  11-15    
  16-20    
  21-25    
  > 25

**9. Please indicate the approximate percentage of your time spent in an average year on each of the professional activities listed below.**

	None	1-25%	26-50%	51-75%	76-100%
Patient care (any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic science research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM/ICD implantation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM/ICD follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following statements, please indicate how strongly you AGREE or DISAGREE with the statement.

Please note that patients are “pacemaker-dependent” if they have no stable heart rhythm of their own, and therefore require their pacemakers for every heartbeat.

**10. I am comfortable discussing end-of-life care with my patients.**

- Strongly Disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

**11. I am comfortable discussing withdrawal of the following life-sustaining therapies with my patients and/or their families:**

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Mechanical ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding tubes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacemakers in PACEMAKER-DEPENDENT patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implantable cardioverter-defibrillators (ICDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacemakers in NON-PACEMAKER-DEPENDENT patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Please indicate whether or not you have participated in REMOVING or DEACTIVATING any of the following treatments in patients who are critically or terminally ill.**

	Yes	No
Pacemaker in a NON-PACEMAKER-DEPENDENT patient	<input type="radio"/>	<input type="radio"/>
Pacemaker in a PACEMAKER-DEPENDENT patient	<input type="radio"/>	<input type="radio"/>
ICD implanted for primary prevention	<input type="radio"/>	<input type="radio"/>
ICD implanted for secondary prevention	<input type="radio"/>	<input type="radio"/>
Ventilator in ventilator-dependent patient	<input type="radio"/>	<input type="radio"/>
Dialysis in a patient with end-stage renal disease	<input type="radio"/>	<input type="radio"/>
Feeding tube	<input type="radio"/>	<input type="radio"/>

**13. Have you personally deactivated a pacemaker or implantable defibrillator (ICD) under any circumstances?**

	Yes	No
PACEMAKER	jn	jn
DEFIBRILLATOR (ICD)	jn	jn

**14. Please indicate those situations, if any, in which you have discussed deactivation of either pacemakers or implantable defibrillators (ICDs) with your patients:**

	ICDs	Pacemakers	Neither
Routine outpatient visits	€	€	€
Outpatient visit in patient with terminal illness	€	€	€
Hospitalized patients, stable	€	€	€
Hospitalized patients, acutely ill or in an ICU	€	€	€
Discussion with health care proxy or other surrogate for patient unable to participate	€	€	€

**15. Have you ever requested LEGAL consultation regarding deactivation of either pacemakers or defibrillators (ICDs)?**

	Yes	No
PACEMAKER	jn	jn
DEFIBRILLATORS (ICDs)	jn	jn

**16. Have you ever requested ETHICS consultation regarding deactivation of either pacemakers or defibrillators (ICDs)?**

	Yes	No
PACEMAKERS	jn	jn
DEFIBRILLATORS (ICDs)	jn	jn

The following questions concern a number of terms which are defined here:

“Euthanasia” is an act that intentionally causes the death of a patient who is very sick or suffering. An example of this would be a physician who administers a high dose of a medicine with the intention of causing a cardiac arrest in a patient who is suffering greatly from a severe illness with no hope of recovery.

“Physician-assisted suicide” is when a physician helps a patient take his or her own life, such as by intentionally providing a lethal dose of a pain medication with the knowledge that the patient might commit suicide.

“Palliative care” is medical treatment that focuses primarily on relief of symptoms and suffering for patients with serious illnesses rather than “curing” those illnesses.

“Pacemaker deactivation” means turning off a permanent pacemaker, which will no longer recognize and treat slow heart rates.

“ICD deactivation” means re-programming a defibrillator (ICD) so that it will no longer recognize and treat dangerous fast heart rhythms.

### **17. Is euthanasia legal in Massachusetts?**

Yes

No

Not sure

### **18. Is physician-assisted suicide legal in Massachusetts?**

Yes

No

Not sure

### **19. In which of the following places is euthanasia legal (please check all that apply)?**

One state in the United States

A few states in the United States

Everywhere in the United States

Nowhere in the United States

Canada

Not sure

**20. In which of the following places is physician-assisted suicide legal (please check all that apply)?**

- One state in the United States
- A few states in the United States
- Everywhere in the United States
- Nowhere in the United States
- Canada
- Not sure

**21. Which of the following best describes pacemaker deactivation in a PACEMAKER-DEPENDENT patient, if that patient requests it?:**

- Euthanasia
- Physician-assisted suicide
- Palliative care
- Killing
- Not sure

**22. Does the fact that a patient is PACEMAKER-DEPENDENT influence whether it is LEGAL to deactivate a PACEMAKER?**

- Yes
- No
- Not sure

**23. Must patients have a TERMINAL ILLNESS for PACEMAKER deactivation to be LEGAL?**

- Yes
- No
- Not sure

**24. Which of the following best describes defibrillator (ICD) deactivation in a patient at high risk for sudden death, if that patient requests it?:**

- Euthanasia
- Physician-assisted suicide
- Palliative care
- Killing
- Not sure

**25. Must patients have a TERMINAL ILLNESS for DEFIBRILLATOR (ICD) deactivation to be LEGAL?**

- Yes
- No
- Not sure



Under current U.S. and Massachusetts law, IT IS LEGAL to deactivate either a pacemaker or a defibrillator (ICD) if a patient or appropriate spokesperson requests it.

It does not matter under these laws whether or not a patient is terminally ill, or if the patient requires the pacemaker or defibrillator (ICD) to live.

**26. SHOULD the legal status of PACEMAKER deactivation depend on whether or not a patient is PACEMAKER-DEPENDENT?**

Yes

No

**27. SHOULD the legal status of PACEMAKER deactivation depend on whether or not a patient has a TERMINAL ILLNESS?**

Yes

No

**28. SHOULD the legal status of DEFIBRILLATOR (ICD) deactivation depend on whether or not a patient has a TERMINAL ILLNESS?**

Yes

No









