

CHARACTERIZATION OF PHYSICIAN ATTITUDES TOWARD DEACTIVATION OF LEFT VENTRICULAR ASSIST DEVICES AS DESTINATION THERAPY AT LIFE'S END

Instructions: Please mark the appropriate response as indicated and select the "Next" button to move to the next item. To review your responses, or make changes on previous pages, you may use the Web browser's "Back" and "Next" buttons. However, be aware that any other responses to the pages proceeding the change will be lost. Please also be aware that your responses are "saved" only by pointing and clicking on the "Next" button at the bottom of each page.

Please note: The survey does not have the ability to save a completed portion, exit, and return to finish at a later time. It will not "time out" during short breaks, but it is recommended that you complete the survey in one sitting.

I am a member of: (please check all that apply). If you are a member of more than one of the societies listed below, please only respond to this survey once. Thank you.

- ISHLT (International Society for Heart and Lung Transplantation)
- ESC/HFA (European Society of Cardiology/Heart Failure Association)
- AAHPM (American Academy of Hospice and Palliative Medicine)
- HFSA (Heart Failure Society of America)

Do you currently provide or have you ever provided direct patient care?

- No — P. 25
- Yes — P. 2

This survey deals with attitudes regarding left ventricular assist devices (LVADs) as destination therapy (i.e., permanent therapy without possibility for heart transplant). Any comment regarding "turning off the LVAD" or "discontinuing the LVAD" refers to disabling LVAD function by removing the primary power source, disconnecting the drive line, or any act that renders the LVAD unable to carry out its function.

Have you ever been involved in the care of a patient nearing death who requested their LVAD be turned off?

- No — P. 4
- Yes — P. 3
- Choose not to respond — P. 4

	Never	1 time	2 to 5 times	6 or more times	Choose not to respond
How many times have you cared for a patient nearing death who requested their LVAD be turned off?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you cared for a patient nearing death for whom you ordered their LVAD be turned off?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times have you turned off an LVAD for a patient nearing death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever refused a request from a patient nearing death (or surrogate) to turn off an LVAD?

- No — P.5
- Yes — P.4
- Choose not to respond — P.5

The following questions ask for your opinions about turning off LVADs.

Following a request from a patient nearing death (or surrogate) to turn off an LVAD, how comfortable would you be with ordering the LVAD be turned off?

- Very uncomfortable
- Uncomfortable
- Neither uncomfortable nor comfortable
- Comfortable
- Very comfortable
- Don't know
- Choose not to respond

Following a request from a patient nearing death (or surrogate) to turn off an LVAD, how comfortable would you be with personally turning off the LVAD?

- Very uncomfortable
- Uncomfortable
- Neither uncomfortable nor comfortable
- Comfortable
- Very comfortable
- Don't know
- Choose not to respond

Do you consider an LVAD in a patient with advanced heart failure a life-sustaining treatment?

- No — P. 5
- Yes — P. 5
- Don't know — P. 6
- Choose not to respond — P. 6

Why or why not?

Do you believe a patient should be dying to turn off an LVAD?

- No — P. 7
- Yes — P. 7
- Don't know — P. 8
- Choose not to respond — P. 8

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Why or why not?

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For patients with LVADs, if they elect "Do Not Resuscitate," does this mean their LVAD must be turned off?

- No
- Yes
- Don't know
- Choose not to respond

Should hospice programs require that patients have their LVADs turned off as a condition of admission?

- No
- Yes
- Don't know
- Choose not to respond

If patients are admitted to hospice with their LVAD functioning, should the hospice be responsible for turning off the LVAD in a patient nearing death?

- No
- Yes
- Don't know
- Choose not to respond

In your opinion, who should be permitted to turn off an LVAD? (Mark all that apply.)

- Cardiologist
- Primary physician
- Nurse
- LVAD technician/perfusionist
- Industry representative
- Hospice and palliative medicine physician
- Cardiothoracic surgeon
- Don't know
- Choose not to respond
- Other, please specify below:

In your opinion, should a physician be present when an LVAD is turned off in a patient nearing death?

- No
- Yes
- Don't know
- Choose not to respond

In your experience, who most often turns off an LVAD? (Please mark one.)

- Cardiologist
- Primary physician
- Nurse
- LVAD technician/perfusionist
- Industry representative
- Hospice and palliative medicine physician
- Cardiothoracic surgeon
- I have not encountered this situation
- Don't know
- Choose not to respond
- Other, please specify below:

What is the minimum amount of documentation that should be available to request an LVAD be turned off? (Please mark one.)

- Written and witnessed request
- Written order from a physician
- Documentation in the medical record that a patient (or surrogate) desires to proceed with deactivation
- Don't know
- Choose not to respond
- Other, please specify below:

Which of the following best describes the cause of death in a patient nearing death who dies after their LVAD has been turned off? (Please mark one.)

- Euthanasia
- Physician-assisted suicide
- Death due to the underlying disease
- Don't know
- Choose not to respond
- Other, please specify below:

Should patients nearing death who request an LVAD be turned off undergo psychiatric evaluation before the request is carried out?

- No
- Yes, always
- Yes, sometimes
- Don't know
- Choose not to respond

Have you ever requested a psychiatric consultation upon receiving a request to turn off an LVAD in a patient nearing death?

- No
- Yes
- Don't know
- Choose not to respond

Should an ethics consultation be conducted when a patient nearing death requests their LVAD be turned off?

- No — P.13
- Yes, always — P.12
- Yes, sometimes — P.12
- Don't know — P.13
- Choose not to respond — P.13

Have you ever requested an ethics consultation upon receiving a request to turn off an LVAD in a patient nearing death?

- No
- Yes
- Don't know
- Choose not to respond

What is your perception of the risk of litigation for wrongful death associated with turning off an LVAD in a patient nearing death?

- High risk
- Intermediate risk
- Low risk
- No risk
- Don't know
- Choose not to respond

Should requests for turning off an LVAD in a patient who is not nearing death ever be honored?

- No — P. 16
- Yes, always — P. 15
- Yes, sometimes — P. 14
- Don't know — P. 16
- Choose not to respond — P. 16

If yes, when should these requests be honored? Please provide specific scenarios or clinical examples.

If yes, why should these requests be honored?

Do you see a distinction between turning off of an LVAD and withdrawing or withholding mechanical ventilator support in a patient nearing death?

- No — P. 18
- Yes — P. 17
- Don't know — P. 18
- Choose not to respond — P. 18

If yes, why?

Do you see a distinction between turning off an LVAD and withdrawing or withholding intravenous fluids and/or nutrition in a patient nearing death?

- No — P. 20
- Yes — P. 19
- Don't know — P. 20
- Choose not to respond — P. 20

If yes, why?

Do you see a distinction between turning off an LVAD in a patient nearing death and withdrawing or withholding intravenous vasopressors and/or inotropic agents?

- No — P. 22
- Yes — P. 21
- Don't know — P. 22
- Choose not to respond — P. 22

If yes, why?

The survey is almost complete. Before we finish, we would like to know more about you.

The answers to the following section will only be used to classify responses and will not be used to identify individuals.

Please select the "Next" button to continue.

What is your age?

- 30 years or under
- 31 to 40 years
- 41 to 50 years
- 51 to 60 years
- 61 years or older

What is your gender?

- Male
- Female

How many years in practice or in the medical field?

- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

Please indicate the level of training that best reflects your responsibilities with patients.

- MD
- PhD
- Engineer
- Other, please specify below:

Which field best describes your background?

- Cardiology
- Cardiothoracic surgery
- Critical medicine/intensivist
- Hospice and palliative medicine
- Other, please specify below:

Please indicate the category that most closely describes your current religious affiliation. If your religion is not listed, please write it in the "other" blank.

- Catholic
- Jewish
- Muslim
- Protestant
- No religious affiliation
- Other, please specify below:

Thank you for completing this survey.

Please select the "Submit" button to conclude.