

# Advanced care directives as the core component of palliative care in recipients of left ventricular assist devices

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Mechanical circulatory support with left ventricular assist devices (LVADs) is, strongly, recommended as a therapeutic option in patients with advanced, stage D, heart failure [1,2]. Nowadays, a significant number of patients undergo LVAD implantation with annual survival rates equal to 80% and dramatically improved health-related quality of life [3]. Indeed, for the majority of these patients, this therapeutic option consists a destination therapy [4]. Corroborating the above mentioned data, according to Intermacs statistical report, 2345 patients had an LVAD implantation in the USA, during 2016, and approximately the half of them received these devices as destination therapy [4].

It is well known that patients with advanced heart failure are strongly eligible for palliative care services, included those with LVADs. Many scientific societies, such as the International Society of Heart and Lung Transplantation [2] and the European Society of Cardiology [1] recommend palliative care services for these patients, during the LVAD evaluation and the postoperative period. However, LVAD recipients consist a specific patient population with significant concerns regarding the providing palliative care [5]. Patients with an LVAD implant should take complex decisions, such as the place of death, the resuscitation options and the device deactivation. Indeed, end of life and hospice care face many barriers due to both the high healthcare cost and the lack of advanced staffing and equipment for advanced patient monitoring. Additionally, many LVAD patients need to obtain care at a tertiary hospital, which is inappropriate for high-quality secondary and tertiary palliative care [5-7].

Taking into account the above mentioned barriers and limitations to palliative care, advanced care directives are the core component of palliative care in LVAD patients on condition that advanced care planning start early in the disease process and prior to LVAD implantation [5]. Through advanced directives patients express their care preferences and decide on life sustaining treatments based on their own values and wishes. Additionally, clinicians assess patients' values and preferences, adjust their management aiming to fully meet the individual patient wishes and needs and finally provide ethically permissible holistic care [5,6].

Although, LVAD patients are characterized by significantly low enrollment rates in palliative and hospice care services [8], clinicians, involving advanced care directives in their palliative care planning could ensure the optimal and high-quality palliation for LVAD recipients and their families, despite the significant barrier to palliative care for this patient group. Better integration of advanced care directives into the palliative care planning is needed and, simultaneously, this approach requires improved training of clinicians on the philosophy of heart failure patient palliative care.

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**Received:** August 10, 2017; **Accepted:** August 21, 2017; **Published:** August 23, 2017