

**FAST FACTS AND CONCEPTS #410**  
**PREPARING FOR A DESTINATION THERAPY VENTRICULAR ASSIST DEVICE:**  
**THE PALLIATIVE CARE PLANNING CONVERSATION**  
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**Introduction:** For patients with end-stage heart failure, destination therapy ventricular assist devices (DT-VADs) can improve both quality and quantity of life (1-4). For a review of the practical aspects of this intervention, see *Fast Fact* #205. DT-VAD therapy is associated with significant morbidity and mortality risks (5). Consequently, the Centers for Medicare and Medicaid Services and the Joint Commission mandate palliative care involvement in the interdisciplinary care of all DT-VAD patients (6). While the recommended nature and duration of this involvement is not well-defined, palliative care teams often engage in planning conversations with patients being considered for a DT-VAD. This *Fast Fact* reviews best practices for such conversations.

**The palliative care planning conversation** Structured palliative care involvement in DT-VAD care can improve quality of life, advance directive completion, and clinician satisfaction with communication and end-of-life management (7). Pre-VAD planning conversations are meant to review goals and expectations, support shared decision-making, and engage in VAD-specific advance care planning. This type of advance care planning is sometimes referred to as ‘preparedness planning.’ It is used to review the risks and benefits of device therapy, elicit and deepen understanding of the underlying illness and therapeutic options, ensure adequate psychosocial support for successful VAD management, address existential concerns and coping, and engage in end-of-life planning. Preparedness planning is not meant to replace informed consent discussions the surgeon and cardiologist have with patients leading up to VAD placement. While the role of palliative care in DT-VAD evaluations varies by institution, the process of deepening a patient’s understanding of this specific medical intervention and ensuring this treatment aligns with their goals of care remains a central tenet of the planning conversation.

**Clinical approach:** The recommendations in the table below are based on expert opinion, reported experiences, and serious illness communication best practices (8-10). While all domains should be addressed for patients contemplating DT-VAD therapy, other clinicians (e.g., VAD coordinators, social workers, etc.) may be responsible for specific issues depending on the institution. Preparedness conversations should be documented in the medical record clearly and succinctly. Establishing a legal surrogate decision-maker should be an early clinical priority. Concerns about a patient’s understanding of the goals and risks of DT-VAD therapy, ambivalence about proceeding with VAD placement, and/or psychosocial complications should be communicated to the VAD multidisciplinary team.

**Table: Suggested conversation domains and sample language**

<p>Illness understanding and expectations (3,9,11,12)</p>	<ul style="list-style-type: none"> <li>• What is your understanding of your heart failure? How have things been going lately with your health? (9,12)</li> <li>• What have your clinicians told you about what to expect with your heart failure? Your treatment options? A VAD surgery?</li> <li>• What is your understanding of what a VAD would provide in terms of survival and quality of life?</li> <li>• What do you understand about what to expect if you cannot or choose not to receive a VAD?</li> </ul>
<p>Functional and psychosocial assessment (9,13)</p>	<ul style="list-style-type: none"> <li>• What does a typical day look like for you?</li> <li>• What are you able to do on a good day? On a bad day?</li> <li>• What do you enjoy doing?</li> <li>• Who do you consider part of your support system? Can they help with VAD care and medical follow-up?</li> <li>• What have you been told about your caregiver’s responsibilities?</li> <li>• Are there personal factors that you think will lead to the success of a VAD for you? Anything that might make having a VAD difficult?</li> </ul>

Quality of life and coping (3,9,14,15)	<ul style="list-style-type: none"> <li>• What helps you live well despite your heart failure?</li> <li>• What gives you strength and gets you through difficult times?</li> <li>• What is the role of religion or spirituality in your life? (14)</li> <li>• What are you worried about as you think about your health? (9)</li> </ul>
Advance care planning (including priorities, trade-offs, end-of-life planning, review of advance directives) (9,12,14,15)	<ul style="list-style-type: none"> <li>• Who should make medical decisions for you if you cannot? How much do they know about your priorities and wishes? (9,12)</li> <li>• What abilities are so critical that you cannot imagine living without them? (12)</li> <li>• If you became sicker, how much would you be willing to go through for the possibility of more time? [Clarify with VAD-pertinent examples: dialysis, prolonged mechanical ventilation, long-term facility care, etc. If needed, help patients understand that at most institutions the VAD team will expect the patient to endure significant complications like dialysis and chronic mechanical ventilation for several weeks after placing a VAD.] (12)</li> <li>• Are you aware that the VAD can be turned off if you were ever in a clinical situation in which your quality of life was not acceptable to you? (14)</li> <li>• What would be most important if/when you are nearing the end of your life? (9)</li> </ul>

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