

What Actually Happened

Mr. H's mental status improved to the degree that he was able to discuss his treatment preferences with the ethics consultation team and his medical team. He clearly expressed a will to live and committed himself to following medical recommendations after treatment. The ethics consultation team was able to have an extended conversation with Mr. H in which he admitted to a long history of methamphetamine use but said that he had remained clean for the last six years, except for a short relapse of several days in the previous six months. The relapse was secondary to external stressful events, including a difficult experience with his biological mother.

Mr. H was firm in his commitment to getting well. He explained that he was a crucial member of his family's structure and wanted to take an active role in his children's lives. His goal was to go home, and he was firm in not wanting to die or be confined for the rest of his life in a hospital. The patient's family, including his wife, stepmother, father, sister, and friends, told the team that they would be available to help Mr. H by lending him whatever support and care he needed. The medical team noted that the patient had a good chance of survival *if* he remained compliant with treatment recommendations. Given the high chance of benefiting the patient and the patient's expressed preferences for treatment, along with his steadfast resolve toward maintaining his health, the ethics consultation recommended that the patient be provided with the LVAD.

Mr. H's surgery was successful, and his renal issues were resolved during the postoperative course. A few weeks later he was discharged home. Two years after surgery, it was determined that, due to his myocardial recovery, the patient no longer needed the LVAD, and it was subsequently removed.