Left Ventricular Assist Devices (LVAD) offer permanent CPR to patients with advanced heart failure. Some of these patients are eligible for heart transplants, others are not. It is a regulatory requirement to do psychological testing on patients prior to implant. Known complications of the therapy include major depression. Although a detailed life style consent is completed prior to implantation, yet no discussion can ever convey the difficulty of living dependent upon wires and battery packs. Three case studies of patients who requested cessation of LVAD therapy after implantation will be discussed. One patient never left the hospital after implant; the second is a married, employed man with young children who is living an independent life but is unhappy with the burdens of his equipment; the third is a woman with the onset of severe paranoia. Her family advocated for cessation, citing her pre-surgical Advance Directive.

What is an ethical process relating to lifestyle consenting? What is an ethical process for honoring requests for therapy cessation? DNR orders are acceptable for medical futility, but what is medical futility in artificial life? Physicians are the ethical prescribers for implants, but are they the ethical prescribers for discontinuation of therapy? These three cases resulted in ethics consults for our center. I will share the cases and the moral distress of the nursing team related to each case.