

Guidelines on the Management of Implantable Cardioverter-defibrillators at the End of Life



Guías para el manejo de los desfibriladores automáticos implantables en las fases finales de la vida

To the Editor,

In the article “Update in cardiac arrhythmias and pacing”,¹ of which I am an author, reference is made to the joint document of the *Sociedad Española de Geriatria y Gerontología* (Spanish Society of Geriatrics and Gerontology), the *Sociedad Española de Cuidados Paliativos* (Spanish Society for Palliative Care), and the *Sección de Cardiología Geriátrica* (Geriatric Cardiology Section) of the Spanish Society of Cardiology on the “Guidelines on the management of implantable cardioverter-defibrillators at the end of life”.² Unfortunately, the following sentence was added to a paragraph I wrote: “However, to establish recommendations applicable to clinical practice, consensus documents need to be developed that include the knowledge and perspective of all the subspecialties, particularly electrophysiology and cardiac pacing, involved in this clinical context.” I feel obliged to clarify that these guidelines were developed in a meeting held in the *Casa del Corazón* (Madrid) with the Spanish Society for Palliative Care and with the participation of the Spanish Society of Geriatrics and Gerontology (120 attendees). The first author of the document is an electrophysiologist who attended this meeting. These guidelines have been published in the *Revista Clínica Española*,² as well as in the *Revista Española de Geriatria y Gerontología*³ and in *Medicina Paliativa*.⁴ Because the editors of *Revista Española de Cardiología Electrofisiología y Arritmias* (Electrophysiology and Arrhythmias Section) of the Spanish Society of Cardiology, I contacted the president of this section, being as helpful as I could and accepting

the suggested modifications but he repeatedly refused to endorse the guidelines. The recommendations of the document are indeed applicable to clinical practice and I regret that, for reasons I fail to understand, the report states the opposite.

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Available online 24 September 2015

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Guidelines on the Management of Implantable Cardioverter-defibrillators at the End of Life.



Response

Guías para el manejo de los desfibriladores automáticos implantables en las fases finales de la vida. Respuesta

To the Editor,

Clinical practice guidelines are an excellent tool for optimizing care and healthcare costs and reducing unacceptable heterogeneity in clinical practice.¹ However, the distribution and implementation of invalid guidelines can cause wasting of resources, ineffective interventions, and even deterioration of patients' health.^{1,2} The process of developing clinical practice guidelines is tremendously complex and has been widely described and standardized in the medical literature^{1,2} and in official documents from recognized international bodies.^{3,4} These recommendations include clearly defined points on the processes of elaboration, predefining the objectives, choosing a panel of experts, external consultations and associated reviewers, methodology for evaluating the scientific evidence, and the implementation program.⁴

Among the many editorial works and coordination projects carried out in the collaborative work referred to⁵, several authors, as well as the boards of the Department of Electrophysiology and Arrhythmias and the Department of Cardiac Pacing, consider that

the document referred to by Dr. Martínez-Sellés fails to meet all the previously-described requirements, which is why the obvious and clearly evident paragraph was added: “However, to establish recommendations applicable to clinical practice, consensus documents need to be developed that include the knowledge and perspective of all the subspecialties, particularly electrophysiology and cardiac pacing, involved in this clinical context.” Several weeks before the definitive edit, the final version of the article was sent to all the coauthors, including Dr. Martínez-Sellés, clearly specifying it be modified, without receiving any objection, complaint, or comment regarding the final text.

Finally, we remind Dr. Martínez-Sellés of the possibility of renouncing coauthorship of an article should an author disagree with the contents.

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Available online 26 September 2015

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