Does It Matter Why and How Patients With Heart Failure Die?
A Debate That Lives On

Paul J. Hauptman, MD

Our interest in death and illness is nothing but a way of expressing an interest in life” —Thomas Mann, The Magic Mountain.

Is the retort to the declarative statement that “dead is dead” now dead? Simply answered, not at all. In the heart failure discipline, whether data are derived from clinical trials, registries, or epidemiological studies, delineating “why” and “how” patients die remains a keen interest for investigators. Cross-reference “cause of death” with “heart failure” in an online publication database, and you will find almost 60 papers in the 10 years since the “dead is dead” issue was raised. Why are we so engaged in this task? Perhaps it is because the underlying goals are sound: to understand the impact of interventions according to treatment assignment and to better understand the pathophysiology and natural history of heart failure.

We have in fact learned a great deal from a long list of studies: For example, patients with nonischemic cardiomyopathy can die of ischemic complications,1 implantable defibrillators may shift death from a sudden arrhythmic cause to progressive heart failure,4 and sudden death is clustered in the early period after myocardial infarction.5 Such analyses can also raise interesting hypotheses or help to demonstrate the robustness of a treatment effect, as, for example, when an intervention reduces both sudden and nonsudden causes of cardiovascular events, such as stroke or nonfatal myocardial infarction.6 Many of these concepts apply not only to death as an end point but to any number of other clinical levels. What constitutes an arrhythmic death? Can a death be sudden if the patient has severe functional limitations and to posit that there is a need to address comorbidities to a greater degree than previously appreciated.

Despite these provocative findings, the naysayers can maintain that nothing has fundamentally changed, because we should be thinking more about how patients die than about cause. Indeed, it may be that we have not spent enough time finding out what death with advanced heart failure actually looks like.11,12

If that is the case, should we continue to explore the cause of death in heart failure? A reasonable argument can be made that we must first establish some uniformity of definitions, even while acknowledging the artificiality of such an exercise, at the very least to facilitate study-to-study comparisons. This may allow for some unexpected benefits, including modification of risk-stratification models that currently predict all-cause death.13,14 Second and most importantly, if we gain better insight into what patients want or expect from chronic illness, we can certainly justify further study.15 While doing so, we should avoid the temptation in clinical trials and...
registries to examine the cause of death in small subgroups, especially if they are not prespecified. Furthermore, analyses should have meaning beyond the fulfillment of a regulatory requirement. Patients (and their physicians who care for them) should know more about what to expect as heart failure progresses and how various therapeutic options can affect not only the duration and quality of life but the quality of death as well. Therefore, “why” and “how” patients with heart failure die matter, not only to us on a macroscopic level but almost certainly to the patients who live with heart failure but may or may not die of it.

Disclosures
None.

References
2. Gottlieb SS. Dead is dead: artificial definitions are no substitute. Lancet. 1997;349:662–663.

KEY WORDS: Editorials heart failure death
Does It Matter Why and How Patients With Heart Failure Die?: A Debate That Lives On
Paul J. Hauptman

Circ Heart Fail. 2008;1:89-90
doi: 10.1161/CIRCHEARTFAILURE.108.796250
Circulation: Heart Failure is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2008 American Heart Association, Inc. All rights reserved.
Print ISSN: 1941-3289. Online ISSN: 1941-3297

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circheartfailure.ahajournals.org/content/1/2/89

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation: Heart Failure can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation: Heart Failure is online at:
http://circheartfailure.ahajournals.org//subscriptions/