



Doctor, I want a TAVI! Should patients choose the type of aortic valve procedure they want?

¿Doctor, póngame un TAVI! ¿Pueden los pacientes elegir el tipo de intervención sobre la válvula aórtica?

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To the Editor,

Vázquez Rodríguez et al.¹ elegantly demonstrate that transcatheter aortic valve implantation (TAVI) is cost-effective even in low-surgical risk patients. This cost-effectiveness adds to the excellent data regarding survival reported in real-life settings in Spain even in cohorts of very old patients with frequent comorbidities.² Former data also confirm the cost-effectiveness of this technique,³⁻⁵ as well as its favorable outcomes,⁶ thus making it a viable option for low-risk patients as well.⁷

Therefore, in the management of symptomatic severe aortic stenosis where both surgical aortic valve replacement (SAVR) and TAVI are feasible options, and once the patient has been properly informed and given his/her written informed consent, he/she should be able to choose TAVI even if the heart team recommends SAVR. We should remember that 2 different domains exist regarding decision-making: the professional or objective domain that determines whether treatment is proportionate (and benefits can be expected), and the one pertaining to the patient, also called subjective domain, that determines whether the procedure is a common one (that is, not perceived as an unbearable aggression) (figure 1). Denying the decision-making capacity of a properly informed patient is unethical, and as noted by Vázquez Rodríguez et al.,¹ cannot be justified from a financial standpoint either.

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CONFLICTS OF INTEREST

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		Objective assessment	
		Proportionate	Disproportionate
Subjective assessment	Common SAVR	SAVR or TAVI based on expert technical criteria	Do not offer unfeasible procedures
	Unusual SAVR	TAVI	

Figure 1. Two different decision-making domains: the professional or objective domain that determines whether treatment is proportionate, and the patient's—subjective—who determines whether it is a common procedure. SAVR, surgical aortic valve replacement; TAVI, transcatheter aortic valve implantation.

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