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Title: Secondary gain from illness leading to prolonged weaning failure

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Body: Objective: For some patients prolonged weaning from invasive ventilation comes along with a temporary transfer to home mechanical ventilation. This is associated with a high logistic support, infrastructure of staff and costs for health insurance. Here, patients' physical abilities for weaning needed to be monitored closely to avoid mismanagement of patients. Methods: Tracheotomised COPD-patients on home mechanical ventilation were analysed during readmission for a follow-up visit and possible decannulation. Results: Three COPD-patients were identified. All patients showed clear evidence to perform weaning from invasive positive pressure ventilation. However, one homeless patient (50years/male) refused to be weaned due to anxiety losing his new established home environment. A second patient (64years/male) refused to be weaned based on fear losing the financial support given from the health insurance to patient's family for nursing. A third patient (65years/female) was successfully weaned to noninvasive ventilation, but called for re-tracheostomy due to fear losing infrastructure of staff at home. Conclusion: Prolonged weaning and establishment of invasive home mechanical ventilation can lead to secondary gain from illness. Following, the goal of self-determined living can be contrary to prospective medical therapy.