Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
KSN 2026 SEOUL, KOREA
The 46th Annual Meeting of the Korean Society of Nephrology
THE KOREAN SOCIETY OF NEPHROLOGY
Jun 11 (Thu) – 14 (Sun), 2026
COEX, Seoul, Korea

Lecture Code : GCN01-S2
Session Name : Geriatric Nephrology
Session Topic : Geriatric Nephrology
Date & Time, Place : June 13 (Sat) / 08:30-10:10 / Room 1 (GBR 101), 1F

Conservative Kidney Care for the Elderly in Japan: Redefining Choice, Dignity, and Outcomes

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Population aging is accelerating worldwide, accompanied not only by an increase in the number of older adults but also by rising rates of physical and cognitive frailty. At the same time, the shrinking younger population is weakening traditional social and economic support systems. As a result, the challenge of living with disability, dependency, and frailty may become more significant than the risk of death itself. In this context, the conventional disease-centered approach, which focuses on disease-specific guidelines and outcomes such as survival and organ protection, is often inadequate for older patients with chronic kidney disease (CKD) who commonly experience multimorbidity and frailty. While modern healthcare continues to prioritize expensive treatments supported by clinical trials targeting life expectancy and organ outcomes, these goals do not always align with what matters most to patients. The definition of "good medical care" varies depending on perspective. Healthcare professionals may emphasize longevity and organ preservation, whereas many patients place greater value on quality of life, dignity, hope, and meaningful living, even if life expectancy is shortened. For these individuals, maintaining social and family roles is a key objective, and preserving physical and cognitive function is essential to achieving that goal. Choosing a kidney replacement therapy is therefore not only a medical decision but also a decision about how a person wishes to live the remainder of their life. Because considerable uncertainty exists regarding the optimal treatment for individual patients, decision-making should respect patient autonomy and be guided by Shared Decision Making (SDM). Conservative Kidney Management (CKM) should be considered as a legitimate option, particularly for older and frail patients who may experience significant burdens from dialysis. However, awareness and understanding of CKM remain limited among both patients and healthcare professionals in Japan, and support systems for CKM are still insufficient. Among older dialysis patients, approximately one in four spends

more than half of the day bedridden, and a similar proportion has dementia. Previous research has shown that self-reported physical function at the initiation of dialysis is one of the strongest predictors of early mortality within the first year. Furthermore, exercise interventions in patients with non-dialysis CKD have been demonstrated to improve not only physical function but also cognitive function. These findings highlight the importance of maintaining and restoring physical and cognitive abilities in both CKD and dialysis patients. The goal of CKD care should not simply be prolonging life through dialysis but ensuring that patients retain the functional capacity necessary for meaningful living. Therefore, rehabilitation aimed at preserving or restoring role function, independence, and dignity should be considered a central component of care for patients with kidney failure and those receiving dialysis.

Keywords: conservative kidney management, kidney replacement therapy, patient centeredness