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Shared Decision-Making for Dialysis: Taiwan

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Shared decision-making (SDM) is a core element of patient-centered care, especially for preference-sensitive decisions such as choosing between hemodialysis (HD) and peritoneal dialysis (PD). Dialysis modality choice is particularly well-suited for SDM, as HD and PD offer comparable survival outcomes but differ significantly in lifestyle impact, home support requirements, and patient autonomy. In Taiwan, where the prevalence of end-stage kidney disease (ESKD) is among the highest globally, SDM has been nationally promoted through a top-down strategy led by the Ministry of Health and Welfare (MOHW). Since 2015, Taiwan has integrated SDM into national health policy, supported by the Joint Commission of Taiwan (JCT). This includes the development of certified patient decision aids (PDAs), hospital accreditation criteria related to SDM performance, and clinician education programs. In nephrology, SDM is embedded within the chronic kidney disease (CKD) pay-for-performance (P4P) program, which requires structured pre-dialysis education involving discussion of dialysis options using standardized tools. Taiwan's experience demonstrates how policy-level commitment, institutional incentives, and multidisciplinary team collaboration can facilitate the integration of SDM into routine nephrology care. The widespread adoption of PDAs, especially in pre-dialysis education, has enhanced patient engagement and supported more informed, value-congruent treatment decisions. However, one area requiring further improvement is the systematic collection of patient feedback. Incorporating patient-reported experience measures (PREMs) into the SDM process can help evaluate its quality, ensure that patients feel heard and supported, and continuously refine tools and communication strategies. This presentation will share Taiwan's national experience in implementing SDM for dialysis modality choice, outline key enablers and barriers encountered in practice, and provide insights for other health systems aiming to strengthen SDM through structured policy and clinical frameworks.

Keywords: Shared decision-making, dialysis modality choice, patient-centered care, end-stage kidney disease, policy implementation