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Session Topic : Shared Decision-Making for ESKD Patients in Asia

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Shared Decision-Making for Dialysis: Japan

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Patient engagement contributes to improved treatment outcomes and more efficient use of healthcare resources. Shared decision-making (SDM), a core component of patient engagement, is particularly important in nephrology and dialysis care, especially when selecting renal replacement therapy (RRT) and discussing advance care planning (ACP). In Japan, significant progress has been made to promote SDM practices. The Japanese Society for Dialysis Therapy has issued recommendations on the initiation and withdrawal of dialysis, advocating for the implementation of SDM. To support patient-physician dialogue regarding RRT options, a variety of tools and resources have been developed. One such resource is the "Treatment Options and Practice in Kidney Failure" jointly developed by five academic societies, which provides comprehensive information on RRT. The Japan Shared Decision Making Collaborative for Chronic Kidney Disease, developed conversation guides and decision-support tools, titled as "Choosing the Right Treatment for You". The Collaboratives has provided training on SDM to healthcare professionals, with 3,000 nephrologists and nurses having participated in group work so far. Japan Renal Replacement Therapy Association for Medical Professionals certifies approximately 2,000 healthcare professionals with fundamental knowledge regarding the selection of renal replacement therapy and CKD patient care. Additionally, financial incentives have been introduced into the Japanese medical reimbursement system to encourage the implementation of SDM practices since 2020. Despite these efforts, renal replacement therapy is heavily biased toward In-center hemodialysis, while the prevalence of peritoneal dialysis and kidney transplantation remains significantly low in Japan. Less than 3 % of dialysis patients receive peritoneal dialysis whereas 97% of patients receive hemodialysis. Although interest in SDM is growing, it is possible that SDM is not being fully practiced when selecting renal replacement therapies. A study was conducted to evaluate the state of shared decision-making (SDM) practice among incident dialysis patients and nephrologists in Japan (Komatsu Y. *Kidney International Reports* (2025) 10, S735). The survey

questionnaire was sent to physicians and incident dialysis patients at major facilities. The questionnaire included the Japanese version of the 9-item SDM questionnaire for patients (SDM-Q-9), physicians (SDM-Q-Doc), and the Decisional Conflict Scale (DCS). Physicians rated higher SDM-Q score than patients. SDM-Q-9 is higher, and DCS is lower among PD patients than HD patients, suggesting that well-informed patients, through shared decision-making, facilitates the dissemination of PD. A strong association was observed between SDM-Q-9 and DCS, reflecting that the practice of SDM decreases decisional conflict. A great gap exists in SDM and the perception of dialysis modality selection discussion between patients and physicians. In the lecture, I would like to present the current status and challenges of SDM practices in kidney disease in Japan, as well as propose future directions.

Keywords: Shared decision making, renal replacement therapy, peritoneal dialysis, hemodialysis, patient engagement