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## **Treatment Preferences for Serious Illness Among Patients Receiving Peritoneal Dialysis**

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Patients with end-stage kidney disease (ESKD) frequently receive intensive end-of-life care and are more likely to undergo cardiopulmonary resuscitation (CPR), despite typically facing poor outcomes. Several factors, including the absence of advance care planning, uncertainty regarding the disease trajectory, and fragmented care, significantly hinder access to hospice care for these patients. Notably, patients receiving hemodialysis and peritoneal dialysis (PD) present distinct clinical features and a wide range of unadjusted survival rates. Consequently, we developed a predictive model that combines the surprise question, palliative care screening tool, and clinical variables. This integrated model demonstrates strong predictive ability of one-year mortality, enabling the identification of high-risk PD patients. Further, previous studies have revealed that preferences for "do not resuscitate" (DNR) directives are uncommon among those receiving maintenance dialysis, with discussions on end-of-life treatment options seldom incorporated into their routine care plans. Our recent analysis of CPR and end-of-life care preferences among 364 adult patients on maintenance PD uncovered that an overwhelming 74% would prefer DNR in the event of a cardiopulmonary arrest. Factors such as being male, younger, and retaining higher residual kidney function were associated with a greater preference for CPR. Although most patients' choices for medical interventions corresponded with their resuscitation preferences, a discrepancy was noted between some patients' desired health outcomes and their chosen resuscitation options. Over a 2-year prospective follow-up, 31 participants died, with the majority passing away in a manner consistent with their initially stated end-of-life care preferences. Moreover, we demonstrated that incorporating palliative care into the dialysis unit have impact on end-of-life care patterns. These findings underscore the importance of adopting a multidisciplinary approach in ESKD management to ensure discussions and considerations of patient preferences, particularly concerning end-of-life decisions.



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