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Dialysis care for patients at the end of life - Dialysis Withdrawal

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Abstract

Dialysis care for patients at the end of life is full of challenges, and ongoing aging and higher comorbidities further increase this burden. Palliative care for kidney disease is not a new concept; however, it is accepted differently in various regions due to cultural differences. Dialysis withdrawal (DW) is a frequent occurrence in western countries and is responsible for 10-30% of deaths in this population. However, in Asia, there is a lack of official data on this issue, indicating that ESKD patients in this area need more attention to their "quality of death." The barriers to giving DW involve multiple aspects, including patients and family who may believe the importance of continuing RRT treatment; healthcare providers uncomfortable discussing end-of-life care; and social, legal, and financial concerns influenced by the regional culture. Furthermore, there are few guidelines that provide detailed indications for DW due to a lack of evidence and consensus on the topic. Taiwan has had the Statute for Palliative Care in place since 2000, and this was further amended in 2013 to include specific guidelines for the withdrawal of life-supportive treatments, including dialysis. In 2009, Taiwan National Health Insurance extended hospice care coverage to include non-cancer patients. Our hospice guidelines for CKD patients have been updated recently, six years after its first edition. With all these efforts, there has been a growing trend of DW, most in hospitals. However, many ESKD patients receiving hospice care, especially those with cancer, were under dialysis at the end of life. It suggests that patients, their families, and even society as a whole still firmly believe that dialysis treatment should not be discontinued.

When delivering DW, the most appropriate method is the multidisciplinary approach triggered by the patient and their family in shared decision-making. To improve the quality of death for the ESKD population, we can take the following steps:

1. Provide clear and culturally appropriate recommendations for clinical practice related to dialysis withdrawal (DW).
Educate ESKD patients and their families about hospice care and when and how to consider DW as an end-of-life option.
Train the health providers to identify potential patients who may benefit from DW and help them make an informed decision based on their circumstances.

By implementing these measures, we can ensure that ESKD patients receive the appropriate end-of-life care and improve their quality of life in their final days as well as their families.