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Current status of consent for hemodialysis as life-sustaining treatment

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Objectives: Physician orders for life-sustaining treatment (POLST) was legislated in April 2018 in Korea. Although hemodialysis is a key life-sustaining treatment, medical or social consensus regarding hemodialysis has not been achieved in patients with terminal cancer or end-stage organ failure. Impractical or unreasonable hemodialysis for terminal patients who wish to discontinue life-sustaining treatment is not only meaningless, but also can aggravate hemodynamic instability. In this study, the current status of consent for hemodialysis when determining POLST was analyzed.

Methods:

This retrospective cohort study included adult patients who signed the consent form for POLST between April 2018 and April 2021 at Samsung Medical Center. Life-sustaining treatment included cardiopulmonary resuscitation, mechanical ventilation, mechanical circulatory assist devices, hemodialysis, vasopressors, chemotherapy, and antibiotics. The proportion of patients who chose to initiate or continue hemodialysis as life-sustaining treatment was analyzed according to the department.

Results:

Of the 4,336 patients, 24% chose to initiate or continue hemodialysis when considering the discontinuation of life-sustaining treatment. The proportion of patients who chose to initiate or continue hemodialysis as life-sustaining treatment was 46% (70/152) in the department of critical care medicine, 32% (43/131) in cardiology, 31% (113/363) in pulmonology, 22% (388/ 1755) in oncology, 17% (78/439) in gastroenterology, and 15% (31/199) in gynecology. There were significant differences in choosing to withhold or withdrawal hemodialysis as life-sustaining treatment depending on the department and among physicians within the same department.

Conclusions: Consent for hemodialysis as life-sustaining treatment varied depending on the department and physician. Multidisciplinary approach led by a nephrologist may be required to reduce impractical or unreasonable hemodialysis as life-sustaining treatment in patients with terminal cancer or end-stage organ failure.