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## **Conservative Kidney Management & Palliative Care: Dialysis Withhold and Withdrawal**

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South Korea has rapidly aged, transitioning to an aging society in 2000 and an aged society by 2018. Predictions indicate that by 2025, over 20% of the population will be 65 or older, marking the beginning of a super-aged society. By 2070, this demographic is expected to reach 46.4%, with those over 75 comprising 30.7%. These demographic shifts significantly impact healthcare, notably increasing the number of older dialysis patients. Reports from the Korean Society of Nephrology show that the proportion of dialysis patients over 65 rose from 2.1% in 1989 to 51.9% by 2018, with consistent annual increases thereafter. The introduction of dialysis in the 1960s revolutionized end-stage renal disease (ESRD) treatment. Initially, the scarcity of dialysis machines and high treatment costs raised ethical concerns about resource allocation. Despite these challenges, dialysis has greatly benefited ESRD patients. However, it also brought complexities, especially in treating elderly patients. This requires a balanced approach that includes both medical judgment and ethical considerations. High mortality rates in the first year of dialysis and significant treatment regret among elderly patients underscore the need for careful decision-making. Additionally, the decline in daily living capabilities due to dialysis, leading to reduced quality of life, highlights the importance of a patient-centered approach in treatment decisions. It stresses the need for shared decision-making in dialysis initiation, prioritizing patient autonomy and ensuring comprehensive care when dialysis is withheld or discontinued. In this lecture, we will explore supportive care, including conservative kidney management and palliative care, and its application in clinical situations.

**Keywords:** Conservative Kidney Management, Palliative Care, Withhold, Withhold, Medical Ethics