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Preferences for DNR and Hospice in Patients with End-Stage Renal Disease: A Preliminary Report

Chan-Shiuan Kuo¹, Shiuyu C. Katie Lee², Chun-Fu Lai³

¹Department of Department of Nursing, National Taiwan University Hospital, Taipei, Taiwan

²Department of School of Nursing, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan

³Department of Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

Objectives : Patients with end-stage renal disease (ESRD) often experience sudden deterioration trajectory and that frequently hinders their ability to practice autonomy or express their preferences regarding life-sustaining treatments. Understanding patients' end-of-life (EOL) care preference is important for helping them to achieve their goals of EOL plan. We report preliminary findings from an on-going study to explore ESRD patients' preferences for life-sustaining treatment if deteriorating and toward EOL.

Methods : This cross-sectional study recruited cognitive-intact adult patients with stage 5 chronic kidney disease or ESRD on Renal units and hemodialysis outpatients at a medical center in Northern Taiwan. Participants are queried regarding their preferences of life-sustaining treatments for EOL. We report the analysis from the first 100 subjects' preference for Do-Not-Resuscitate (DNR) and hospice.

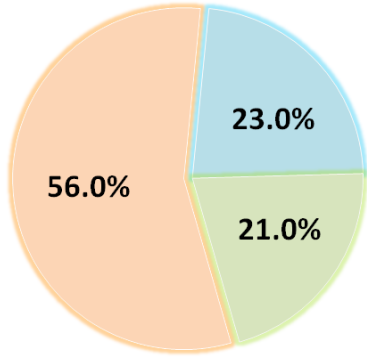
Results : Our preliminary findings from the 100 participants reveal that a substantial 86% of them express a preference for hospice care, but only 56% prefer DNR and 21% are uncertain about their preference. The current sample has an average age of 60.2 ± 1.42 , most of them have college-or-above education, are married and unemployed, function independently and are receiving hemodialysis (79%). Preferences for DNR and hospice do not differ by education, functioning, marriage and employment. But, those who prefer DNR (65.45 ± 1.58) are significantly older than those who not prefer DNR (52.14 ± 3.23) or uncertain groups (55.36 ± 2.90) ($F=10.364$, $p<0.001$). Patients on maintenance hemodialysis are more likely to express a preference for DNR than those not on dialysis (63.3% v.s. 28.6%, $p=0.016$).

Conclusions : This preliminary finding suggests a greater inclination among ESRD patients in Taiwan towards hospice and goal of good-death for EOL. However, nearly half of them still lean towards preferring life-sustaining treatment, declining or expressing uncertainty about DNR. More recruitment and analysis are required for a more comprehensive understanding of ESRD patients' preferences for life-sustaining treatment and factors influencing EOL preferences.

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Preference of DNR

prefer DNR not prefer DNR uncertain



Preference of hospice care

favor refuse

