Acceptability of Palliative Care Intervention for Severely Ill Dialysis Patients
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Introduction

End stage Renal disease (ESRD) patients with advanced illness have unmet end of life needs. Nearly half of ESRD patients do not complete advanced directives. Fewer than half discuss personal life goals with their nephrologist.

Implementing palliative care (PC) principles in the care of ESRD patients is promoted.

What is the acceptability of PC interventions during dialysis treatment?

Methods

Inclusion criteria:
- Prevalent ESRD patients receiving maintenance hemodialysis at the participating dialysis unit.
- Age 18 or over.
- A “no” answer by the primary nephrologist to the surprise question, “Would I be surprised if my patient died in the next 6 months?”*, or
- With a probability of survival less than 50% at 12 months based on the TouchCalc. dialysis mortality predictor

Exclusion criteria:
- Patients with cognitive deficits
- Non-compliant to dialysis
- Non-English speaking
- Patients already involved with hospice or actively followed by PC.

Results

All patients (17 out of 17) preferred to see PC providers during dialysis versus in the hospital and were satisfied with their visit.

The majority stated that receiving dialysis did not negatively affect the visit.

77% (13 out of 17 patients) felt comfortable discussing end of life issues and believed that the intervention would help them feel better now and in the future.

Conclusions

Severely ill dialysis patients found PC interventions during dialysis treatment as satisfactory and useful.

References


*Note: The original text contains a symbol that is not present in the natural text.