

Patients' and Families' Perspectives on Conservative Care for Advanced Kidney Disease

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Background

- In other developed countries, there have been concerted efforts to develop dedicated conservative care programs for patients who do not wish to undergo dialysis for their advanced kidney disease.
- It is not known whether these models are transferrable to the US context.

Methods

- **Aim:** To ascertain needs and preferences for conservative care among US patients with advanced CKD and their families.
- **Design:** Qualitative study.
- **Participants:** 14 patients aged ≥ 75 years with advanced CKD (eGFR < 20 ml/min/1.73m²) and 6 of their family members.
- **Procedures:** Cognitive interviewing to elicit perception of conservative care as described in publicly available English-language decision aids developed in other countries.
- **Analytical approach:** Inductive thematic analysis of interview transcripts.

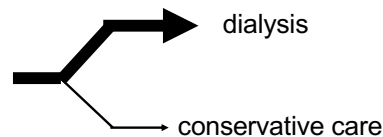
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Results of thematic analysis

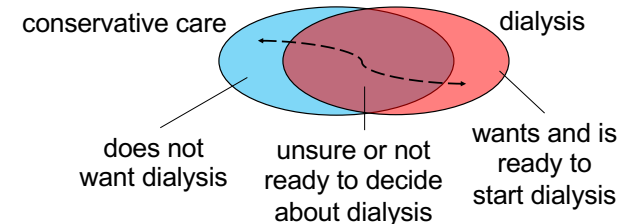
- ✓ Participants saw value in a whole-person, team-based and structured approach to care inherent to existing conservative care programs.
- ✓ Participants desired a focus on symptom management, maintaining current lifestyle and managing health setbacks with conservative care.
- ✓ Participants were more receptive to conservative care when framed as an active rather than passive treatment approach.
- ✓ Participants were accepting of information on uncertainty about future course of illness and prognosis.
- ✓ Participants thought decisions about conservative care and dialysis should address considerations about risk and benefits of treatment options, family and clinician perspectives, and patients' goals, values and preferences.
- ✓ Participants saw value in an integrated approach to conservative care and dialysis and did not see these options as mutually exclusive. (Figure)

Figure: Conceptual models of conservative care

Mutually exclusive pathways



Integrated approach



Take Home

- Not only *what* aspects of conservative care are important to US patients and families, but also *how* conservative care should be presented to them matters.
- Developing separate care *pathways* for conservative care and dialysis might not optimally meet the needs of US patients and families.