

**Disclosure Information**

**When Burdens Exceed Benefits: Appropriate withholding or withdrawal of dialysis**

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Continuing Medical Education committee members and those involved in the planning of this CME Event have no financial relationships to disclose.

Vanessa Grubbs, MD, MPH

I have the following financial relationship to disclose:

- Grant/Research support from: CA Healthcare Foundation

I will not discuss off label use/or investigational use in my presentation.

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**When Burdens Exceed Benefits:  
Appropriate withholding or  
withdrawal of dialysis**

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Mrs. Lee



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### What makes it difficult

- Talking about prognosis and death
- Uncertainty about prognosis
- Uncertainty about what being on dialysis will mean
- Emotional
- Patient and family perspectives
- Time

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### Changing demographic of maintenance dialysis population

**1967**

- Only 7% over age 55
- Otherwise healthy
- Goal survival AND rehabilitation

Evan et al. JAMA, 1981

**2011**

- Half over age 62
- Prevalence of age 75+ has doubled over last 20 years
- Majority have several comorbid conditions in addition to ESRD
- Goal survival

USRDS Atlas 2014

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### Dialysis is not all good or all bad

**Potential Benefits**

- Life extension
- Symptom relief
- Improved quality of life
- Social aspects

Schell and Cohen. CJASN, 2014

**Potential Burdens**

- Procedures for access
- Time spent undergoing dialysis
- Increased hospitalizations and setbacks
- Symptoms related to dialysis or its complications

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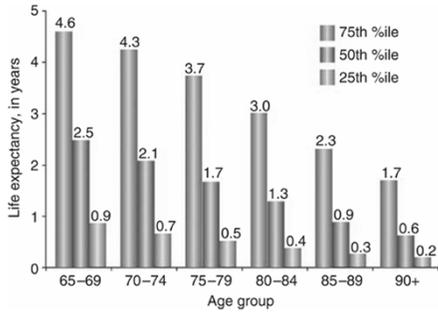
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The frail elderly patient has very limited life expectancy after starting dialysis



Tamura et al. Kidney Int, 2012

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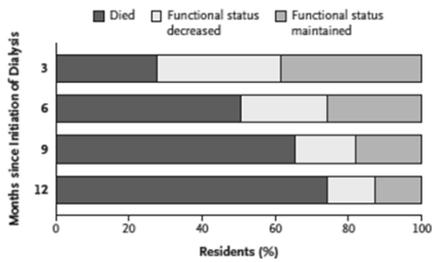
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Most frail patients decline soon after starting dialysis



Tamura et al. NEJM, 2009

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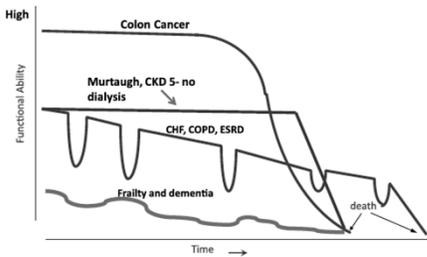
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Dialysis corrects uremia but the ESRD trajectory continues



Swidler. Int Urol Nephrol, 2010  
Holley. CJASN, 2012

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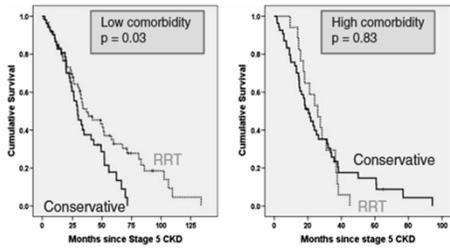
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### Comparative survival by comorbidity



Chandna et al. Nephrol Dial Transplant, 2011

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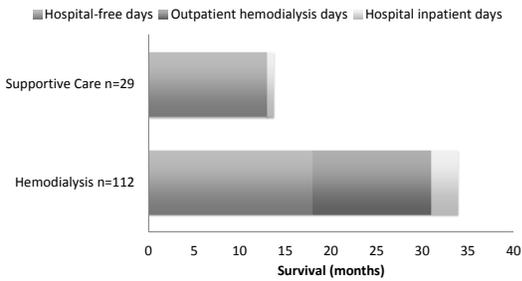
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### Much of time gained is spent at dialysis or in hospital



Reproduced from Carson et al. CJASN, 2009

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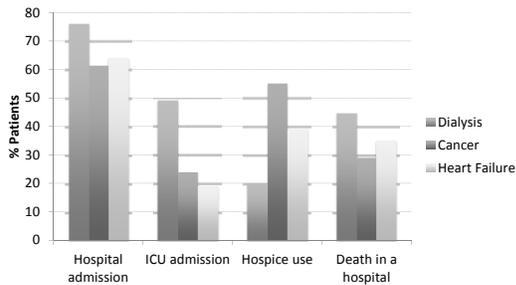
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### More intense care in the final month of life



Wong et al. Arch Intern Med, 2012

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### When to consider withholding dialysis

Two or more Predictors of Poor Prognosis

- Age
- Functional ability
- Nutritional status
- Comorbid Illnesses—e.g. dementia, PVD

RPA. Shared Decision-Making clinical practice guideline 2<sup>nd</sup> ed. 2010

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### Decisions About Dialysis For People Over The Age Of 75

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[www.acpdecisions.org](http://www.acpdecisions.org)

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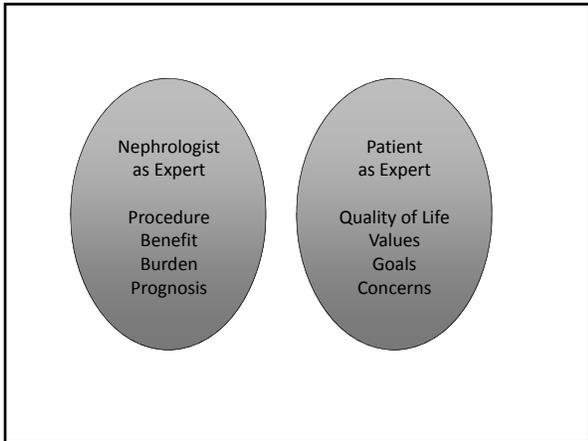
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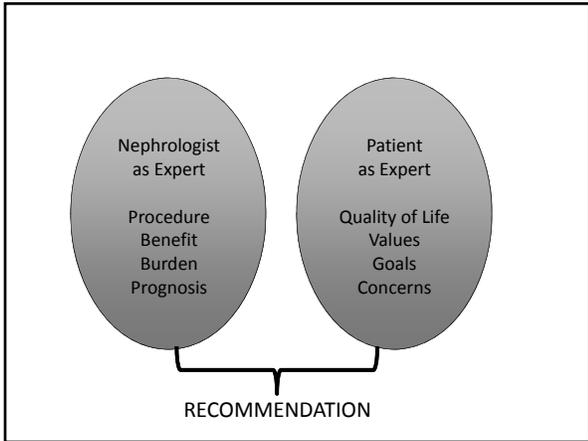
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**Framework for dialysis decision-making**  
**SPIRES**

- Setup
- Perceptions
- Invitation
- Recommendation
- Empathize
- Summarize and strategize

Schell and Cohen. CJASN, 2014

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**Making a recommendation:**

**What to say**

“Patients who have been in your situation sometimes experience more of the side effects of dialysis than benefits. . .When a patient has other medical conditions, dialysis may not significantly extend survival.”

**or**

“Based on your goals, I would recommend that we start dialysis with the hope that you are able to \_\_. I also want to talk about the situation if dialysis does not achieve these goals or becomes too burdensome.”

Schell and Cohen. CJASN, 2014

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**Then what?**

**Supportive Care without dialysis**

- Assure comfort/non-abandonment
- Address timing
- Explain what to expect
- Consult others

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**When to consider withdrawing dialysis**

- Patient who develops severe illness that changes life expectancy
- Patient started on dialysis in setting of AKI with unclear life expectancy/goals of care
- Patient with progressive functional or cognitive decline

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**Withdrawing dialysis**

- Raise issue/ Support patient decision
- Assure comfort/non-abandonment
- Address timing
- Explain what to expect
- Consult others
- Consider saying good-bye

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Thank you

Questions?

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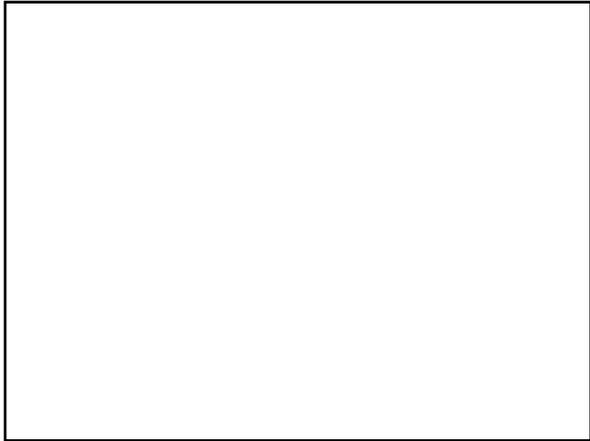
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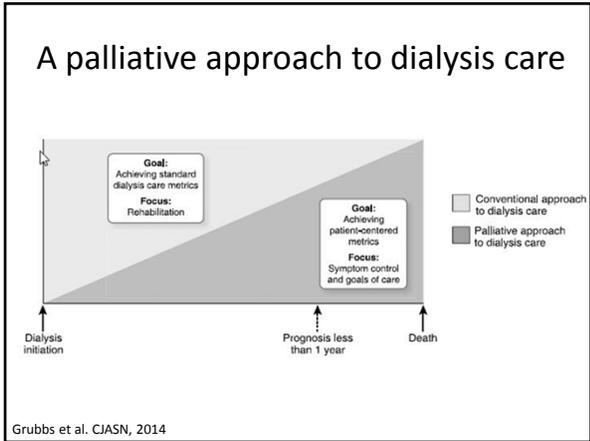
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### A new standard of care

Conventional Disease-Focused Approach	Patient-Centered Approach to Dialysis Care
Fistula First	Central venous catheter acceptable
Minimum kt/V	Lower clearance may be acceptable
Treating cardiovascular risk factors	Tolerate hypertension to avoid symptoms No dyslipidemia treatment
Dietary restrictions and binders	Limited restrictions
Routine monthly lab tests	Minimal lab tests necessary
In-center hemodialysis if dependent	Staff-assisted home dialysis

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**A palliative approach**

- begins with discussion of hopes and goals
- may reduce conflict and anxiety
- may help transition to withdrawal

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