

Poor advance care planning in older patients with end-stage renal disease: a qualitative interview study of nephrologists.

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Background

Older patients with end-stage renal disease are willing participants in advance care planning but just over 10% engage in this process. Nephrologists fear that such conversations will upset patients and so they avoid these discussions. This approach denies patients the opportunity to discuss their end-of-life care preferences. Many patients will endure medically intensive end-of-life scenarios rather than a death consistent with their values.

Aim

To explore the rationale underpinning nephrologists' clinical decision-making in the management of older patients with end-stage renal disease and to make recommendations to inform policy makers to enhance advance care planning for this patient group.

Design

A qualitative interview study of twenty nephrologists was undertaken. Nephrologists were asked about their experience of managing end-stage renal disease in older patients, conservative management, dialysis withdrawal and end-of-life care.

Semi structured interviews were conducted and analysed using thematic analysis.

Setting/participants

Eligible participants were nephrologists working in Ireland. Five nephrologists participated in a focus group and fifteen nephrologists participated in individual digitally recorded telephone interviews.

Results

Three key themes emerged: poor engagement in advance care planning; nephrologists' disillusionment with conservative management; and avoidance of end-of-life care discussion.

Conclusion

Advance care planning is not part of the routine care delivered to older patients with end-stage renal disease. Continued absence of formal training of nephrologists in how to communicate with patients regarding these aspects of care contributes to poor advance care planning. Nephrologists lack clinical experience of conservatively managing end-stage renal disease and end-of-life care in older patients. Key policy recommendations are identified.