

Journal Watch

Palliative care involvement in patients stopping haemodialysis.

Rich A, Ellershaw J, Ahmad R. *Palliative Medicine* 2001; 14:513-514.

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Abstract:

There has been a growing awareness of the need for palliative care teams to be more involved in patients with renal failure. This brief report presents information on patients with renal failure referred to a palliative care team over the course of one year. During this study period there were 54 referrals from the renal unit to the palliative care team. Ninety-one percent of patients were on haemodialysis. Dialysis was stopped on 25 patients during the twelve month period. The main reasons for stopping dialysis was patient choice, not tolerating dialysis, and deteriorating despite dialysis. Median time to death was seven days (0 – 17 days). Symptoms such as pain and agitation were generally well controlled with modest doses of medications. The time to death after stopping dialysis is relatively short, involvement of palliative care teams is appropriate, and symptoms in the terminal phase appear well controlled on low medication doses.

Comments:

Strengths/uniqueness:

This brief report addresses the important issue of expanding palliative care to non-malignant patient populations.

Weaknesses:

This is a retrospective study that is inevitably short on detail, open to bias, and contains some results of uncertain accuracy.

Relevance to Palliative Care:

This article suggests that palliative care teams can play a useful role in supporting end-of-life care in this patient population. The Edmonton Regional Palliative Care Program has recently been actively involved with an initiative of the Renal Program to develop a more comprehensive approach to advanced care planning, and supportive and palliative care for patients on dialysis.