TO DIALYSE OR NOT TO DIALYSE?

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Aims
• Determine the need for dialysis
• Understand concepts of renal support
• Consequences of preferred treatment and cost

Abstract
Mrs MN is a 78 year old lady with known renal failure. She presents to hospital with symptoms of uraemia and is worked up for possible treatment. She is unsure if she wants to proceed with treatment

Readings
Preparation
Read the case thoroughly before the case method tutorial and come prepared to discuss your perceptions and reflections. Consider the following questions:

1. What clinical parameters suggest dialysis is required in this patient? What are the other clinical indicators for dialysis, not necessarily present in this patient?

2. What functional, social, medical and technical issues need to be considered before offering dialysis to this patient?

3. What ethical issues need to be addressed in this patient?

4. Considering that dialysis can cost up to $65,000 per annum per patient, and considering your answers to the above questions, should this patient be dialysed? Why? Why not?

5. How would you inform your patient of your decision? If the patient decides against your medical judgement, how do you manage this?
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HISTORY

Mrs MN is a 78 year old retired lady who lives alone. She presents to ED with a three day history of lethargy, anorexia, nausea and pruritus. She is not coping at home. Her background history is one of reflux nephropathy, hypertension, peripheral vascular disease, ischaemic heart disease, hypercholesterolaemia and gout.

Mrs. NM has been attending the renal clinics over the last several years, where her renal function has been noted to be progressively deteriorating. She has been conservatively managed.

She continues to smoke and attends the local RSL club every Thursday with her friends. She considers this the most important part of her life. Functionally, she ambulates with the assistance of a walking stick, and receives social assistance in the form of help from friends to do her shopping. In particular, she has a friend who surfs the internet for information relating to end stage renal disease and its management. He has not attended outpatient clinics with her in the past, but presents with her to ED.

ON EXAMINATION

At presentation, she is a frail elderly lady, slightly dishevelled, cachectic and tachypnoeic at rest. She is afebrile with a blood pressure of 155/90 and a weight of 46 kg. Cardiovascular examination finds her euvolaemic, but with absent peripheral pulses of the lower limbs and reduced pulses in the upper limbs. Auscultation of the chest finds widespread expiratory wheezes. Her abdomen is soft and examination of her nervous system finds no obvious abnormality. She is ambulating poorly despite the use of a walking stick.

RESULTS

Biochemistry at presentation is as follows:

Na 137mmol/l
K 6mmol/l
Cl 108mmol/l
HCO₃ 12mmol/l
urea 62mmol/l
creatinine 1100μmol/l
Ca 1.9mmol/l
PO₄ 2.78mmol/l
Alb 21g/l

Full blood count showed:

Hb 89g/l
WCC 7.7
Plt 155

ECG showed sinus rhythm, with no T wave abnormalities

PROGRESS

The decision is made to admit her because of her renal failure in combination with her poor functionality. The therapeutic modalities, including both peritoneal and haemodialysis, are discussed with her. The difficulties associated with dialysis, and the implications for her in terms of her lifestyle are also addressed. In the absence of her friend, she is adamant that she does not want dialysis. She is therefore treated conservatively for her symptoms.

The next day, however, after discussion with her friend, she tells you that she wants to have dialysis, because she and her friend share a common acquaintance that is currently on dialysis and doing well.