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As a result, the majority of dialysis patients die in acute care facilities, and often the determination to withdraw dialysis occurs when the patient no longer has decision-making capacity

This suggests that a lack of advance care planning (ACP) may negatively impact patient satisfaction with end-of-life care

For patients with CKD, does advance care planning lead to increased satisfaction with end-of-life care?

Population: Patients with chronic kidney disease

Intervention: Advance care planning

Comparison: Usual care

Outcome: Increased satisfaction with end-of-life care

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Framing the Question

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Benefits of Advance Care Planning for CKD Patients
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Background

- Patients with advanced chronic kidney disease are likely to experience bothersome symptoms such as pain, anxiety and fatigue.
- Despite the heavy symptom burden, and the likelihood of mortality within 3 years, most patients have not discussed end-of-life care with their medical team.
- While 72% of dialysis patients believe in the importance of advance directives, only 43% have completed them.
- As a result, the majority of dialysis patients die in acute care facilities, and often the determination to withdraw dialysis occurs when the patient no longer has decision-making capacity.
- This suggests that a lack of advance care planning (ACP) may negatively impact patient satisfaction with end-of-life care.

Search Strategy

- Keywords and Boolean operators: ("palliative care" or "advance directives" or "advance care planning") and ("ckd" or "esrd" or "dialysis") and ("patient satisfaction")
- Databases searched: PubMed, CINAHL, Cochrane Library
- Restrictions: systematic reviews, RCTs, and observational studies published within the last 10 years

Findings

- Patients on dialysis who felt disempowered and unprepared are more likely to feel anxious at the end of life.
- Surrogates who participate in advance care planning are significantly more likely to understand and follow patient wishes than surrogates who do not participate in patient-centered advance care planning.
- Patients managed conservatively, rather than with hemodialysis, are more likely to die at home rather than in acute care settings.
- CKD patients who engaged in multidisciplinary advanced care discussions are more likely to identify and die in a preferred place of death.
- Pre-dialysis patients who receive multidisciplinary consultations in ambulatory care settings are less likely to initiate dialysis or be admitted to the hospital.

Conclusions

- There are limited studies on the impact of advance care planning on end-of-life wishes for patients with chronic kidney disease.
- The available research suggests that ACP reduces patient anxiety, improves patient-surrogate goals of care congruence, and increases the likelihood that a patient will die in a preferred setting.
- In the furtherance of patient-centered care, providers should introduce ACP at the time of diagnosis so that treatment is in line with patient values and wishes.

References


