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How do renal clinicians present treatment options to older patients with advanced kidney disease and what difference does it make?

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INTRODUCTION

For older people with kidney failure, especially those with comorbidities or poor performance status, the survival benefits of dialysis are uncertain and its quality-of-life impact greatest. Conservative kidney management (CKM) can be a beneficial alternative. CKM treatment rates for these patients are highly variable from 5-95% across UK renal units.[1]

AIM

To describe how kidney failure treatment options are communicated by renal clinicians (doctors and nurses) to older people (age 65+) with advanced chronic kidney disease (eGFR ≤20) in outpatient consultations and the implications of this for patient engagement with the decision.

METHOD

Consultations were video recorded at 4 UK renal units. We transcribed sections of conversations where clinicians presented both dialysis and CKM and analysed them using Conversation Analysis.

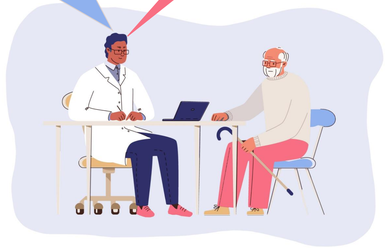
Post-consultation, patients completed the Shared Decision-Making Questionnaire (SDM-Q-9). Comparisons were made between two conversational approaches, using a nonparametric Median Test.

RESULTS

110 recorded outpatient consultations (104 audiovisual, 6 audio); 38 clinicians; 94 patients: mean age 77 (65-97), 33 female/61 male.
21 segments where both treatments presented: 16 patients, 9 companions, 17 doctors, 4 nurses, 4 renal units

Approach 1: "*So, the other option of treatment, is what we call our conservative care. Okay, so that is a type of treatment, has a real focus on quality of life, your wellbeing…*"

Approach 2: "*Well not everybody will choose to have dialysis…So some people will say, 'that's one step too far for me I don't want it.'*"



Approach 1: CKM as a main option (n=6)

- Introduced within the main decision-making sequence
- CKM labelled as a treatment option
- Detailed description of CKM
- CKM *not* framed as only for a minority of patients
- Describes potential benefit(s) of CKM & limitations of dialysis

Key difference: interactional opportunity provided for the patient to assess CKM as a real option.

Approach 2: CKM as a subordinate option (n=15)

- Appended to main decision-making sequence
- CKM labelled as omission ('not dialysis') rather than as a clear treatment option
- CKM not clearly presented as having benefit to the patient
- Minimal/no details of what is involved
- Not having dialysis may be ruled out as 'not for you'
- CKM framed as for a minority of patients

Implications for patient engagement

- ➢Patient's perspective frequently invited
- ➢Patient likely to assess CKM as a valid option
- ➢Patient-reported SDM outcomes optimal *(median=82.23; 13.33–100)*

Mean consultation length = 23 mins

Implications for patient engagement

- ➢Conversation moves away from the 'option' of not having dialysis
- ➢Minimal engagement with this option from the patient
- ➢Patient-reported SDM outcomes suboptimal (*median=53.33; 0-80; p=0.041*)

CONCLUSIONS

First fine-grained analysis of the relationship between clinician conversational practices, patient engagement with treatment options and ratings of shared decision-making.

Clinicians tend to present dialysis as the default treatment and CKM as subordinate.

Practices found across variety of settings and practitioners, suggesting they are recurrent.

We propose that presenting treatment options is not enough; how clinicians present options has important implications for patient engagement in shared decision-making.

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