“I don't think there's a one-glove-fits-all.” Barriers and facilitators to providing person-centred renal care

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Introduction

For many older patients with kidney failure, dialysis provides modest or uncertain survival benefits, and transplant is usually not medically possible. Conservative kidney management (CKM) can be a beneficial alternative. However, there is significant variation in treatment rates among older patients with kidney failure in England and Wales: from 5% of older people receiving dialysis at some renal units to 95% at others[1]. This variation suggests decision-making is inconsistently patient-centred.

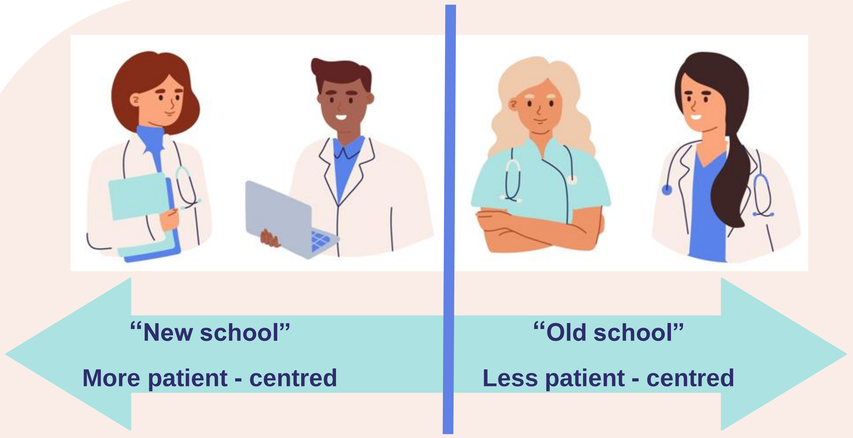
Aim: To understand and explore barriers to and facilitators of person-centred care at four renal units.

Data analysed

Data collection	Quantity	Analysis
Ethnographic observation	68 hours, of • outpatient appointments • remote appointments • group patient education sessions • outpatient waiting areas	Thematic analysis[2]
Clinician interviews	22 interviews, with: • renal consultants (n=12) • renal Registrars (n=2) • junior doctors (n=1) • specialist nurses (n=6) • renal psychologist (n=1)	

Conclusion

Barriers to person-centred care include service-level preferences for dialysis; a lack of time for discussing patients’ priorities; and clinician discomfort in discussing CKM. Shifting clinicians’ role towards educator and guide (rather than prescriptive decision-maker) may enable better patient-centred decisions.



“Talking about supportive care [takes]… 10 times more courage… In general giving dialysis is a much easier option… *more relaxed with the patient doctor relationship. There’s no strain, everyone is happy and you have given them something.”*
1-R-07, Registrar

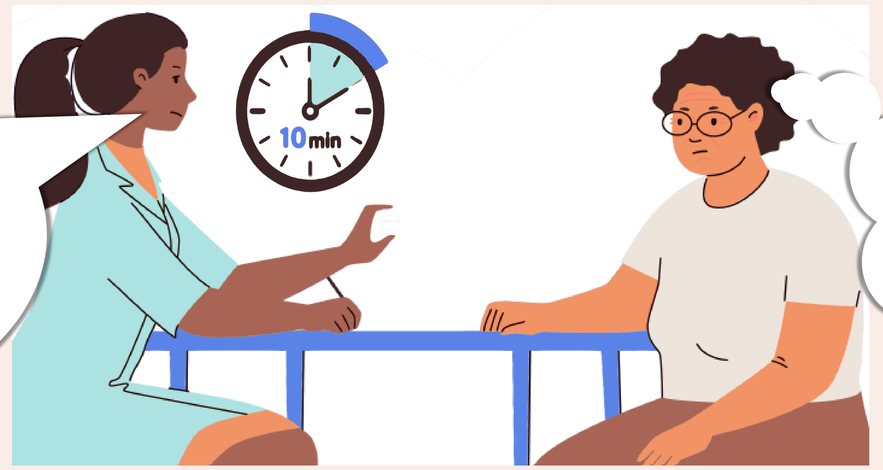
Finding 1

Clinicians spoke of a divide between “new” and “old school medicine,” the latter characterised as less person-centred.

Finding 2

Some clinicians were reluctant to raise CKM for fear of upsetting patients.

It’s a lot to squeeze into 20 minutes before you open up a discussion about, you know, do they want to have dialysis *treatment…So, I’m always running behind, as you can imagine...****And sometimes, you just have to pick your battles a bit.***
1-C-20, Consultant



Finding 3

Systemic barriers to person-centred care were identified: time-pressured consultations, prioritisation of dialysis, and an emphasis on decision-making over exploration of options.

Finding 4

We noted disparities across all sites between the stated values of clinicians (generally emphasising patients’ priorities) and the time allotted to the discussion of priorities in consultations.

Finding 5

Facilitators of person-centred care included dedicated time to explore patients’ priorities, and clinicians perceiving themselves as educators and guides as opposed to decision makers or information givers.

[1]Roderick, et al. 2015. A national study of practice patterns in UK renal units in the use of dialysis and conservative kidney management to treat people aged 75 years and over with chronic kidney failure.
[2]Braun, V. & Clarke, V. 2021. *One size fits all? What counts as quality practice in (reflexive) thematic analysis?* Qual Res in Psych. 18;3, 328-352

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