Presenting treatment options to older patients with advanced kidney disease: Two approaches and their consequences

Lucy E Selman[1], Chloe Shaw[1], Ryann Sowden[1], Fliss Murtagh[2], Fergus Caskey[3,4], James Tulsky[5], Ruth Parry[6], Rebecca Barnes[7]

[1]Palliative and End of Life Care Research Group, Bristol Medical School, University of Bristol, UK, [2]Wolfson Palliative Care Research Centre, Hull York Medical School, University of Hull, UK, [3]University of Bristol, Bristol Medical School, Bristol, UK, [4]North Bristol NHS Trust, UK, [5]Dana-Farber/Harvard Cancer Institute, Boston, USA, [6]Loughborough University, UK, [7]Oxford University, UK

University of BRISTOL

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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 for these patients, but CKM treatment rates 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), mean frailty 1.6 (0-4), mean Davies Grade 1 (0-2), 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

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

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

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.

Communication practices were found across a 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.

Findings will inform a training intervention.

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CONTACT INFORMATION

Dr Lucy Selman: lucy.selman@bristol.ac.uk.

OSCAR OPTIMISING STAFF-PATIENT COMMUNICATION IN ADVANCED RENAL DISEASE

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