

Review

Renal supportive and palliative care: position statement

SU CRAIL, ROB WALKER and MARK BROWN FOR THE RENAL SUPPORTIVE CARE WORKING GROUP*

Reviews

ANZSN Renal Supportive Care Guidelines 2013**THE OFTEN DIFFICULT DECISION OF WHICH PATIENTS WILL BENEFIT FROM DIALYSIS**

Mark A Brown¹ and Susan M Crail², ¹Departments of Renal Medicine and Medicine, St George Hospital and University of NSW, Sydney, New South Wales, and ²Central and North Adelaide Renal and Transplantation Service, Adelaide, South Australia, Australia

2 *For* dialysis or transplantation.

3 *Indeterminate* – that group for whom the treating nephrologist and the patient are unable to come to a clear decision. For people in this group, seeking a second opinion and ideally, discussing the case at a multidisciplinary team meeting (similar to those discussions surrounding acceptance onto the transplant waiting list) are paths to follow.

A very important principle is that these planning discussions need to take place early in the course of a patient's

19 Chapters, including:

- QOL
- EOL pathways
- Cultural issues – ATSI
- Cultural issues – Maori
- Rural issues
- GP liaison
- Available RSC guidelines
- Suggested Research
- Education needs
- Legal issues
- Decision making
- Dialysis in the elderly
- Predictive modelling
- Ethics
- ACP
- Symptom burden
- Holistic Palliative Care approach
- Inappropriate interventions in the dying patient
- Establishing a RSC program

<http://stgrenal.med.unsw.edu.au/>



Discussion guide for the nephrologist

1. Likely Survival
2. QOL / frailty / co-morbidity / nutrition
3. Advance Care Plans
4. Ethics as a guide to decision making
 - Autonomy as one principle only
5. Spirituality and Religion
6. Hope
7. Guidelines
8. Second and third opinions



St George Hospital

HOPE:

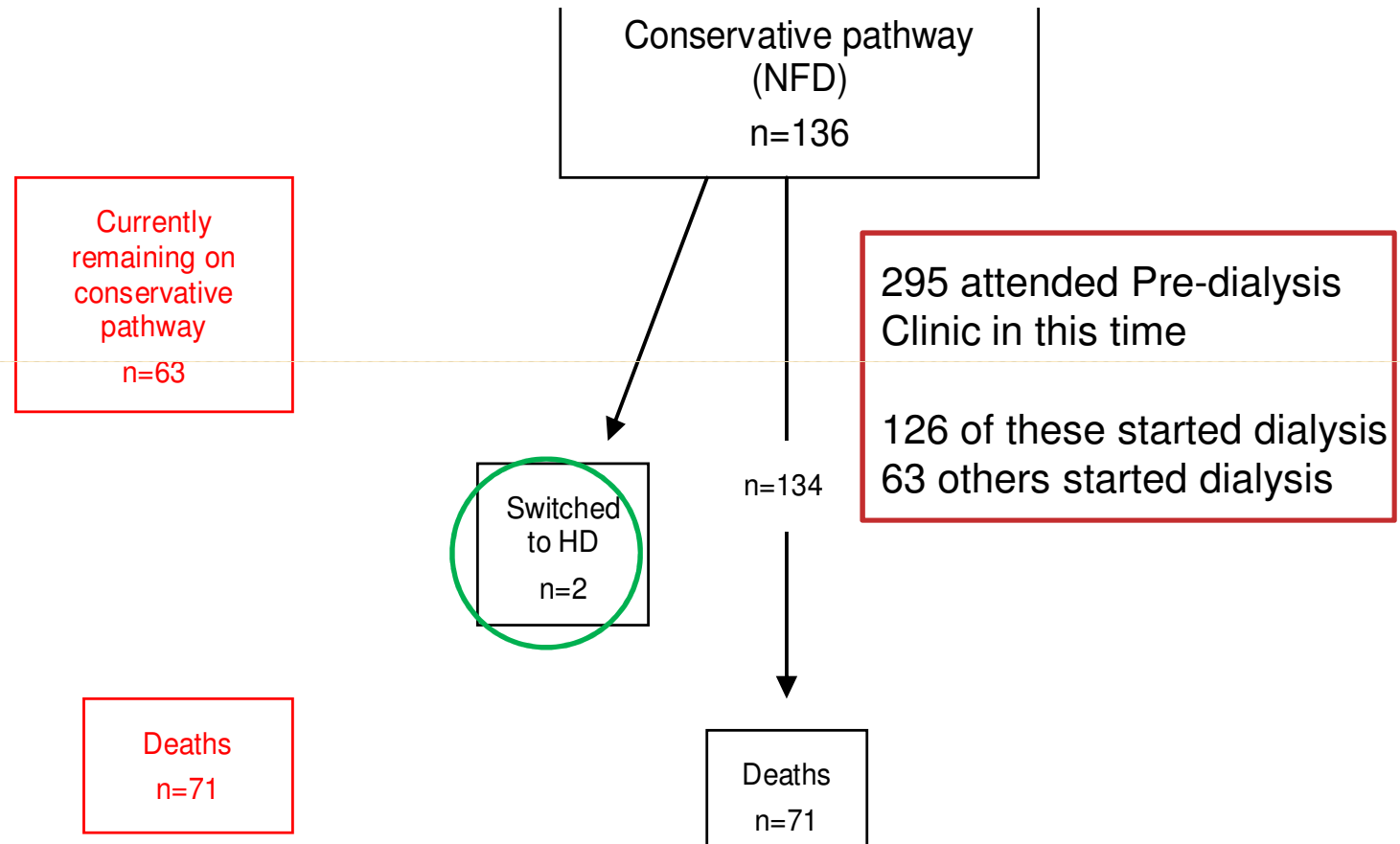
**Helping Older People with End stage
kidney disease**

The team:

**Elizabeth Josland, Gemma Collett, Dr Frank Brennan,
Dr Celine Foote, Prof Mark Brown**



Patients managed on a conservative non-dialysis pathway March 2009- 2013



What to expect today?

TIME	PROGRAM OUTLINE	SPEAKER
0830-0900	Registration	
0900-0920	Opening address	Prof Mark Brown MBBS, FRACP (Director, Department of Renal Medicine, Professor of Medicine, UNSW)
0920-1020	Dialysis in the Elderly	Sarah Derrett and Bronwen McNoe (in lieu of Prof Rob Walker)
<i>How to manage a conservative patient</i>		
1020-1050	End of life care for CKD patients	Linda Magann Palliative Care CNC
1050-1110 Morning tea		
<i>Renal Supportive Care (RSC) in the paediatric setting</i>		
1110-1140	RSC in the Paediatric Setting	A/Prof Stephen Alexander (Paediatrics & Child Health, Children's Hospital, Westmead)
<i>Communication</i>		
1140-1230	Difficult Conversations – Topics may include: how to break bad news, withdrawal of dialysis, not for dialysis	Dr Amy Waters (Palliative Care Physician)
1230-1300 Lunch		



What to expect today?

Research: – What's New?

1300-1400	<i>What's New in 2013 for RSC – National Guidelines</i>	<i>Dr Frank Brennan MBBS, FRACP, FACHPM, LLB(Palliative Care Physician)</i>
1400-1430	<i>Pathogenesis and management of Restless Leg Syndrome in ESKD</i>	<i>Dr Frank Brennan</i>
1330-1345	<i>Renal Supportive Care. Nursing experience and perspectives</i>	<i>Elizabeth Josland (Renal Supportive Care CNC)</i>
1445-1500	<i>Abstract: The Impact of Advance Care Planning for Renal Patients</i>	<i>Diane Chaffers. Austin Hospital</i>

1500-1520 *Afternoon tea*

Bereavement

1520-1550	<i>Advantages and Disadvantages of a Renal Memorial Service and the role of Bereavement Services for carers</i>	<i>Peter Kadwell (Director of Bereavement Services, Calvary Hospital) & Susan Shamie</i>
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Psychosocial

1550-1620	<i>Management of Depression in ESKD</i>	<i>Dr Samuel Harvey (Psychiatrist) MBBS MRCGP MRCPsych PhD</i>
1620-1630	<i>Question time</i>	
1630	<i>Evaluation and close</i>	

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