ST VINCENT'S HOSPITAL
SYDNEY
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Withdrawal from Dialysis or Suicide Ideation

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2020

Background

Psycho social history:

- A 90 yr old Chinese widow (of 10 years)
- Moved to Australia aged 50 yrs
- Language – Cantonese/slight English / Religion – Buddhist
- Education – Post Graduate Level (studied engineering)
- Domicile – Nursing home
- NOK – Nephew

Medical history:

- Polycystic kidney disease – nephrectomy
- Commenced Haemodialysis 10 yrs ago
- Parkinson's disease (mild)
- Possible frontal lobe dementia / paranoia
- Depression with previous suicide ideation and attempted suicide

Previous suicide attempt, threw self from railway bridge onto the line

Psychological assessment and support

+ RESPIRIDONE 1 mg BD

Evidence and concerns regarding suicide ideation in patients receiving maintenance HD

Evidence supports the facts that:

- There is a significantly increased incidence of depression in patients with ESKD particularly during transition or adjustment to renal replacement therapies. (4)(5)(6)(9)
- The majority of patients electing to withdraw from dialysis do not consider depression a major decision making factor but focus on impact of physical limitation or symptom burden (evaluated) 4)(5)(6)(9)
- The presence of depression or the desire to die should not be the sole criterion used to declare a patient incompetent to refuse dialysis. (9)

Most recent presentation

- Presented with Community acquired pneumonia, managed effectively as inpatient and discharged one week previously.
- Rationale for consultation - repeated requests to discontinue dialysis.
- Concerns – depression, suicide ideation and or paranoia

Process:

- Initial interview with CNC RSC and primary nurse who speaks Cantonese
- Consultation with patient, interpreter, nephrologist, Social worker, dietitian & CNC RSC (patient declined to have nephew in attendance)

Secondary Interview

Analysis of rationale for wishing to discontinue treatment :

- Patient responses clear and precise, denied depression, QOL no longer acceptable and hadn't been for some time.

- Acknowledged previous attempt at suicide (5 yrs earlier) felt angry she had not been allowed to determine her fate.

Patient concerns

- Nephew adamant she continue dialysis
- Concern that nephew was living in her house and that she was powerless to prevent this
- Overall sense of disempowerment and frustration with same (not being listened to)
- Options and strategies provided by RSC team but not considered acceptable
- Implications of withdrawal from dialysis explored & process explained (funeral arrangements)

Projected pathway

- Referral for Psychological assessment
- Social Worker to explore situation with nephew (patient refused ongoing contact)
- If as perceived deemed to have capacity - consultation with Palliative Care Team
- Psychological assessment deemed patient did have capacity so EOL pathway initiated
- Admitted Sacred Heart for end of life care.

Aftermath – disclosures and events

- Concerns regarding nephews situation were validated (unauthorized visit)
- A new will and testament were formalized
- Buddhist counsellor was consulted (reinforced acceptable to withdraw)
- Funeral arrangements ratified
- Name changed back to maiden name
- Dyed with dignity 10 days following discontinuation of HD

Bibliography

1. Bouvier v Superior Court, Number B019134: Cal App 2d Dist, April 16, 1986
2. Chochinov HM, Hack T, McClement S, Kristjanson L, Harlos M. Dignity in the terminally ill
3. Cochin HM, Johnston W, McClement SE, Hack TF, Dufault B, et al. (2017) Correction: Dignity and Distress towards the End of Life across Four Non-Cancer Populations
4. Cohen LM, Dobscha SK, Hails KC, Pekow PS, Chochinov HM. Depression and suicidal ideation in patients who discontinue the life-support treatment of dialysis. Psychosom Med. 2002 Dec;64(6):889–96. pmid:12461194 developing empirical model. Soc Sci Med 1982. 2002 Feb;54(3):433–43.
5. Cohen LM, Bostwick JM, Mirot A, Garb J, Braden G, Germain M. A psychiatric perspective of dialysis discontinuation. J Palliat Med. 2007 Dec;10(6):1262–5. pmid:18095804
6. Cohen LM, Germain MJ, Poppel DM. Practical considerations in dialysis withdrawal: “to have that option is a blessing.” JAMA. 2003 Apr 23;289(16):2113–9. pmid:12709469
7. Davison SN, Jhangri GS, Koffman J. Knowledge of and attitudes towards palliative care and hospice services among patients with advanced chronic kidney disease. BMJ Support Palliat Care. 2014 Jun 10;
8. Davison SN. End-of-life care preferences and needs: perceptions of patients with chronic kidney disease. Clin J Am Soc Nephrol CJASN. 2010 Feb;5(2):195–204. pmid:20089488
9. Hindmarch T, Hotopf M, Owen GS1.2013 Depression and decision-making capacity for treatment or research: a systematic review BMC Med Ethics.14:54. doi: 10.1186/1472-6939-14-54.