

Shared Decision-Making Considerations for Kidney Replacement Therapy

Family physicians play an important role in educating and supporting their patients who have chronic kidney disease (CKD). They can help prepare these patients for the future by talking to them about kidney replacement therapy (KRT), which is also known as renal replacement therapy. Shared decision-making and multidisciplinary collaboration are crucial to optimize outcomes for patients with CKD.

Step 1: Kidney replacement therapy eligibility

- Estimated glomerular filtration rate (eGFR) <15 mL per minute per 1.73 m²
- Symptoms or signs attributable to kidney failure, such as the following^{1,2}: neurological signs and symptoms; decreased energy level; unintentional weight loss; changes in urination; itchy and/or dry skin; shortness of breath; swelling in arms, legs, ankles or feet; and electrolyte abnormalities

Step 2: Discuss kidney replacement therapy options

- Hemodialysis (HD)
 - Home HD
 - In-center HD
- Peritoneal dialysis (PD)
 - Continuous ambulatory peritoneal dialysis (CAPD)
 - Automated peritoneal dialysis (APD)
- Kidney transplantation
- Conservative management

Step 3: Identify dialysis choice

- Home HD
- In-center HD
- CAPD
- APD
- Unsure/Need more information

Step 4: Plan for surgical access type (*depends on dialysis choice in Step 3*)

- HD is chosen: Plan for arteriovenous (AV) fistula/AV graft placement
- PD is chosen: Plan for PD catheter placement

Step 5: Kidney transplantation eligibility

- No contraindications (e.g., malignancy, active infection, ischemic heart disease)
- Cardiovascular health assessment completed
- Psychosocial support assessment completed

Step 6: Conservative management and end-of-life planning

PATIENT PREFERENCES:

- Continue dialysis if medically beneficial
- Consider discontinuing dialysis if not tolerated, with a plan to transition to conservative management
- Consider discontinuing dialysis in advanced illness
- Consider transitioning to palliative care
- Consider transitioning to hospice care if life expectancy is limited

ADVANCE CARE PLANNING:

- Goals of care and patient preferences discussed
- Health care proxy designated
- Advance directive completed and discussed with the health care team
- Physician Orders for Life-Sustaining Treatment (POLST) form completed

CHOOSING THE RIGHT KIDNEY REPLACEMENT THERAPY

The more patients know about the potential benefits and challenges of their KRT options, the better equipped they are to make informed decisions with their health care team and prepare for the next steps. Determining the right type of KRT requires a patient-centered approach that considers factors including comorbidities, predicted quality of life, social support and personal preferences.³ *Table 1* on the next page lists key factors regarding KRT options that should be discussed with patients.

Table 1. Key Considerations for Kidney Replacement Therapy Options

Options	This is an option if...	Considerations
Home hemodialysis	<input type="checkbox"/> I want the freedom to plan my treatments around my schedule, including overnight. <input type="checkbox"/> My access to a dialysis center is limited. <input type="checkbox"/> I am comfortable managing my treatments at home.	- Not suitable if you live alone. - You need room at home to store equipment and supplies. - You have to perform treatments every day. - Requires surgery to create a strong vein for access.
In-center hemodialysis	<input type="checkbox"/> There is a dialysis center nearby, and transportation is not an issue. <input type="checkbox"/> I am comfortable having health care professionals do my treatments. <input type="checkbox"/> I would enjoy spending time with health care professionals and other patients during my treatments.	- You will have a strict diet (unlike the other dialysis options that are not as strict). - You have to be at the dialysis center at least 3 times a week for 3 to 4 hours each time. - Requires surgery to create a strong vein for access.
Continuous ambulatory peritoneal dialysis (CAPD)	<input type="checkbox"/> I want the freedom to plan my treatments around my schedule. <input type="checkbox"/> I am comfortable managing my treatments at home. <input type="checkbox"/> I can perform an exchange (i.e., drain used solution and replace it with new solution) about 4 times a day (every 4 to 6 hours) for 20 to 30 minutes each time.	The following apply to both CAPD and APD: - You cannot swim or bathe because of the permanent catheter. - Treatments are required 7 days a week. - May cause weight gain from absorbing calories in the dialysate solution.
Automated peritoneal dialysis (APD)	<input type="checkbox"/> I prefer to do my own treatments, mostly at night.	- Requires surgery for permanent catheter placement.
Kidney transplantation	<input type="checkbox"/> I am comfortable having surgery. <input type="checkbox"/> My health care team believes I might be a good fit for a kidney transplant. <input type="checkbox"/> I am OK taking antirejection medications for the life of the kidney.	- Graft rejection may occur. - Cardiovascular disease, infections and malignancy may arise.
Conservative management	<input type="checkbox"/> I am not interested in dialysis or kidney transplantation and want medical management only. <input type="checkbox"/> I do not want any surgery. <input type="checkbox"/> I would prefer to spend time with loved ones.	- You may decide to transition to palliative care for pain and symptom management only. The goal is to manage your symptoms, improve your quality of life and support you in your illness journey. Consider having a discussion with your health care team and family. - You may choose hospice care as chronic kidney disease worsens, especially if you have a prognosis of 6 months or less. The focus is on comfort. Consider having a discussion with your health care team and family.

Adapted with permission from Intermountain Health. Kidney disease: kidney replacement therapy. July 2022. Accessed May 11, 2025. <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=521451720>

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