



# Maintenance Dialysis withdrawal: actions to improve a shared-decision-making model.

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Nephrologists need to refer to a **shared-decision-making committee** to make a dialysis withdrawal decision in maintenance dialysis patients. A resolution process ensures following legality, ethical principles and professional guidelines, provides benefits to the patients, their relatives and caregivers but **its effectiveness can still be enhanced**.

## Composition of our model as an Ethics Committee in Nephrology

- physicians (nephrologists, psychiatrist, neurologist)
- caregivers
- non-medical professionals
  - ✓ philosopher
  - ✓ lawyer
  - ✓ theologian
  - ✓ psychologist
  - ✓ social workers.

## Setting

- discussion guide
- monthly sessions,
- 1 to 3 cases by session,
- out of a population of 400 maintenance dialysis patients
- evaluated annual reports
- 9 years of operation.

## Selected patients: when vital prognosis is engaged

- ✓ by the evolution of the chronic kidney disease
- ✓ or the occurrence of an acute medical event.

## Limitations

- **7 to 33%** (2 to 5 decisions on 11 to 16 yearly discussed cases) **are not implemented**.
- **3 causes:**
  - ✓ too long decision time
  - ✓ opposition from family
  - ✓ disagreement with external collaborators.

## To improve the Committee effectiveness, 3 proposed solutions

- To anticipate cases and develop writing advanced directives.
- To improve communication in time, frequency and modality, with patients and relatives.
- To involve as soon as possible every medical partner in the discussion, before, during and after the deliberations.

