



# 2012 Heartland Kidney Conference: Partnering with Your Patients

February 1 – 3, 2012 ~ Kansas City Marriott Downtown ~ Kansas City, Missouri

## THE BENEFITS OF A PALLIATIVE CARE APPROACH FOR THE ESRD PATIENT CASE STUDIES

### #1

Patient X was an 80 year old retired journalism professor who initiated dialysis with ESRD of unknown etiology with no prior nephrology care and an absent family. The patient stabilized easily, and designated his/her paid care giver as the patient's DPOA. After several years, the patient became progressively demented and was ultimately unable to meaningfully care for him/herself in any way. The patient also became much more agitated and restless on dialysis, calling out on nearly all of his treatment sessions. After a fall at home, the patient was also noted to have extensive metastatic disease, presumably from known prostate cancer.

The patient's DPOA was upfront that should the patient stop dialysis, the DPOA would have no source of income. The DPOA was clearly aware of the patient's discomfort and difficult dialysis sessions. The DPOA was easy to communicate with and responsive to phone calls and meetings. Despite the patient's care team's clear discomfort with his/her situation, the DPOA continued to refuse palliative care for financial reasons (The DPOA had a financial conflict of interest). After about a year of progressive deterioration in the patient's status, the DPOA allowed a palliative care consult, but the patient died prior to what would have been the patient's next scheduled dialysis appointment, receiving very little end-of-life care.

### #2

Patient Y is a 97 year old who has been on dialysis for over 3 years. The patient resides in a long term care facility. At the end of July the patient was hospitalized for a fractured hip, admitted in August for bleeding issues and had another fall in September that resulted in a fractured clavicle. The patient's physical abilities have declined considerably. The patient has verbalized his/her unhappiness with his/her quality of life but is inclined to go along with the wishes of his/her two children, who visit the patient once a week. The patient feels it is easier to go along with their wishes than to go against them.

### #3

Patient Z is 82 yr old who moved to this area one year ago from Chicago to live with a son due to declining health. The patient had a hx multiple myeloma and has been on center hemodialysis for 2 yrs prior to move. Shortly after the patient's arrival here the patient's son moved the patient into a nursing facility due to the son's frequent work-related travel. Over the next several months the patient has developed progressive confusion and agitation on dialysis with loud shouting. The patient would attempt to leave the unit while dialysis was in process. Phone calls to family were frequently not returned, and they stated they were unable to meet for a care conference due to work. A phone call was made to two children living out of town regarding quality of life issues. After consulting with their long standing parish priest, it was their opinion that the patient was not in pain nor did they believe the patient to be suffering and current treatment should continue. They hired a sitter while the patient was on dialysis to help keep the patient calm and occupied so as not to disrupt the patient's treatments, but the patient's behavior was not consistently controlled and treatments were still become shortened due to agitation and pulling at needles. The nursing home stated the patient would eat very little and refused any type of supplement. Over 6 months the patient's albumin fell from 3.4 to 2.8, and the patient developed 2+ pitting edema that could not be removed due to worsening hypotension. The patient was admitted to the hospital when presenting blood pressures were deemed too low for outpt dialysis. The patient did not have a DPOA, nor had the patient expressed any advance directives. The family was informed that continued dialysis was no longer hemodynamically an option and the patient was placed on hospice.