Ethical consideration of SDM for renal replacement treatments in other countries

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In the past, patients relied on the doctor's judgment and decision-making skills. However, in recent years, various treatments for the same disease have become possible, and developments in information and communication technology have facilitated the acquisition of health and medical information by patients who, of course, have the right to know as much as possible about their disease and the treatment methods. Therefore, today, patients wish to participate in decision-making. Shared decision-making (SDM) is in play when a health professional (a clinical expert) uses his/her expertise to guide the patient and family through the decision-making process. SDM is of particular importance when disease is chronic rather than acute. The international guidelines recommend that all patients with chronic kidney disease who are in a pre-dialysis stage should be educated to improve their knowledge and understanding of the condition and to allow them to choose a renal replacement therapy option. SDM increases decision-making quality and patient acceptance of treatment; patients accept responsibility for their choices. The healthcare system, funding/financial priorities, medical accessibility, physician preference, and educational level all affect patient decision-making.

If dialysis is required by patients with end-stage renal disease (ESRD), medical facility staff should explain all options to the patient, perhaps with the aid of leaflets or web-based materials. ESRD decisions are facilitated by the Yorkshire dialysis decision aid (YoDDA) booklet employed in the United Kingdom, the ‘My Kidneys, My Choice’ modality of Australia and New Zealand, the ‘Dialysis Snapshot’ of Canada, and the ‘Match-D’ or ‘My Life, My Dialysis Choice’ of the USA.