

The conscious decision of hemodialysis discontinuation in elderly and the nurse's role

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Purpose

Investigation of the hemodialysis discontinuation phenomenon in elderly patients following conscious decision and with the support of their family environment. The challenge for the dialysis nurses for an integrated management complying with the Nursing mission by defending the patient's dignity.

Methods

Review of the international experience and historical examples, of case law and of the directions of international organizations and specialized committees. Assessment of the practices followed in general and investigation of all means available for a rational and complete nursing intervention.

**Older person:
a person whose age
has passed the
median life
expectancy at birth**

World Report on Ageing and Health
2015 (WHO)

Defining consent

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

•voluntary – the decision to either consent or not to consent to treatment must be made by the person, and must not be influenced by pressure from medical staff, friends or family

•informed – the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead

•capacity – the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.

NHS, Consent to treatment

Results

Preparation of an action plan in an multidisciplinary level aiming at setting the focus on the patient's individual needs. The nurse remains a supporter of life and of the applied scientific experience, but shall not rely on the "comfort" of a paternalistic model.

Discussion

The raised questions, in relation to our role as nurses, lead to the philosophical ideas that shaped the modern world, especially after the 18th century and the consolidation of Medicine as Science. Thus, the answers should be only the product of a never ending discussion between scientists using the up to date scientific facts. However, the common stand is and should always be the humanistic core of this research. The Science of Nursing has of course, a say in this dialogue, but perhaps, it's time to be the protagonist.

Conclusion

The necessary initiatives not only revealed the essence of the nursing work, which is responding to the different needs and requests of the elderly patient before the end of his/her life, but also the overall care that shall be offered to any patient receiving hemodialysis while being regarded as a person and not a numerical unit.

•Q: What is ageism?

•Ageism is the stereotyping and discrimination against individuals or groups on the basis of their age; ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs

WHO



- In Freud's work, it's the first time that the medical research is having the patient in the centre and not the illness
- It was after the Nuremberg Trials in 1945, and the revelation of the horrific medical experiments that took place during the Nazi regime, that it becomes priority to have the patient's consent for his/her participation in any medical study or research (Nuremberg Code)
- The 1990 Patient Self-Determination Act (PSDA) in United States, encourages everyone to decide now about the types and extent of medical care they want to accept or refuse if they become unable to make those decisions due to illness

- The patient-centred approach of Mead and Bower (Patient-centredness: A conceptual framework, 2000) gave us the five conceptual dimensions in our work: biopsychosocial perspective; 'patient-as-person'; sharing power and responsibility; therapeutic alliance; and 'doctor-as-person'.
- In 2017, the World Medical Association, in order to highlight the importance of patient self-determination, added the clause "I WILL RESPECT the autonomy and dignity of my patient" in the «Physician's Pledge», as it was adopted in 1948 (Declaration of Geneva)

**Elderly patients rights in dialysis:
Absolutely the same as for everybody else.**

The **nursing plan** after an informed consent of hemodialysis discontinuation, has the same principles as before. Showing respect to a patient's decision doesn't mean quitting the nursing care. To the contrary, the nurse's role becomes more important in terms of coordinating the health team, consulting and providing answers in patient's questions and needs.

1. Working alongside the other professionals and the family of the patient, in order to give instructions about the specific needs that will emerge after stopping the dialysis treatment. It is important to have a clear understanding of why the patient made this decision, to determine if any improvements could be made, but the decision should always be respected.
2. The patient should be encouraged to speak about his/her feelings and emotions, even if his/her family is not supporting the decision. Speaking with a mental health professional should be considered, as well.
3. The religious and/or philosophical views should be treated with absolute respect. The patient should be encouraged to speak to his/her religious adviser.
4. The renal care team will continue to help, even after the discontinuation decision. And of course, the patient should be reassured that he/she will always have the optimal care.
5. The nurse should help the patient decide if he/she wants to stay at home or be treated in a hospice facility, and find out what suits the best for him/her.
6. The nurse is always in alliance with the patient, defending his/her wish for a life with dignity. The older patient living the miracles of modern Medicine, should never feel that he/she is too old and unaware about his/her rights.

The nurse facing the patient

| Wrong answer | Question asked by the patient | Right answer |
|---|---|---|
| No, you would die. Do whatever you want, I don't really care | Can I stop dialysis if I want to? | It's your right to decide what you want. I am here to inform you about everything you want to know |
| Yes. There is nothing else we can do. | If I ask to stop dialysis, do I lose my right to get treated by the health care team? | No. We will be always here to help you and provide you information about the sort of care you will need. |
| You will cause a great discomfort to your family. | Do I have the right to die in my own house? | I can help you discuss it with your family and find the best solution for you. |
| No, you will lose your seat in our unit. | Do I have the right to change my mind and be back in a dialysis treatment? | Absolutely. But missing several treatments it may worsen your condition, so your decision should be taken after thorough consideration |