

# ETHICAL ISSUES ON DIALYSIS IN SLOVAKIA (PAST AND PRESENT)

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## INTRODUCTION

Some decades have passed since the first dialysis machine was produced and the first dialysis treatment was successfully performed. Since the very beginning, dialysis treatment has been connected with many significant ethical aspects.

Many dilemmas have already been solved thanks to the massive development of dialysis technologies; however, new ones are emerging, and some of these dilemmas are only now being paid increased attention, such as the problem of non-relative living donors for kidney transplantation. Problems that may not be apparent at first glance, like the termination of dialysis treatment, are being paid less attention.

## AIM

The aim of this poster is to outline the problem of the shortage in dialysis capacity and the related ethical aspects between 1969 and 1989, as young renal nurses are not aware of this situation.

There are 5.5 million inhabitants in Slovakia. The first dialysis centre was established in 1969 and currently there are 76 dialysis centres in Slovakia. Rapid changes in terms of the increase in the number of dialysis centres occurred after political regime change in 1989. From an ethical point of view, this step was crucial.

## ETHICAL ASPECTS IN THE PAST

The network of dialysis centres was not adequate in the past. From 1969 to 1989, there were only 7 dialysis centres in Slovakia. The lack of dialysis centres required the creation of rules for the inclusion of patients into the dialysis program, the so-called 'Mercy Mathematics'. The rules included criteria for making decisions on who will live and who will be denied this 'privilege'. There was always a conflict between ideal and affordable treatment. It often happened that the inaccessibility of treatment led to the death of a patient, however, the mathematical system had to be used in case of an emergency despite the conflicts with ethical principles. Here we refer to 'social euthanasia', with primary causes being economic and not ethical.

### ABSOLUTE CONTRAINDICATIONS IN THE PAST CONSISTED OF THE FOLLOWING:

- Malignancy with poor prognosis
- Severe systemic arteriosclerosis
- Recent stroke with lateralisation
- Chronic cardiac decompensation
- Unavailability of reliable vascular access, when the surgical creation of an AV fistula was impossible
- Severe cachexia
- Liver cirrhosis

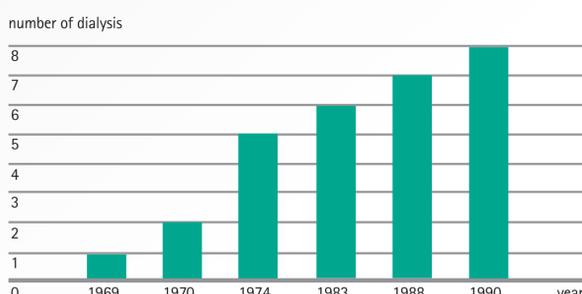
### RELATIVE CONTRAINDICATIONS WERE:

- The biological condition of the patient's body - real age
- Immobilised patients
- Insufficient cooperation
- Often relapsing duodenal ulcer disease
- Blind patients with diabetes
- Patients with cancer and no metastases

### ACUTE PATIENTS

- Criteria did not apply
- Treatment was provided to everybody if indicated
- Only patients with multiple organ failure and the impossibility of vascular access were excluded

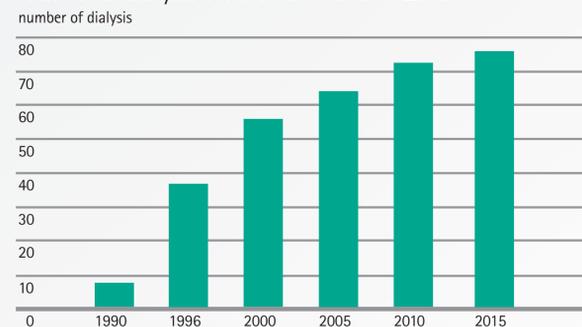
Number of dialysis in SVK from 1969 to 1989



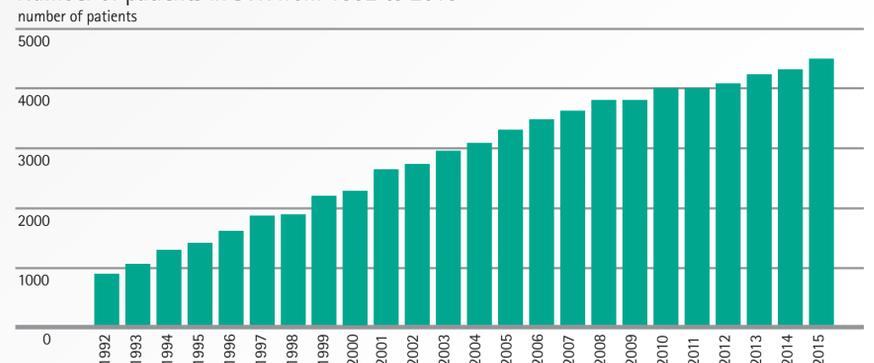
## CURRENT ETHICAL ASPECTS

After 1990, there was a large increase in the number of dialysis centres. Sixty-nine new dialysis centres sufficiently covering the need for the treatment of dialysis patients were established by 2015. Dialysis treatment is becoming accessible for everybody who needs it. Only some circumstances are considered as contraindications when the patient's connection to a dialysis machine would worsen his/her health condition or lead to death. Ethical questions are being paid more and more attention. At the end of 1990, the Ethical Commission of Slovakia was established as an advisory body of the Ministry of Health. In 1992, the Code of Ethics for Patients was created and the Institute of Medical Ethics and Bioethics was established. Since 1994 this institute has published the magazine "Medical ethics and bioethics".

Number of dialysis in SVK from 1990 to 2015



Number of patients in SVK from 1992 to 2015



## THE CURRENT MOST-COMMON ETHICAL ISSUES

Informing the patient about complications. To what extent should the patient be informed about complications? Should we tell him/her and explain all of the possible complications? What impact will the information have on the patient's psychical status? The patient, however, cannot be in information isolation that leads to anxiety and fear. The patient has the right to know what will happen to him/her. The prerequisite of successful informing is not only expertise in the field of the psychology of patients and knowledge of the individual patient, but also the great empathy and ethical behaviour abilities of the entire healthcare team.

Ethical issues in transplantation, particularly in the period before transplantation. There is a very small number of kidney transplants in Slovakia compared to other countries. The problem lies in the suspicion of a non-transplanted, long-suffering patient who suspects medical workers of transplanting the kidneys unfairly since another patient underwent transplantation in a relatively short time. This patient has a feeling of "being overlooked".

## CONCLUSION

In our poster, we wanted to point out the problem of dialysis treatment inaccessibility in the past. The times have fortunately changed, and physicians and nurses in dialysis centres are not forced to decide about the lives of other people due only to treatment inaccessibility.

There are still new challenges in the treatment of our patients, but their solutions are not as complicated as they used to be in past as modern technologies, treatment options, and educational materials is at a high level and their availability is now a matter of course.

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