

# Process of decision-making regarding initiation of dialysis by patients aged 75 and above —From initial dialysis notification until about one year after dialysis initiation—

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## I. Introduction

With the aging of society and advancement of medicine in Japan, 38.4% of people who begin dialysis are ≥75 years old (late elderly). The decision-making of older adults is characterized by avoiding risk selection and maintaining the status quo without actually making choices (Masuda et al., 1997). In medical settings, it is reported that no group has a lower desire to make decisions about medical care than older adults with chronic disease (Ajiki et al., 2011), or depends as much on the decision-making of medical personnel as older adults (Harvey et al., 1999). From this it may be expected that no group would be as passive as older adults in making the decision to start dialysis.

Yet people with chronic diseases need to make decisions to alter their self-management as necessary for their medical care due to changing symptoms and treatment approaches. We therefore attempted to clarify the decision-making experience of the late elderly in relation to dialysis treatment, and to consider means of support.

Decision-making refers to the cognitive behavior in humans of seeking the best solution from among multiple alternatives in a given situation to achieve a specific target.

## II. Purpose

The purpose of this study was to qualitatively and inductively clarify decision-making experience related to dialysis in the period from the time a late elderly person is notified of the need for dialysis to about one year after the start of dialysis, when the mental and physical fluctuations are most severe, in order to obtain suggestions for nursing support.

## III. Methods

Table 1. Methods

Study design	Qualitative descriptive study
Research subjects	Elderly patients ≥75 years old who met the following criteria and gave their informed consent: 1) Patients who had undergone hemodialysis for about one year 2) Patients who currently undergo hemodialysis 3) Patients without impaired judgment due to dementia or mental illness and so on
Data collection	Semi-structured interviews were carried out to collect data.
Data analysis	Interviews were transcribed and analyzed qualitatively.

## IV. Results

Table 2: Research subjects

Sub	Sex (age)	Family	Duration of dialysis	Original disease	Physical condition
A	M (79)	Living alone	9 months, 22 days	Diabetic nephropathy	ADL independence
B	F (91)	First son and his wife	12 months, 18 days	Chronic glomerulonephritis	ADL independence
C	M (76)	Wife, daughter, and grandchild	13 months, 19 days	Renal sclerosis	ADL independence
D	M (79)	Living alone	6 months, 25 days	Diabetic nephropathy	Cane walking
Avg	81		10 months 2 days		



Notification of the need for dialysis

I. Feelings of shock, impatience, regret, and limitations of self-management.



Initiation of dialysis

II. Reliance on the doctor to make the crucial decision to initiate dialysis.

Unwilling Decision-making



About one year after initiation of dialysis

III. While they realize the effectiveness of dialysis and experience a sense of fun and liberation once dialysis starts, they face new problems such as discomfort.

Convinced Decision-making

IV. Decision to live with dialysis

Figure 1. Process of decision-making regarding Initiation of dialysis by the late elderly

## V. Discussion

### 1. Notification period.

The patient is informed that he or she needs dialysis and has many different thoughts based on his or her experience fighting disease so far.

### 2. Initiation of dialysis period.

The patient faces the fact that he or she cannot live without dialysis, and is pressed to make a decision to start dialysis. He or she starts dialysis at the strong urging of the doctor and family members, without being fully convinced.

### 3. One-year period.

The patient feels the effect of dialysis through his or her daily life and the advantages of dialysis, such as being somewhat freed from strict dietary restrictions. Even while experiencing new problems like shunt management, the patient has come to accept dialysis and consents to its continuation.

4. Late elderly patients start dialysis somewhat unwillingly; they must experience life with dialysis for some time before becoming convinced of the need for dialysis and making the decision to continue. The findings suggest that decision-making support for patients regarding dialysis, not only before starting dialysis but even more so afterward, will lead to patients' acceptance of dialysis and their decision to continue.

## Conclusion

Late elderly people experienced four stages from the time they were informed of the need for dialysis until one year after the start of dialysis. They had complex feelings when told they needed dialysis, and made the decision to start without being fully convinced. However, after experiencing dialysis for about one year, they came to accept it and decided to continue. Ongoing support for decision-making even after initiating dialysis is needed to help patients accept and decide to continue dialysis.