Keeping Dialysis Patients Safe

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I have been a nephrology nurse and have worked for a major leading dialysis organization for >24 years. My responsibilities have included working on the floor of dialysis clinics, acting as a staff educator, and—my favorite job—serving as a patient educator. The reason I became a dialysis nurse was that I wanted to give hope to other patients with kidney disease, because I, too, am a patient with kidney disease. I am a two-time kidney transplant recipient and a former in-center hemodialysis patient. I can tell you firsthand, as a patient on dialysis and dialysis nurse, that a dialysis clinic’s number one priority is keeping patients safe during their treatment, but also helping to keep patients infection free.

In this issue of CJASN, the finding of the study by Caplin et al. (1) confirmed that patients receiving in-center dialysis carried a large burden of coronavirus disease 2019 (COVID-19) among patients with kidney disease. While reading the article, I was not surprised about the guidelines set forth in the in-center hemodialysis centers to prevent the spread of COVID-19, but what shocked me was how quickly COVID-19 spread through the clinics, even with the precautions.

As stated in the article, patients who receive kidney replacement therapy are at a greater risk for infections because they are immunocompromised. But they are also at risk due to several comorbidities (which include cardiovascular disease, diabetes, and obesity) and certain demographics (such as being of an age >60 years) (1). This study found that, if a patient on dialysis was hospitalized due to COVID-19, the patient’s mortality rate ranged from 20%–30% (1). As you can see from the study results, patients need to get out of the in-center hemodialysis clinic setting to be safe.

Education and Innovation

Before the pandemic, on July 10, 2019, President Trump signed an Executive Order called the Advancing American Kidney Health Initiative. This Executive Order contained several rules, but one rule on the subject of home therapies included guidelines to encourage earlier intervention in patients with CKD, including incentivizing dialysis providers to direct more patients to home dialysis and increasing the number of kidneys available for transplantation. The Executive Order stated that 80% of patients with CKD will be doing home therapy or will be transplant recipients by 2035 (2).

Patients have the right to be informed of their treatment options. It is, ultimately, the patients’ choice and their right to make that choice! Why do leading dialysis providers have to be given incentives to do the right thing? It is a shame that, when I meet patients while providing education on treatment options in an in-center hemodialysis clinic, they have just had a fistula put in their arm or a catheter put in their neck, dialyzing within the center, just patiently waiting until they and their donor have been evaluated for a transplant. Why were these patients not educated and informed of their home options? Many of the patients with kidney failure begin dialysis because of an emergency; however, there are still a good portion of patients with kidney disease who should have been given the choice of their kidney replacement therapy.

Patients not only need to be informed of their home therapy options, but they also have the right to be told about pre-emptive transplants. Patients should not be put on a dialysis therapy and then be educated about transplantation—that should be the first discussion with the patient who is experiencing kidney failure.

Innovation in the nephrology community is also a key to getting patients out of the clinic setting. It is a shame that not much has changed in the kidney community since I dialyzed in 1982. Today’s patients with kidney disease deserve more. They deserve implantable kidneys, wearable dialysis machines, xenotransplantation, shorter treatment times, and a better quality of life. Will it take another president 50 years from now to sign another Executive Order or another pandemic to get patients out of the clinic? How many patients receiving dialysis need to die before the kidney community agrees that their patients deserve better—better education, better innovation, and a better life. Let us not just say it, let us do it. Let us get the patients home and living life!

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See related article, “Risk of COVID-19 Disease, Dialysis Unit Attributes, and Infection Control Strategy among London In-Center Hemodialysis Patients,” on pages 1237–1246.