How Do Nephrologists and Patients Talk About Dialysis? A Conversation Analysis Study

Meg Wise, MLS, PhD;1 Dorian Schatell; 2 Betty Chewing, PhD; 1 Micah Chan, MD 3

RESULTS

BACKGROUND

Hearing, a nephrologist say “you need dialysis” often conjures up images of a diminished life tethered to a machine until an imminent death. No wonder that patients are devastated and nephrologists say talking about dialysis is the worst part of their job. Thrice-weekly in-center hemodialysis (used by ~90%) has the highest rates of:

- Costly infections and hospitalizations
- Sudden cardiac death
- Fatigue, cramping and other debilitating side effects
- Disruption of normal life activities (i.e., work and social participation)
- Depression among patients and their caregivers

There are better options.

daily home peritoneal dialysis (PD, used by ~8%) or home hemodialysis (HHD used by ~1%), self-administered at the patient’s convenience [2]:

- Provides continuous kidney function with gentler treatments.
- Result in better physical, economic, emotional and social well-being.
- Allow for normal life activities, such as work and social participation.
- Have fewer costly hospitalizations.

Medicare, which pays for most dialysis and disability, promotes greater use of PD and HHD. Why is ICHD still so common?

Patient-centered, values-based, shared decision-making—the gold standard for choosing complex medical treatments—might support the use of frequent home home dialysis. [3]

Shared dialysis decision making rests on two pillars:

1. Nephrologist:
- Elicits and listens to the patient’s concerns, values and preferences.
- Provides expert advice tailored to the patient’s values.
- Encourages patient to actively participate in health decision-making.

2. Patient:
- Shares concerns, values, and treatment preferences
- Asks questions to home in on the best treatment.

Virtually nothing is known about how nephrologists and patients actually talk about dialysis.

OBJECTIVES

Understand how nephrologists and patients talk about dialysis, regarding:

1. Patient centered, values-based shared dialysis decision-making
2. Patient preferences for dialysis or other treatment
3. Patient participation in the dialysis segment of the conversation

METHODS

A mixed-method conversation study audio-recorded 62 patients (with <25% kidney function, eGFR ≤25) seen by 8 nephrologists from 3 Wisconsin clinics. Data included verbatim transcripts of clinic visits. In-depth analysis was performed on the 49 with a dialysis conversation. [4]

Demographics and decision-making preferences were collected by post-visit survey and analyzed with descriptive statistics.

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RESULTS

Sample

Nephrologists n = 8

<table>
<thead>
<tr>
<th>Nephrologists</th>
<th>Age Mean (range)</th>
<th>eGFR Mean, SD</th>
<th>Age</th>
<th>Age range</th>
<th>Female n, %</th>
<th>Years of practice</th>
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</thead>
<tbody>
<tr>
<td>Sample</td>
<td>33.43 (37-44)</td>
<td>2016 3.53</td>
<td>6900 3.15</td>
<td>25-94</td>
<td>25 59</td>
<td>7 (2-10)</td>
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</tbody>
</table>

PATIENTS n = 49

<table>
<thead>
<tr>
<th>Patients</th>
<th>Age</th>
<th>Age range</th>
<th>eGFR</th>
<th>Race</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
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<td>1</td>
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<tr>
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<tr>
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<td>65</td>
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<tr>
<td>Work fulltime</td>
<td>8</td>
<td>16</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Decision-making styles

Nephrologists primarily used autonomous decision-making; 2 used shared decision-making (SDM)—when patients stated their values. Patients preferred SDM. Decision-focused paternalistic decision-making was not used or preferred.

Nephrologists most often discussed ICHD, PD, and transplant, but hardly HHD. Nephrologists focused on the considerable benefits of PD. But more patients rejected than embraced nephropathy—seemingly due to didactic vs. dialogic communication methods, and emphasis on the need for a care partner (vs. optional) and rigorous training (vs. easy to learn). Nephrologists described transplant as the best option in 24 conversations, but then told 16 of those patients that they were not eligible—primarily due to being older than 75.

DISCUSSION AND CONCLUSIONS

This is the first study to analyze real-life nephrologist/patient communication. Nephrologists established good rapport with their patients, aimed to forestall the need for dialysis. They were uncomfortable talking about dialysis, which they overcame by avoiding emotions and using a script to deliver information so that patients could make their own decision. Shared decision-making occurred only when patients inserted their values into the conversation. Nephrologists are not trained to engage in shared dialysis decision making—and said they would welcome tools to help them do so. Our follow-up study is testing the effects of sharing the patients’ values and dialysis preferences after doing My Life, My Dialysis Choice, an online, interactive dialysis decision aid, on patient/nephrologist shared dialysis decision-making.[6]'

REFERENCES

1. United States Renal Data System (USRDS) 2016 Annual Data Report
2. Garg Patients receiving frequent hemodialysis have better health-related quality of life compared to patients receiving conventional hemodialysis. Kidney International 94:56-54, 2017

Acknowledgements: Research support from an American Society of Nephrology (ASN) 2007 Young Investigator Award. Contact information: Meg Wise, PhD, Sondereger Research Center, School of Pharmacy, University of Wisconsin-Madison 608-263-1935, mewise@wisc.edu