

Supporting older people deciding between dialysis and conservative management: A mixed methods, in-depth study of facilitators of and barriers to patient-centred practice

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 @OSCAR_Study

Aim

To investigate the context of treatment decision-making for patients age 65+ with eGFR <20 at one UK renal unit in a teaching hospital.

Data analysed

| Data collection | Quantity | Analysis |
|---|--|------------------------------------|
| Ethnographic observation | 18 hours | Thematic analysis ¹ |
| Clinician interviews | 6 interviews | |
| Patient & caregiver interviews | 7 interviews | |
| Video-recorded outpatient consultations | 30, involving <ul style="list-style-type: none"> • 13 clinicians (2 nurses, 11 doctors) • 22 patients • 11 carers | Conversation analysis ² |

Discussion

- Managing advanced kidney disease and negotiating treatment decision-making is complex for all parties.
- Conversations between clinicians and patients focused on clinical practicalities rather than patient perspectives and choices.
- Clinicians can enhance patient-centred care by asking about patients' goals and values, and exploring how specific treatment options could align with these.
- We are analysing data from 3 other, diverse units. Completed findings will underpin a training intervention to improve patient-centred treatment decision-making.

¹Braun, V. & Clarke, V. 2021. *One size fits all? What counts as quality practice in (reflexive) thematic analysis?* Qual Res in Psych. 18:3, 328-352

²Sidnell, J. 2010. *Conversation Analysis: An Introduction*, Oxford, Wiley-Blackwell.

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Finding 1

Clinical complexity and time pressure meant care planning discussions were often postponed in routine conversations, even when patients attempted to initiate them.



Finding 3

Dialysis was often presented as normative, e.g. by conflating kidney failure with dialysis when introducing the treatment decision.



Finding 2

Clinicians prioritised discussing clinical practicalities, instead of patients' and carers' perspectives, goals and choices.



Finding 4

Clinicians avoided talking to patients about the implications of treatment choice for quality of death.