

A UK perspective of dialysis modality choice amongst healthcare workers.

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Background

It is believed that healthcare workers would choose home-based dialysis treatment for themselves from work done previously but there is no information on the same available from the UK .

Methods

We conducted an anonymised online survey of UK renal healthcare workers on their preferred dialysis modality if they needed dialysis. In addition to collecting their baseline demographics, we asked “Assume you are an otherwise well 40-year-old (and, separately, 75-year-old) person approaching ESRD. You have no living kidney donor options at present. There are no contraindications to any of the following dialysis options. Which renal replacement therapy would you choose?”

Results

A total of 858 individuals participated in the survey. The median age 44.3 years, 70.2% were female, 37.4% were doctors, 31.1% senior nurses and 15.2% junior nurses or health care assistants. The remainder were allied healthcare staff including dietitians and pharmacists. Over 60% of respondents had been involved in renal healthcare for over 10 years.

There was a preference for peritoneal dialysis (PD) over in-centre haemodialysis (50.47% v. 6.18%; $p < 0.001$ for 40 year and 49.18% v. 17.83%; $p < 0.001$ for 75 year old assumption) and home haemodialysis (HHD) (50.47% v. 39.28%; $p < 0.001$ for 40 year old and 49.18% v. 18.41% for 75 year old assumption). There was a preference for HHD over in-centre haemodialysis if the respondents assumed, they were 40 years old (39.28% v. 6.18%; $p < 0.001$) but not if they assumed, they were 75 years old (18.41% v. 17.83% $p = 0.778$). There was a preference for automated peritoneal dialysis over continuous ambulatory peritoneal dialysis for both assumptions, 40 years old (34.85% v. 15.62%; $p < 0.001$) and 75 years old (36.48% v. 12.7%; $p < 0.001$). There was no difference in choice of treatment between doctors and senior nurses. Junior nurses and health care assistants, however, preferred haemodialysis over PD ($p < 0.001$). The area of work had an impact on choice of treatment with the more staff involved in the care of HHD choosing HHD when compared to staff looking after patients receiving PD (< 0.01).

Discussion

Our survey has shown that most healthcare workers in renal medicine, irrespective of age, gender, role and experience would choose home-based dialysis, in contrast to current practice in the UK where less than 20% of dialysis patients are on home therapies. Further work is needed to look at the disparity between clinician preference and patient reality.