



Brigham and Women's Hospital
Founding Member, Mass General Brigham

Kidney Palliative Care

Samantha L. Gelfand, MD

Renal Division, Brigham and Women's Hospital
Supportive Oncology, Dana-Farber Cancer Institute
Assistant Professor
Harvard Medical School



Samantha Gelfand MD



Medical School: Icahn School of Medicine at Mount Sinai

Residency: Internal Medicine, Yale

Renal Fellowship: Upenn

Palliative Medicine Fellowship: Harvard (MGB-DFCI)

Director of KidneyPal Outpatient Clinic @ BWH

Clinical Focus:

- Kidney palliative care
- Palliative care education (fellowship program director)

DISCLOSURES

I have no relevant financial relationships with ineligible companies.



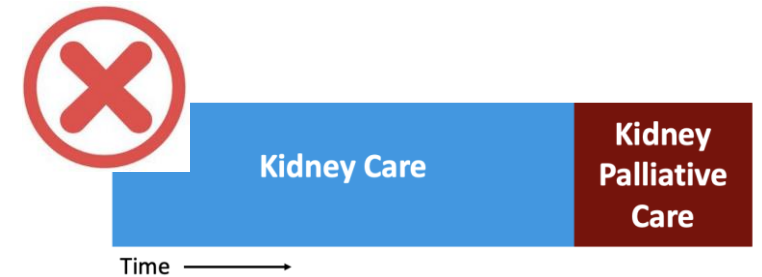
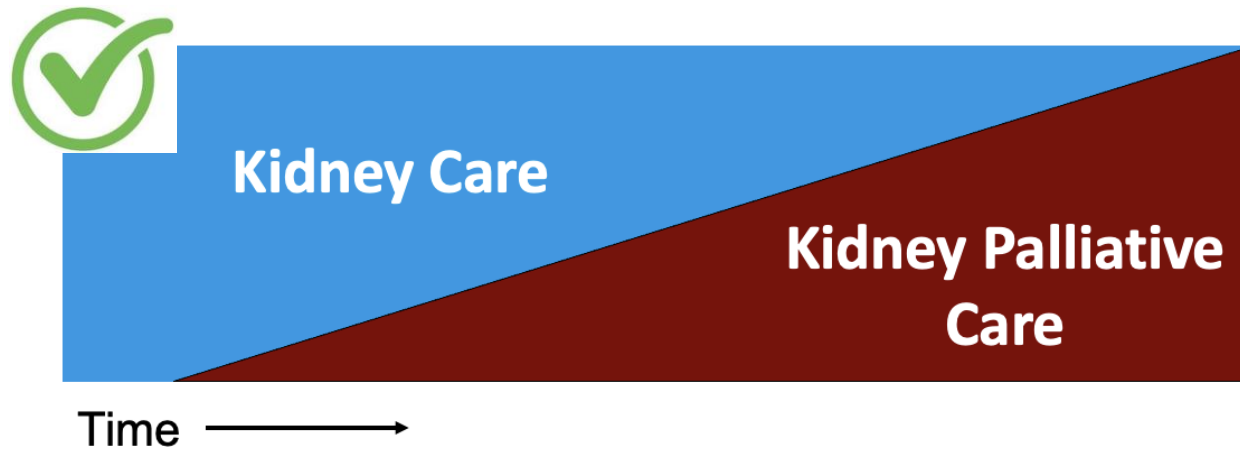
OBJECTIVES

- Describe utility and scope of palliative care in nephrology
- Review conservative kidney management as a valid alternative to dialysis for older and seriously ill patients



Kidney Palliative Care

- Live as well as possible with advanced kidney disease
- Manage symptoms and navigate complex decisions
- Any age, any treatment modality



KidneyPal Program



Sam Gelfand, MD



Caroline Taverna, LICSW



Josh Lakin, MD



Ricky Leiter, MD



Kate Sciacca, NP



Jessie Brain, NP

Team

Largest specialty team in the US
devoted to kidney palliative care

Longitudinal care in inpatient and outpatient settings focused on symptom management and decision-making

Interprofessional team

- Physicians (3)
- Nurse Practitioner (1)
- Social worker (1)

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Scale

Single health system

- Brigham and Women's Hospital

Patient volume to date

- Inpatients: 1,002
- Outpatients: 156

Outpatient clinic

- In-person or virtual visits

Funding

Our clinical work is funded through our salaries. In December 2023, we were awarded a \$250,000 grant from the Hearst Foundations to support our patient advocacy and clinician education projects

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Early Impact

Feedback from clinicians

"KidneyPal helped me have difficult conversations with patients, especially when I felt that non-dialysis care was better for the patient."

"Made care options transparent; did not dictate path."

Feedback from patients and families

"CKM helps people do things they enjoy and have a different quality of life, not just existing."

Medical community

- International recognition
- Policy / advocacy work
- Peer-reviewed publications in nephrology and palliative care journals

Brief Quality Improvement Report**Creating KidneyPal: A Specialty-Aligned Palliative Care Service for People with Kidney Disease***

Joshua R. Lakin, MD*, Kate Sciacca, NP*, Richard Leiter, MD, MA, Kelsey Killeen, LICSW, Samantha Gelfand, MD, James A. Tulsy, MD, Shelly Anderson, MPM, Sophia N Zupanc, BA, Trey Williams, MPS, and Ernest I. Mandel, MD, MS

Policy Forum Perspective**Palliative Care in the Advancing American Kidney Health Initiative: A Call for Inclusion in Kidney Care Delivery Models**

Samantha L. Gelfand, Ernest I. Mandel, Mallika L. Mendu, and Joshua R. Lakin

AJKD

**Brief Quality Improvement Report****Specialty-Aligned Palliative Care: Responding to the Needs of a Tertiary Care Health System**

Samantha L. Gelfand, MD, Joshua R. Lakin, MD, Kate R. Sciacca, NP, Emily R. Rivkin, MPH, Jessica C. Eves, MBA, Shelly Anderson, MPM, Ernest I. Mandel, MD, Akshay S. Desai, MD, MPH, Nelia Jain, MD, MA, Michael J. Landzberg, MD, Natasha M. Lever, NP, Kristen G. Schaefer, MD, Richard E. Leiter, MD, MA, and James A. Tulsy, MD

> [Kidney Med.](#) 2021 Dec 9;4(2):100398. doi: 10.1016/j.xkme.2021.10.011. eCollection 2022 Feb.

Inpatient Kidney Palliative Care for Kidney Transplant Recipients With Failing Allografts

Naoka Murakami¹, Samantha L Gelfand^{1 2}, Kate R Sciacca^{3 2}, Kelsey Killeen³, Richard E Leiter^{3 2}, Joel T Adler⁴, Anil K Chandraker¹, Joshua R Lakin^{3 2}

> [Am J Kidney Dis.](#) 2024 Feb;83(2):173-182.e1. doi: 10.1053/j.ajkd.2023.07.013. Epub 2023 Sep 17.

Kidney Transplant Clinicians' Perceptions of Palliative Care for Patients With Failing Allografts in the US: A Mixed Methods Study

Naoka Murakami¹, Amanda J Reich², Katherine He³, Samantha L Gelfand⁴, Richard E Leiter⁵, Kate Sciacca⁵, Joel T Adler⁶, Emily Lu⁷, Song C Ong⁸, Beatrice P Concepcion⁹, Neeraj Singh¹⁰, Haris Murad¹¹, Prince Anand¹², Sarah J Ramer¹³, Darshana M Dadhanian¹⁴, Krista L Lentine¹⁵, Joshua R Lakin¹⁶, Tarek Alhamad¹⁷

Review

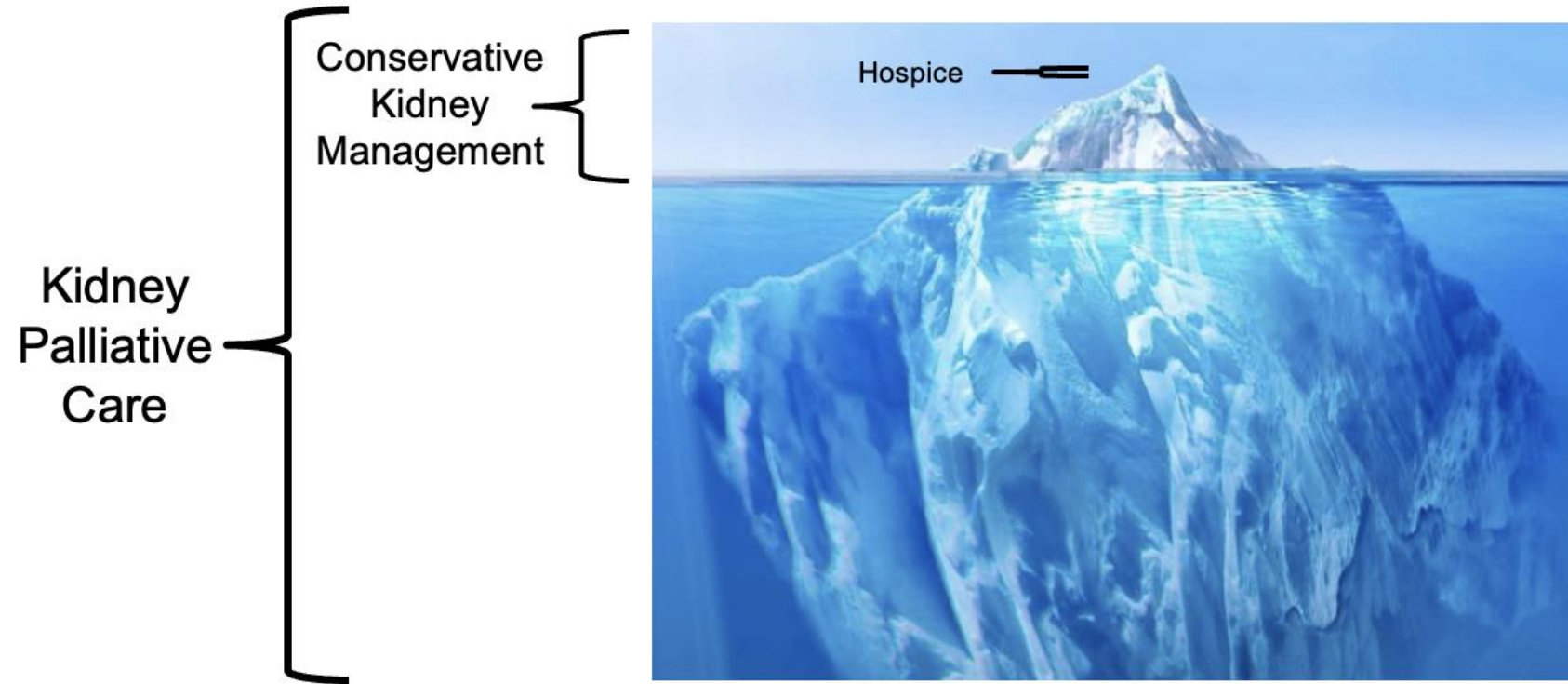
> [Semin Nephrol.](#) 2023 Jan;43(1):151397. doi: 10.1016/j.semnephrol.2023.151397. Epub 2023 Aug 12.

Dialysis Access Considerations in Kidney Palliative Care

Samantha L Gelfand¹, Dirk M Hentschel²

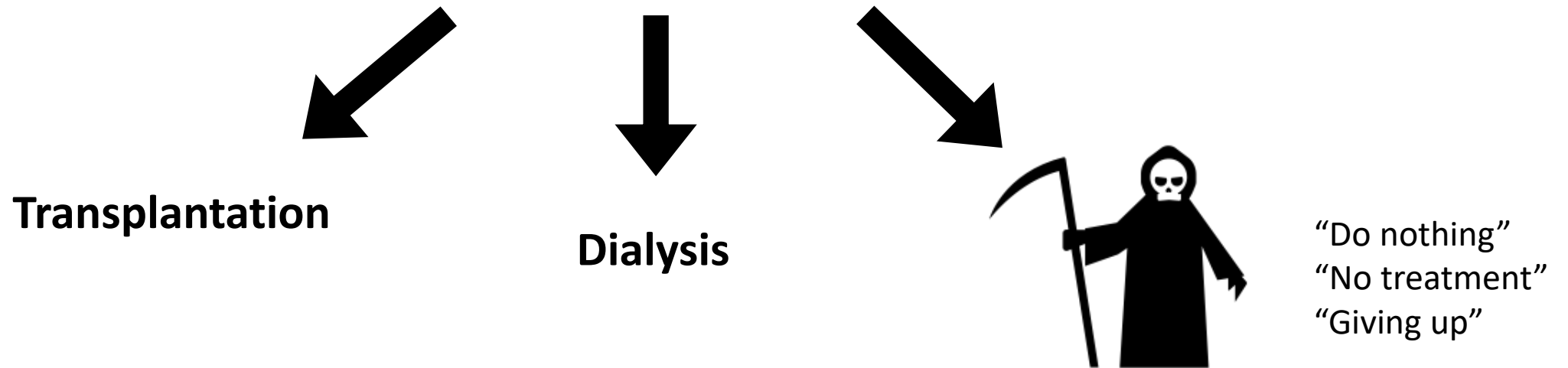


Conservative management is just **one part** of kidney palliative care



**For the largest group of incident kidney failure patients (>75 years old),
This is a false paradigm:**

CHRONIC KIDNEY FAILURE



Survival benefit of dialysis is limited in older / seriously ill patients

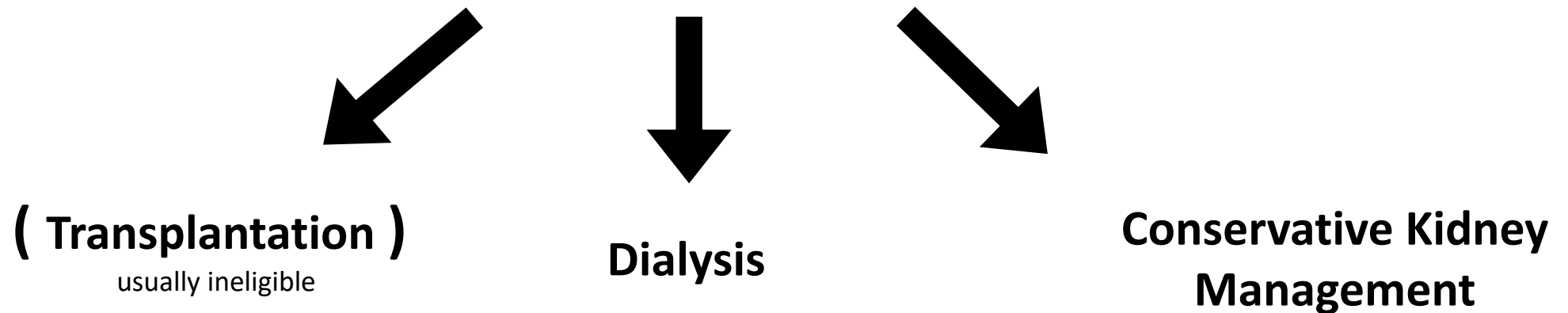
Patient contexts	1-year mortality rate
All comers	21%
Over age 75	37%
Living in nursing home	58%
Initiated dialysis in hospital	62%

Life Expectancy in Years						
Dialysis			Transplant		General Population	
Age	Female	Male	Female	Male	Female	Male
40-44	10.2	11.1	29.7	28.0	40.6	36.6
45-49	9.1	9.6	25.8	24.1	35.9	32.2
50-54	7.8	8.1	22.1	20.5	31.4	27.9
55-59	6.8	6.9	18.7	17.1	27.1	23.9
60-64	5.9	5.8	15.5	14.1	22.9	20.1
65-69	5.0	4.8	12.6	11.5	18.9	16.5
70-74	4.2	4.1	10.1	9.3	15.1	13.1
75-79	3.7	3.5	8.2 ^a	7.5 ^a	11.6	10.0
80-84	3.2	2.9			8.5	7.3
85+	2.6	2.4			4.4	3.7



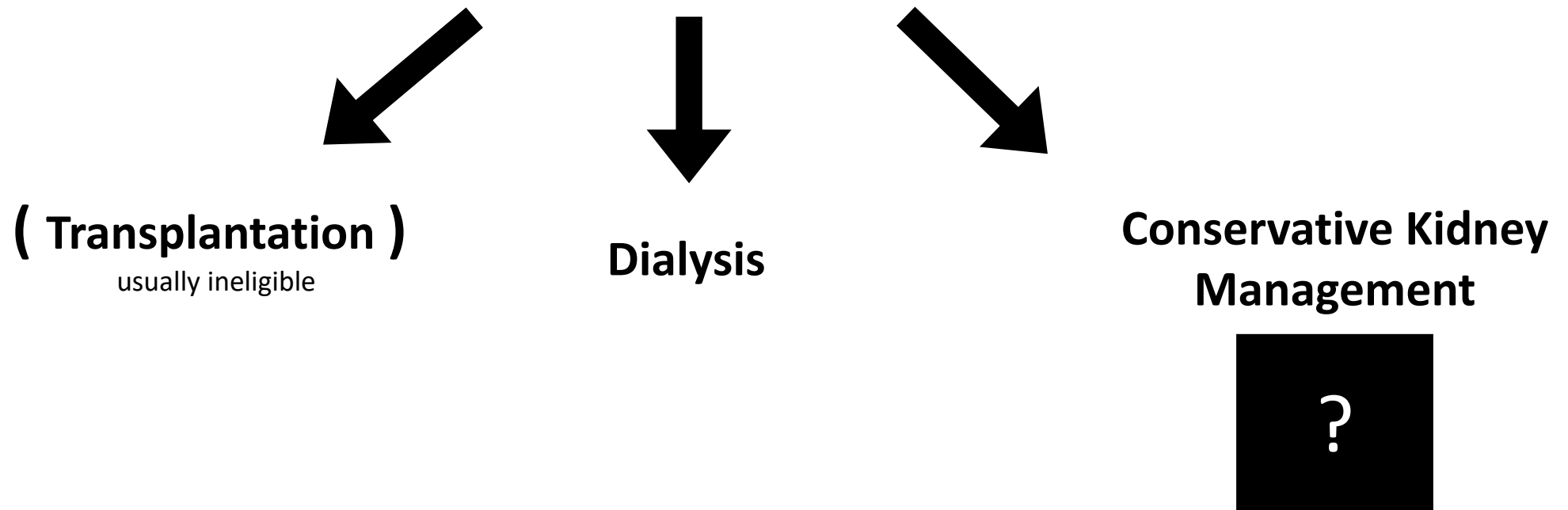
**For the largest group of incident kidney failure patients (>75 years old),
These are the care options:**

CHRONIC KIDNEY FAILURE

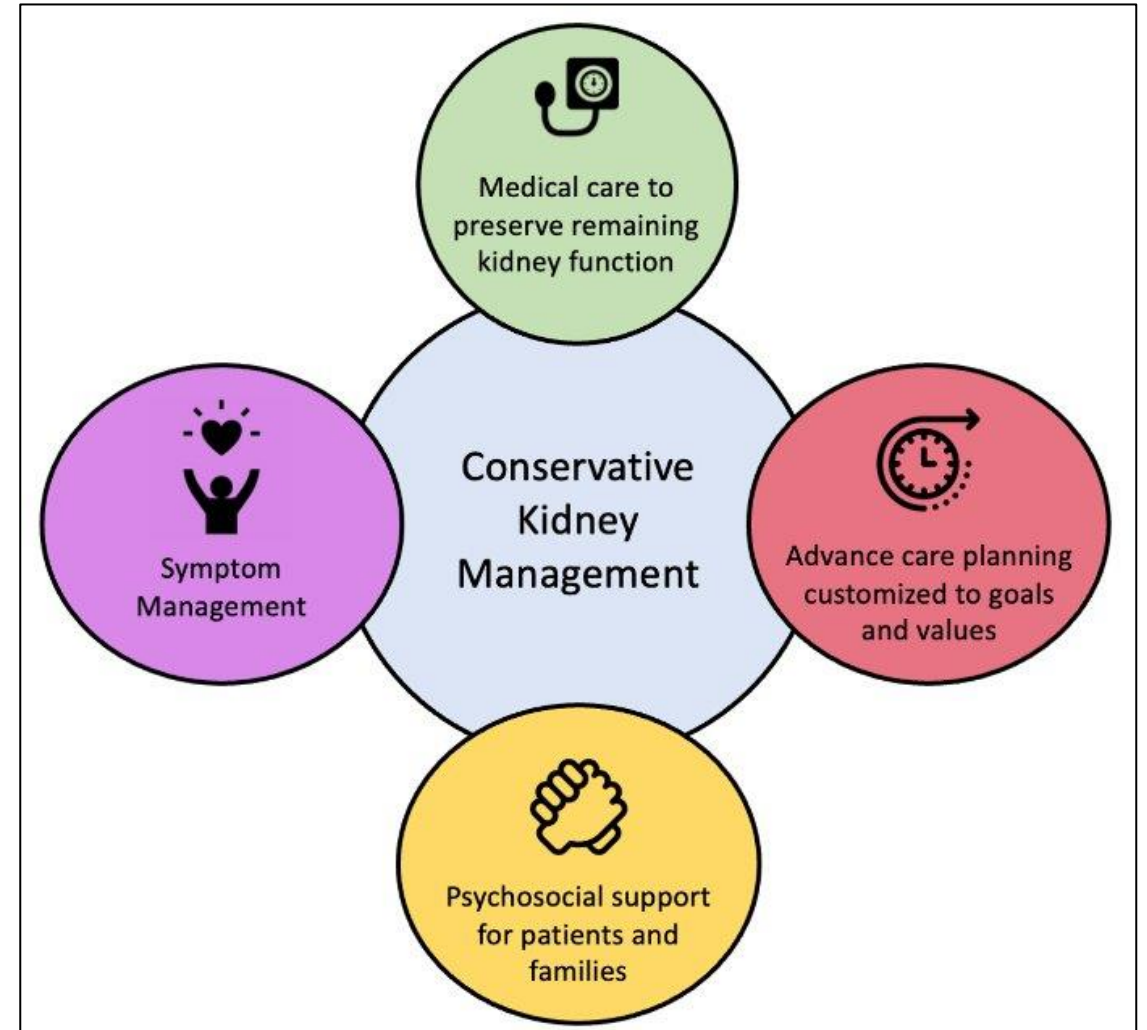


For the largest group of incident kidney failure patients (>75 years old),
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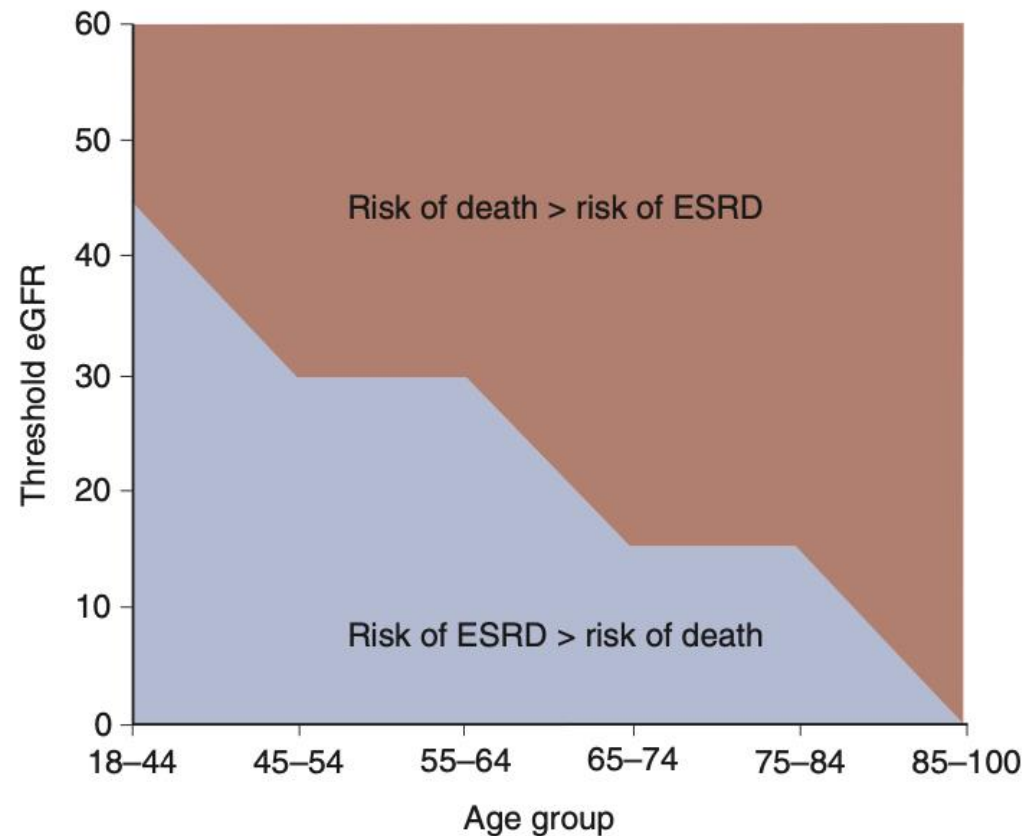
CHRONIC KIDNEY FAILURE



Conservative kidney management (CKM) is nephrology care without dialysis for **CKD patients with limited survival** whose goals are **not likely to be achieved by dialysis** initiation.



As age increases, **risk of death exceeds risk of ESKD**



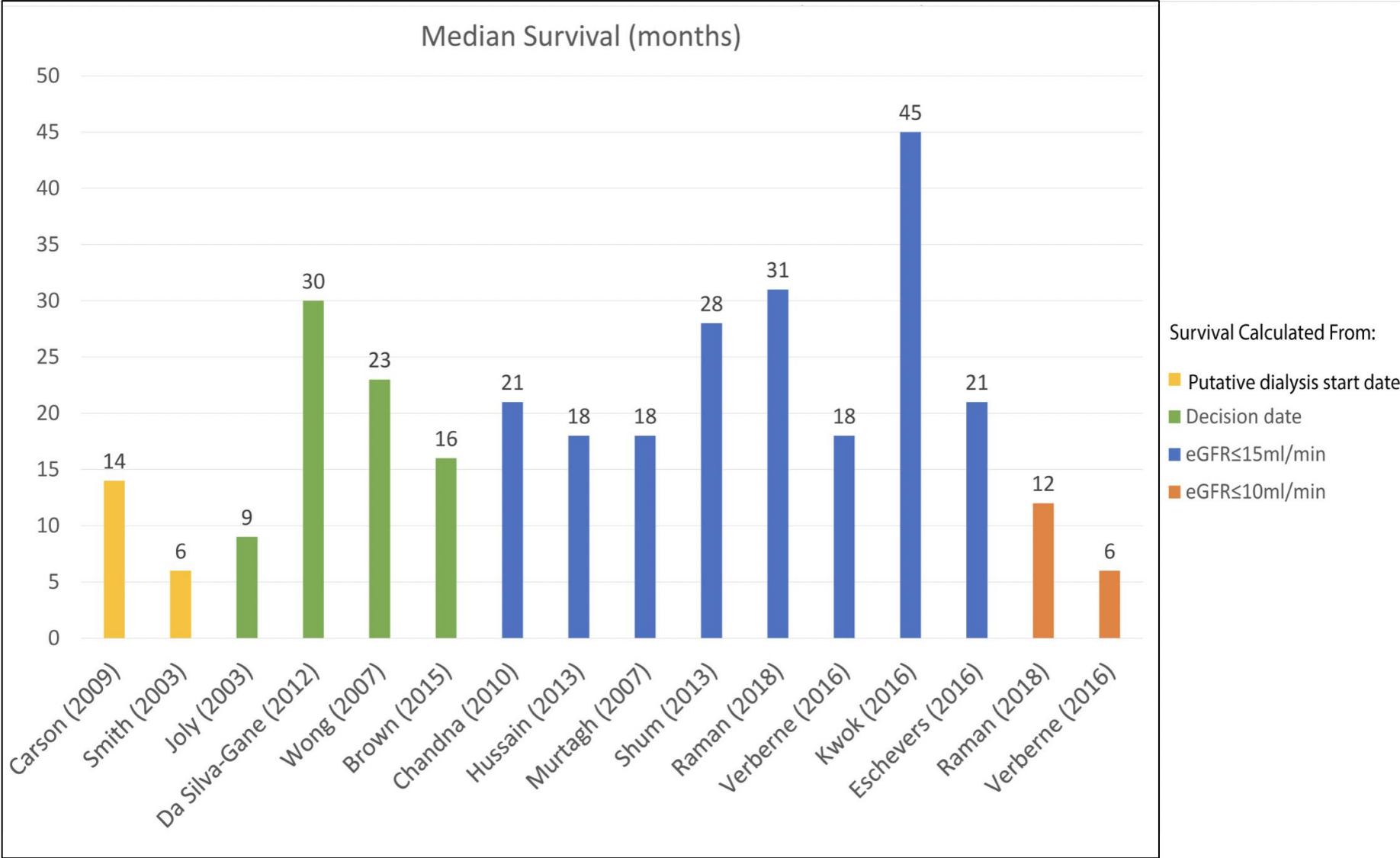
**WHAT DO WE KNOW
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SYMPTOMS
IN CONSERVATIVE CARE?**

**HOW DO WE
OFFER OR
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**HOW MANY
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Survival with
conservative care
is on the order of
months - years

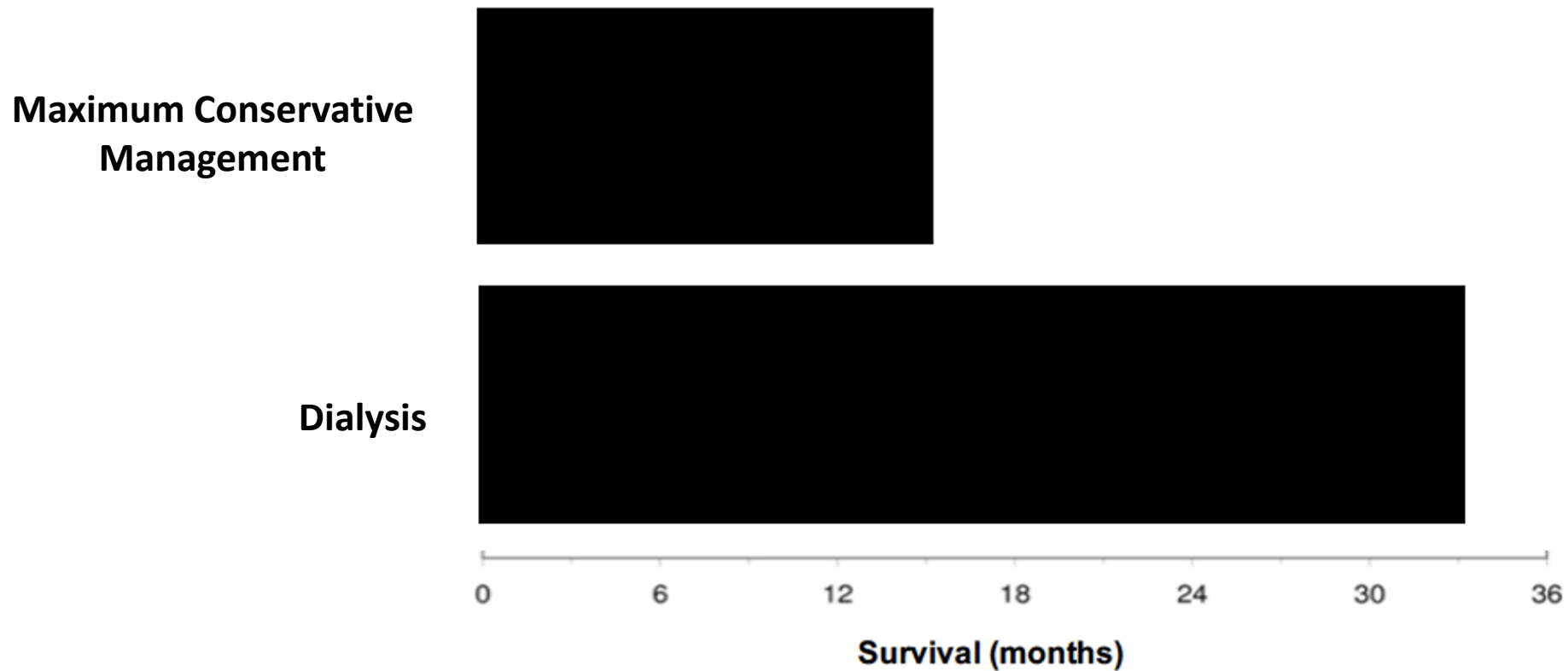


These survival estimates apply to patients with CKD (not your ICU patient)

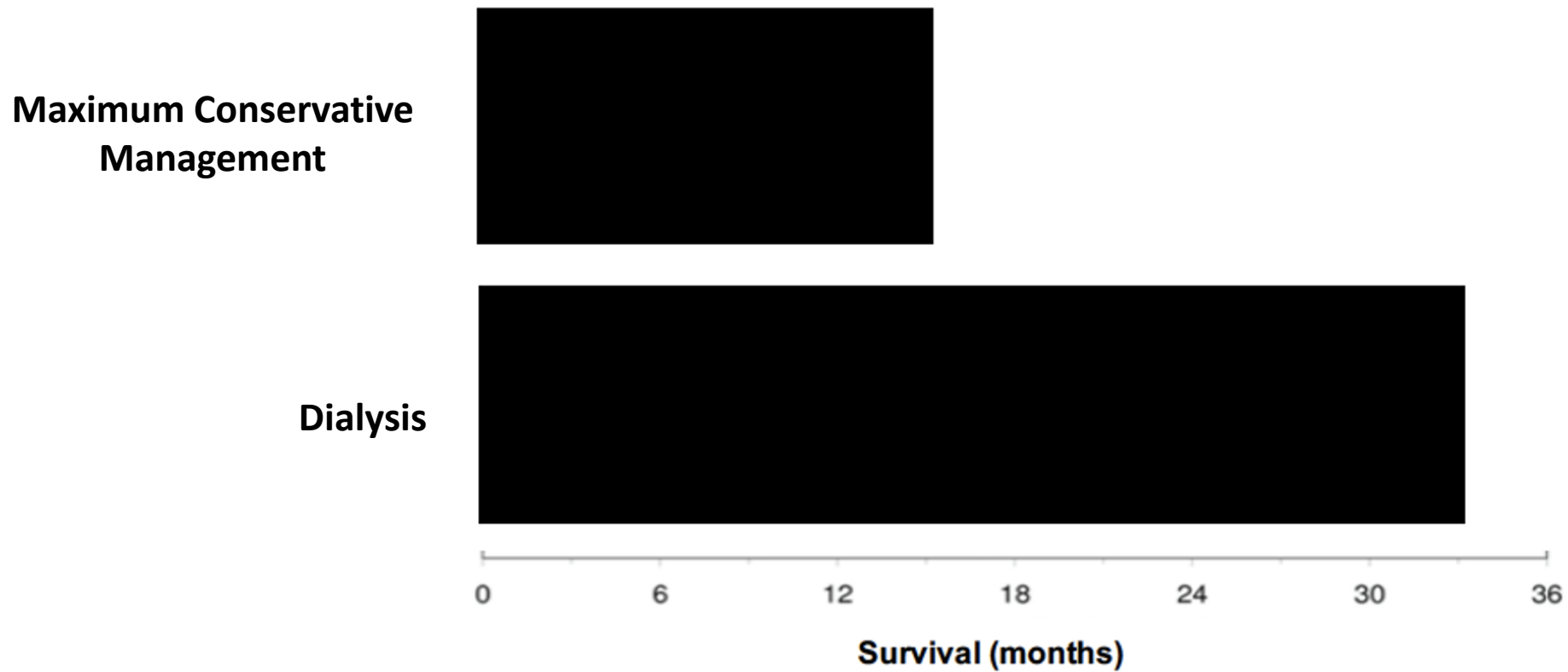
Patient	Common Prognosis Without Dialysis
Stage 5 CKD	Months-years
AKI with conventional indication for dialysis initiation	Hours-days
ESKD on chronic dialysis who then stops dialysis	7-10 days



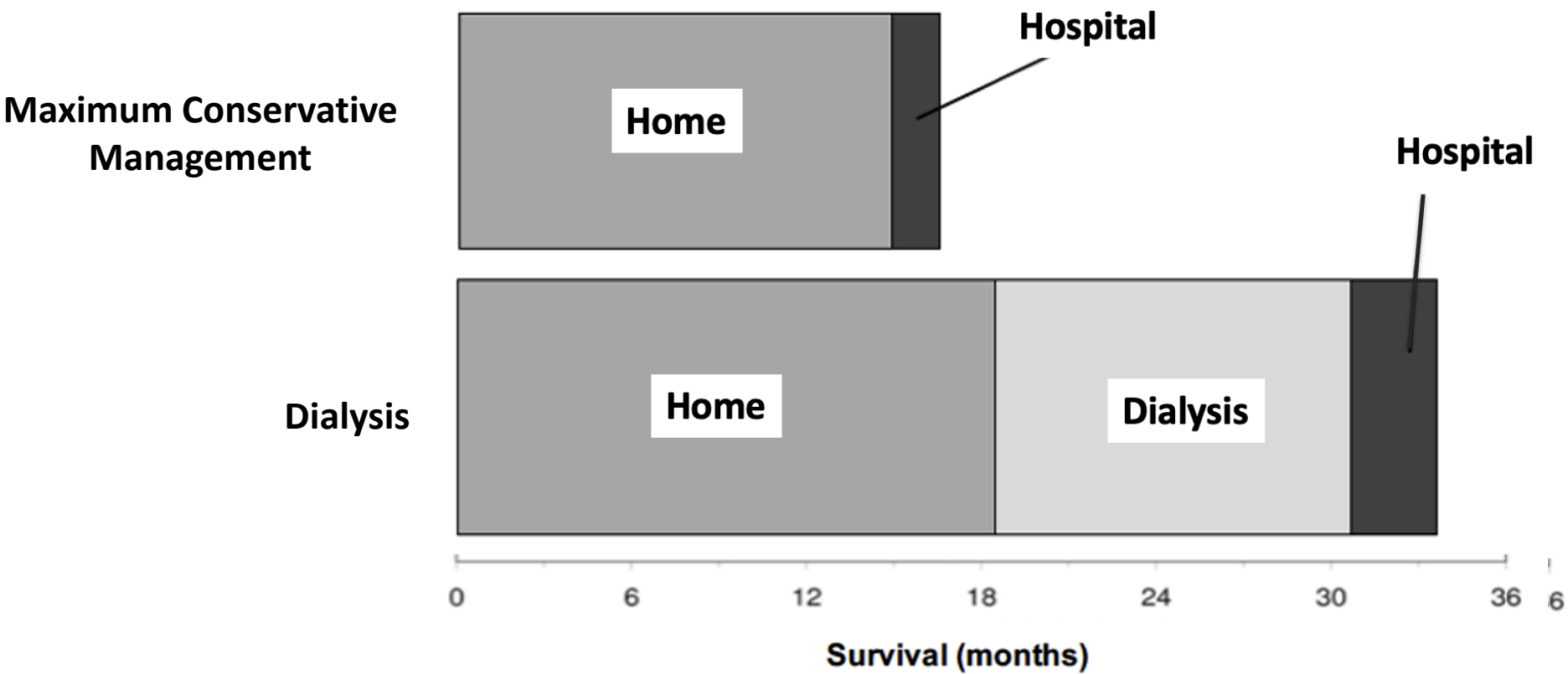
Patients who do dialysis tend to live longer



How is the added time spent?

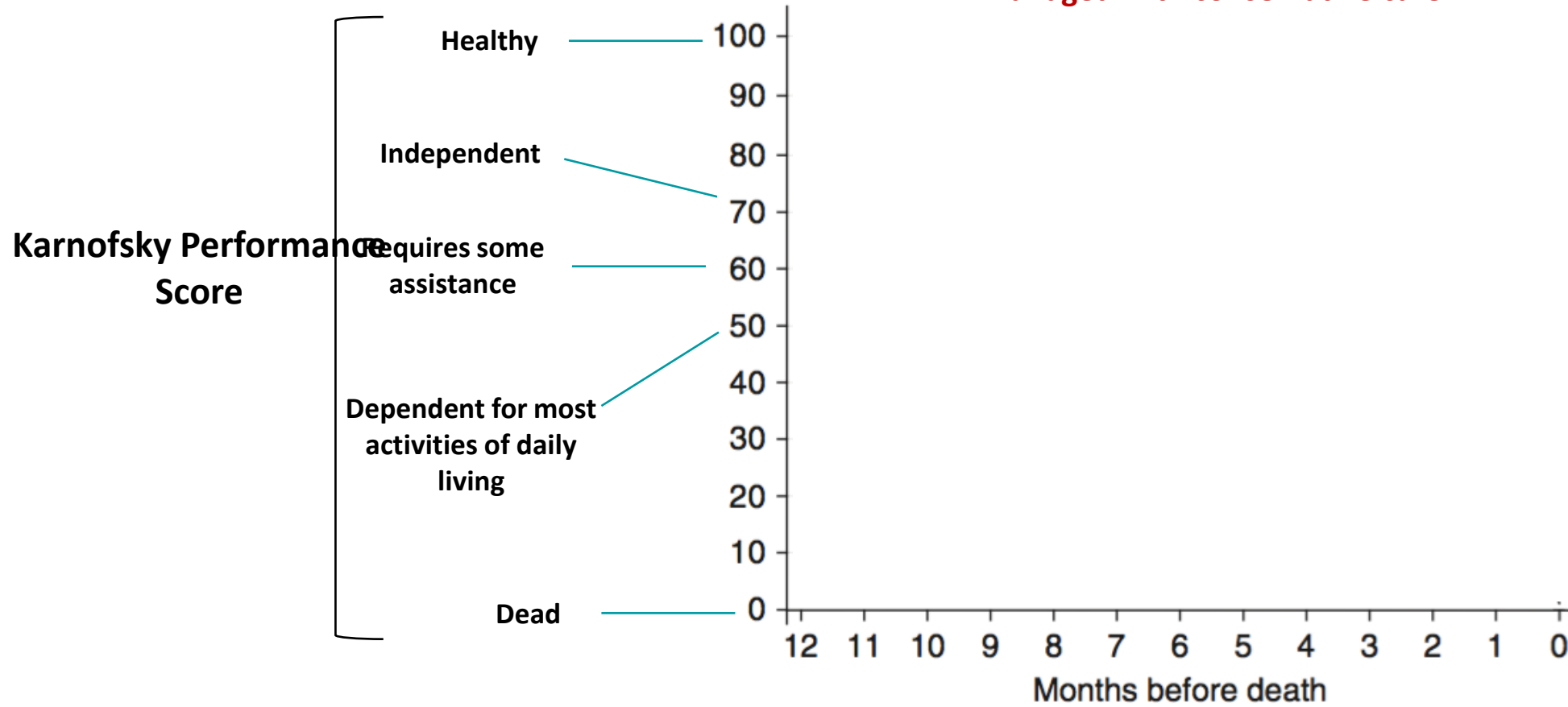


How is the added time spent?



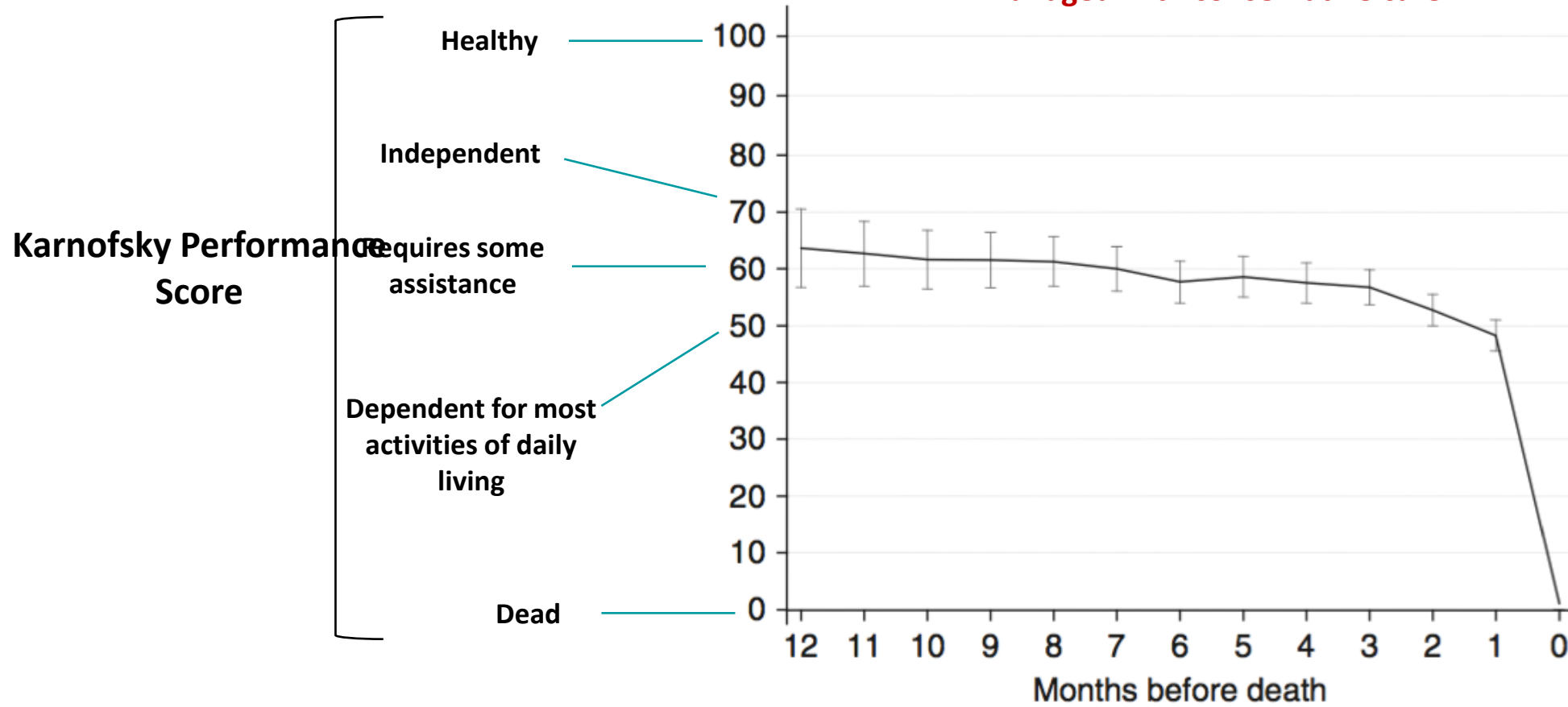
FUNCTION MAY BE PRESERVED WITH CONSERVATIVE CARE

Observational study of 75 patients with kidney failure managed with conservative care



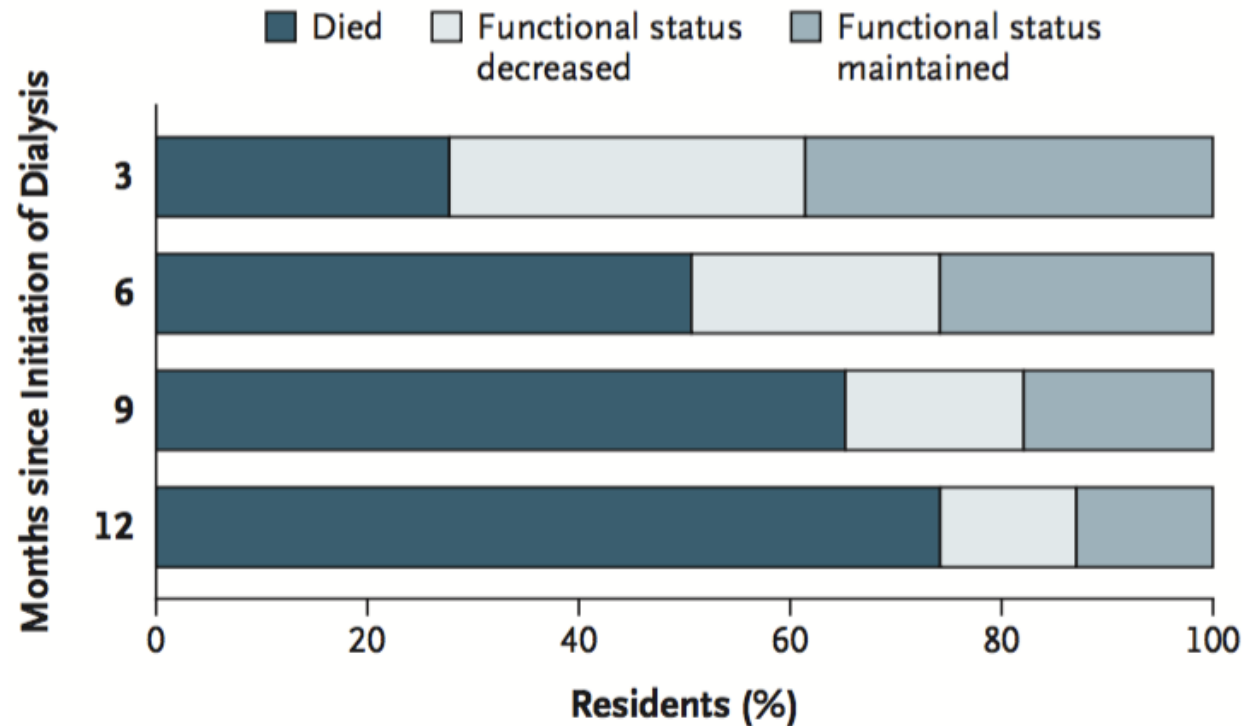
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Observational study of 75 patients with kidney failure managed with conservative care



Function is usually **not** preserved in older / seriously ill patients who start dialysis

Among nursing home residents, within 1 year after starting dialysis:



N = 3702
Mean age = 73.4
95% HD, 5% PD



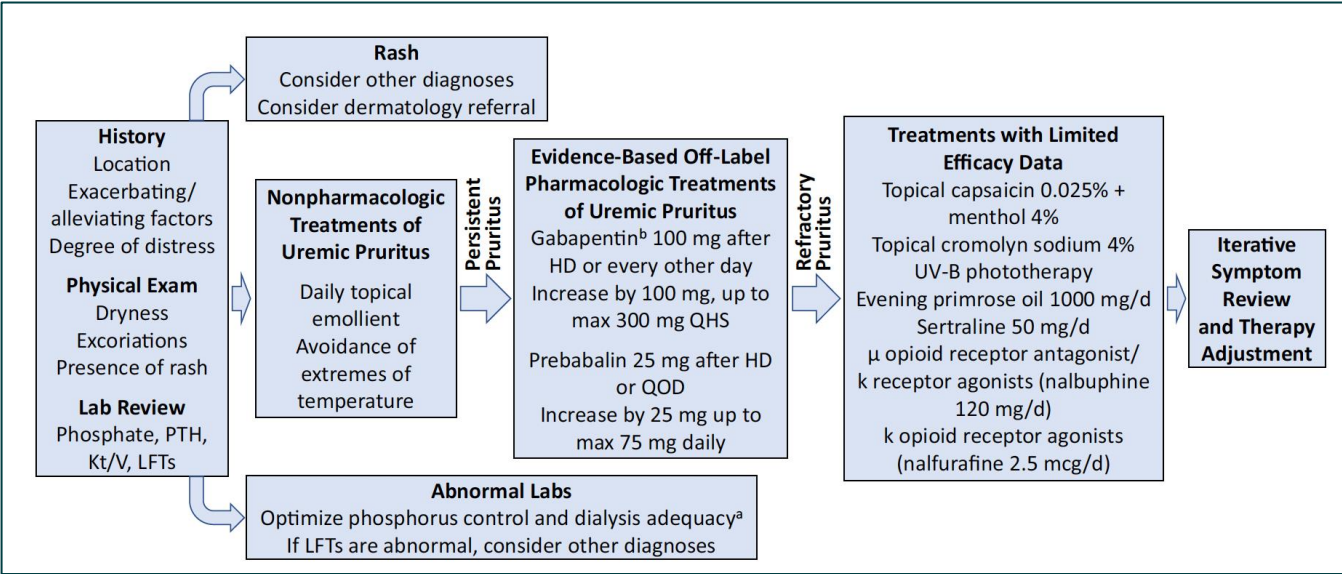
Symptoms are common in kidney failure with or without dialysis

Symptom	Prevalence (%) in CKM	Prevalence (%) in hemodialysis
Fatigue	75	68
Dry Skin	35	65
Pruritus	56	45
Dry mouth	20	45
Insomnia	36	45
Pain	56	37
Shortness of breath	49	28
Anxiety	42	31
Feeling sad or depressed	33	24
Restless legs	24	21
Nausea / Vomiting	36 / 25	21 / 11

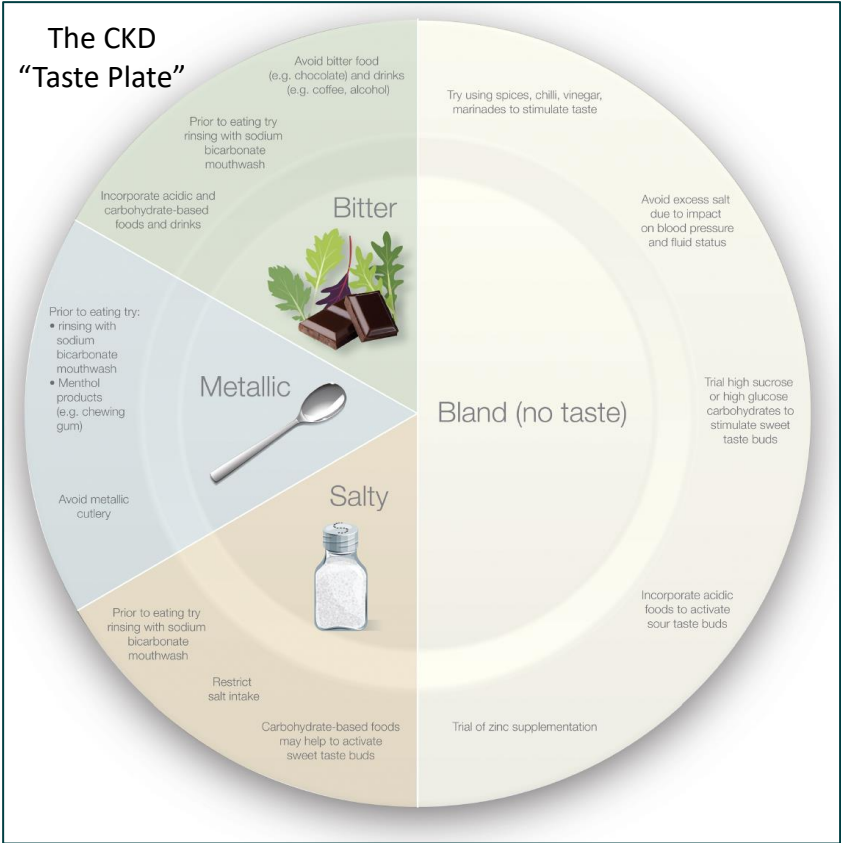


SYMPTOMS DECREASE OVER TIME WITH CONSERVATIVE CARE

UREMIC PRURITUS MANAGEMENT



DYSGEUSIA MANAGEMENT



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The New York Times

“Conservative management can ease symptoms without dialysis in some people with kidney disease. **But most people are never given the choice.**”



February 2019

Language problem: Mistaking the therapy for the illness

“You might need dialysis”

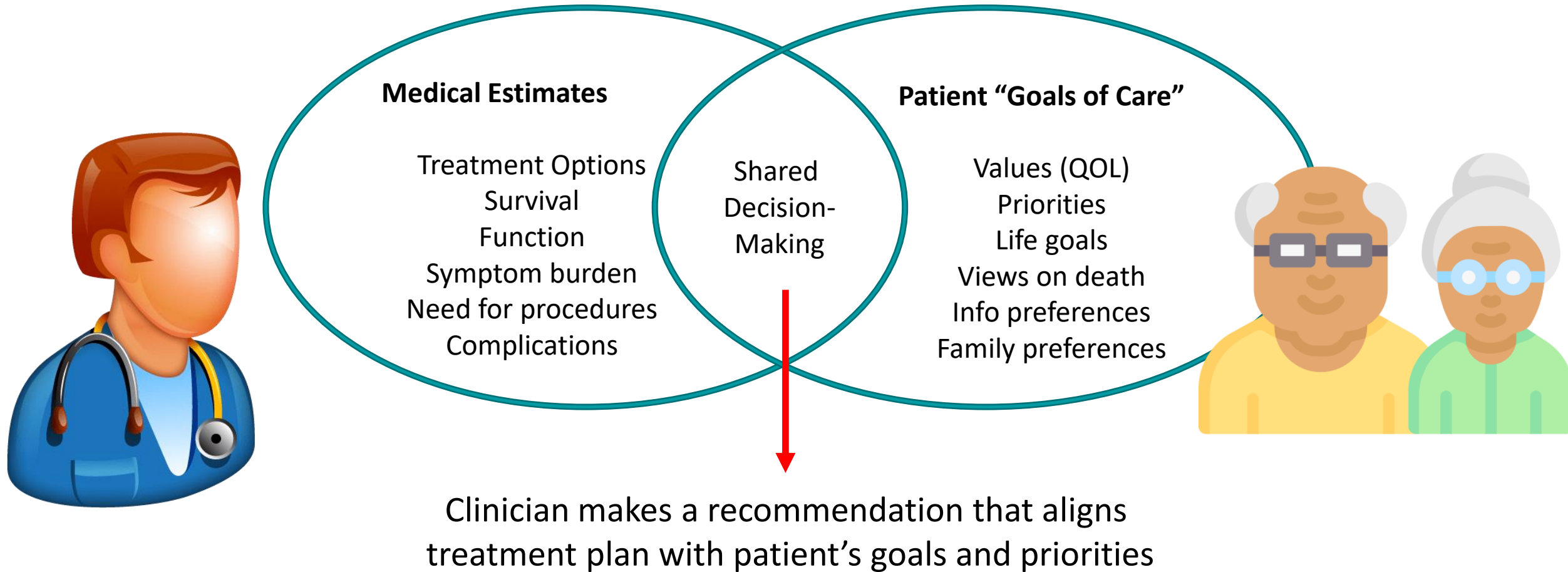


Language solution:
Leave room for the option of conservative management

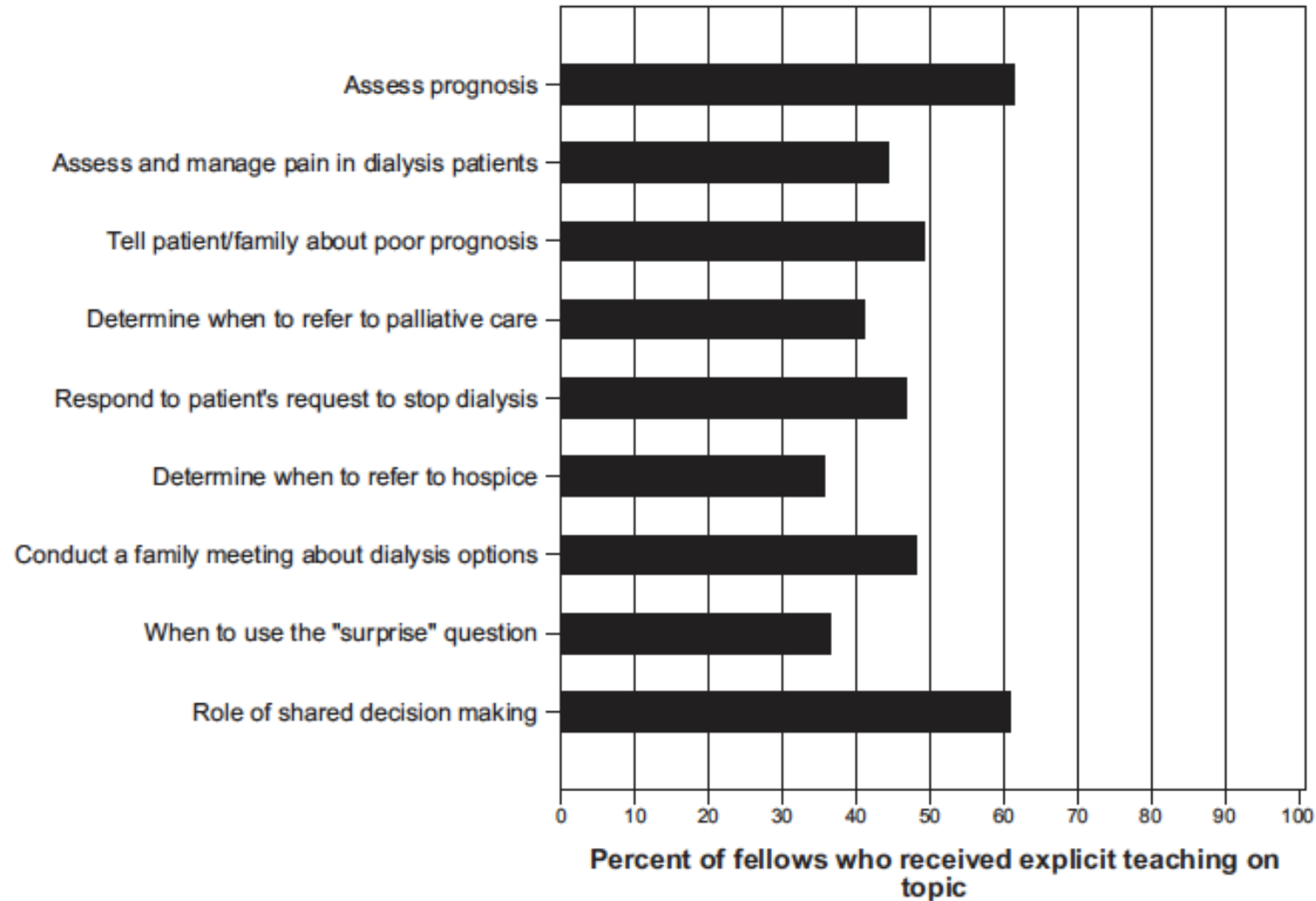
“You might need dialysis” → “You might develop kidney failure”



Shared decision-making



Nephrology fellows get little training in communication





www.nephro-talk.com

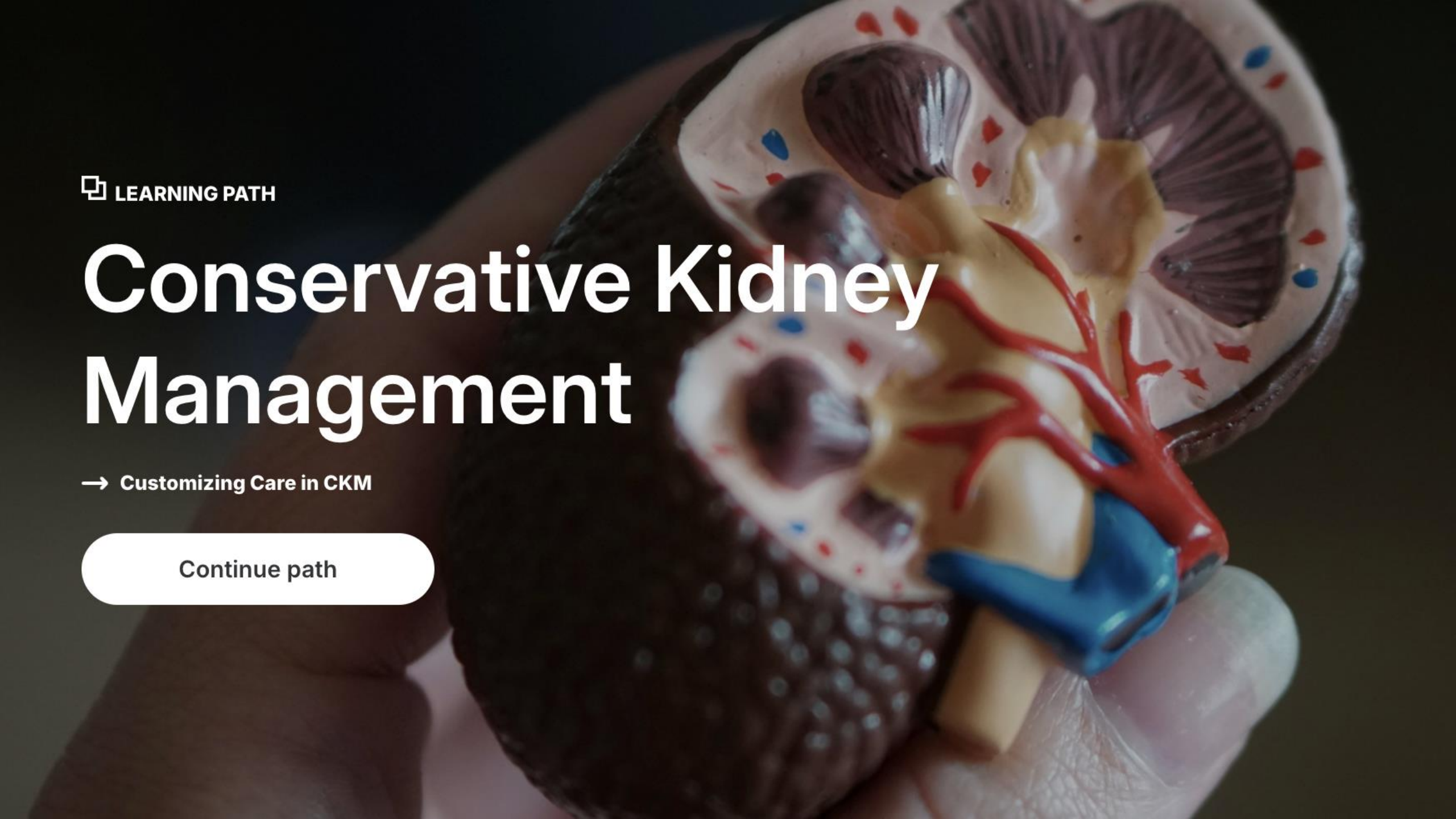
3-day communication skills workshop

- Delivering bad news
- Exploring "goals of care"
- Making treatment recommendations that align with goals

Educational Outcomes

- Fellows became more efficient (encounters shorter after workshop)
- Fellows used more high-quality communication skills
- Fellows reported improved preparedness for these conversations





LEARNING PATH

Conservative Kidney Management

→ Customizing Care in CKM

Continue path

CKM Curriculum: 3 Sections

1



Customizing Care in CKM

2



Symptom Management

3



Care Transitions Near End
of Life





Click on the symptom to view what is known about its pathogenesis

Pruritus	+
Taste changes and nausea	+
Fatigue	+

Interactive Questions

What are general dietary recommendations for CKM patients?

[drag to match the cards below]

⋮ Caloric Intake

25-30kcal/kg/day

⋮ Sodium

0.8g/kg/day

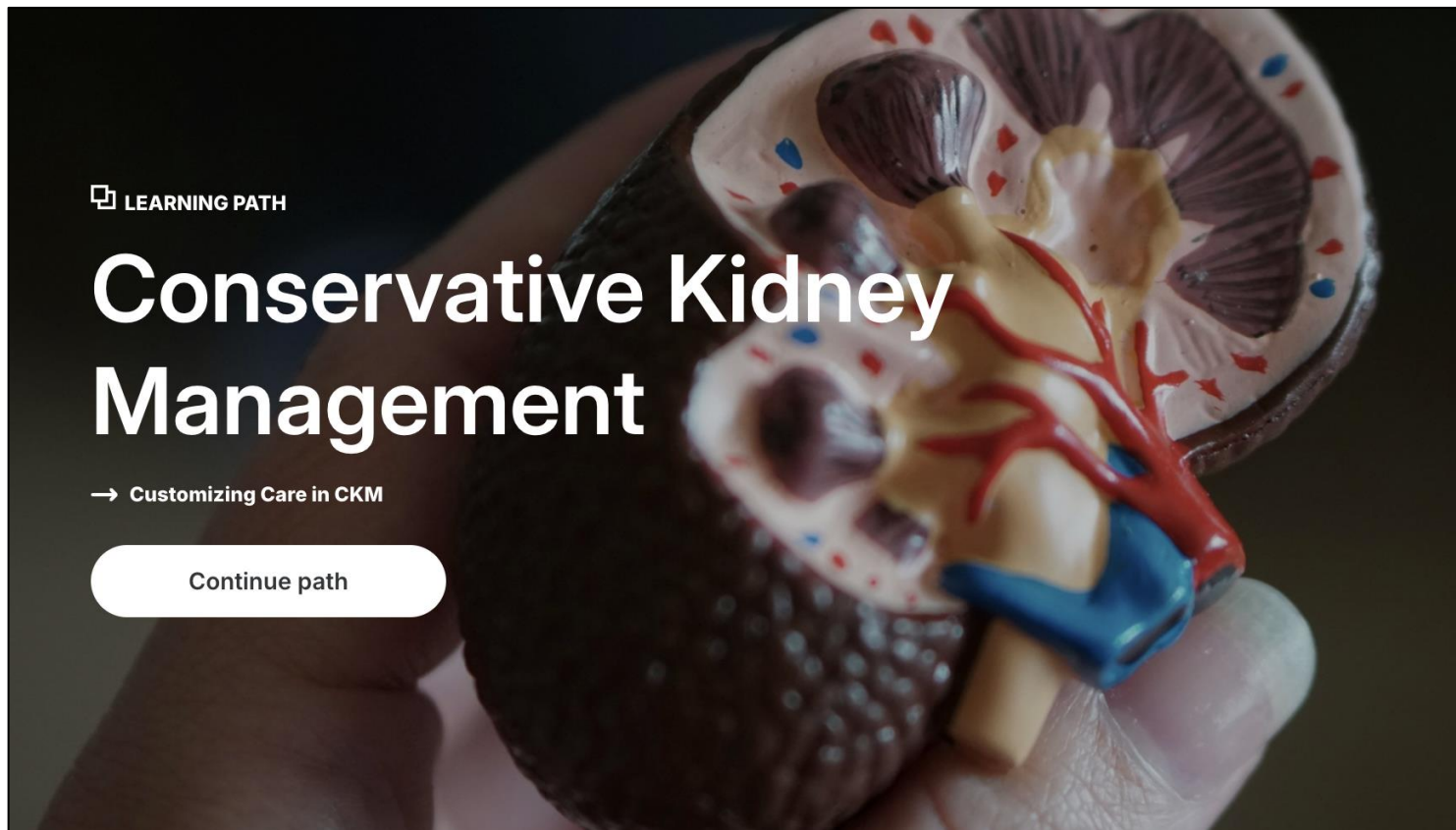
⋮ Protein

<2300mg/day

⋮ Potassium

No specific amount

SUBMIT



LEARNING PATH

Conservative Kidney Management

→ Customizing Care in CKM

Continue path



<https://brigham-and-womens-hospital-6228.reach360.com/share/learning-path/8a3f5b0f-9ca5-445a-bded-8d355e741a4b>



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CKD in Elderly Patients Managed without Dialysis: Survival, Symptoms, and Quality of Life

Mark A. Brown,^{†} Gemma K. Collett,^{*} Elizabeth A. Josland,^{*} Celine Foote,[‡] Qiang Li,[‡] and Frank P. Brennan^{*}*



<2% CKM patients changed their minds and started dialysis



TAKE HOME MESSAGE

- Kidney palliative care can enhance quality of life through symptom management and decision-making support
- Conservative kidney management is more than just “not doing dialysis” – it can be a robust and proactive holistic care option that may optimally suit certain patients’ goals and preferences.



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