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* TH = Thursday, FR = Friday, SA = Saturday
** OR = Oral, PO = Poster, PUB = Publication Only

The presenting author’s name is underlined. For the poster sessions, the publication numbers and poster board numbers are the same.

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- Educational Symposia
- Late-Breaking Clinical Trials Session
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Views of Renal Healthcare Professionals About the Role of Palliative Care in Patients with End Stage Kidney Disease

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Background: Palliative care is increasingly recognized as an important part of end stage kidney disease (ESKD) care. Health professionals' own beliefs and knowledge about palliative care, death and dying impact on their decision to offer and support palliative care involvement. This study explored the perceptions of renal health professionals regarding palliative care and how this influenced how palliative care was integrated into ESKD patient management. The aim of this study was to identify barriers and facilitators experienced by renal healthcare professionals in incorporating palliative care into ESKD management.

Methods: All renal healthcare professionals in North and Northwest Tasmania were invited to complete a questionnaire exploring their views on the role of palliative care in the management of patients with CKD.

Key: TH - Thursday; FR - Friday; SA - Saturday; OR - Oral Abstract; PO - Poster; PUB - Publication Only

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Results: Of 105 surveys distributed 41 were completed (response rate 39%). Health professionals’ beliefs that emerged included: Loss of will to live was the greatest influence on dialysis withdrawal. Loss of will to live mainly followed pain and depression. Acute co-morbidity or depression delayed withdrawal of treatment. Malignancy and functional decline influence health professionals and family towards palliation. End of life care should be discussed early at pre-dialysis education, openly, honestly and sensitively with full disclosure by senior renal medical or nursing staff. Final decisions should occur depending on the patient’s ongoing condition. The patient should make the decision supported by family.

Conclusions: Renal health professionals believed the patient, with involvement of the family, should make end of life decisions. Preparation should occur at the start of ESKD management with the actual decision made when the patient is ready.

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