

Foreword for Renal Supportive Care in India

Patients with chronic kidney diseases (CKDs), particularly end-stage kidney failure patients on dialysis, impart a high physical and psychosocial burden, prohibitive costs of care, and poor outcomes. Both nonmedical and medical factors make them vulnerable to poor health-related quality of life. The annual mortality of dialysis patients exceeds 20%, which may be further high in India and other low-income and lower-middle-income countries. Withdrawal from dialysis mainly because of nonmedical factors is a common cause of death for dialysis patients in India. Most dialysis patients die in costly intensive care unit that may be unwanted at the end of the life. Reportedly, the rates of hospitalization, intensive care unit admissions are higher for CKD patients in the last month of life compared with other severe chronic illnesses, including chronic obstructive lung disease, congestive heart failure, and advanced liver disease.

The current paradigms of care for these CKD patients are variable, with limited prognostic and assessment tools. The quality of care, conservative and palliative care, is suboptimal and underutilized. The 2015 KDIGO Controversies Conference on Supportive Care in CKD with the International society of nephrology brought an executive summary that palliative care principles need to be integrated into these patients' routine care. Primary supportive care should be available to all patients with advanced CKD and their families throughout the entire course of their illness. Provision of supportive care should be based on need rather than solely an estimation of survival. Health systems and policies that integrate palliative care are urgently required to optimize the care of CKD patients. The department of Nephrology, Kasturba Medical College, Manipal, took educative initiatives to guide and fetch a roadmap of clinical and research activities focused on improving CKD outcomes. The draft highlights the importance of palliative and supportive CKD care, emphasizing the importance of integrating them in managing these patients since the beginning. I congratulate the department for bringing this document to address outstanding issues in this arena. This executive summary will serve as an

output to guide future work, including developing supportive and palliative care of CKD patients in India and globally. There is a dire need for a multidisciplinary approach to managing CKD and associated key issues related to palliative care in this population.

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There are no conflicts of interest.

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