

Prologue

We as physicians have been focused on curative care and palliative care was not given the attention it deserved, but the time has now come to look at palliative care, especially in conditions where there is no definitive cure.

Palliative care is very much at a nascent stage in India and certainly, very little attention has been paid to palliation and end-of-life care in nephrology.

The need of the hour is to have a structured program for palliative and end-of-life care in nephrology with fixed protocols and practise guidelines for this.

This will go a long way in caring for such patients and also help the families and caregivers in knowing that their near and dear ones are being cared for with sympathy and empathy even though the disease is incurable. This is very important in dispelling the common notion that if there is no cure the physicians give up on the care of the patient.

In the field of nephrology, there is enough evidence to show that dialysis initiation may not be able to extend the survival or more importantly the quality of life in frail elderly patients, and patients with multiple comorbidities such as terminal malignancy, heart, and other organ failures.

In such situations, an objective guideline will be very helpful in enabling the patients, their families and treating clinicians to take appropriate steps in offering humane care in the right settings for palliative/end-of-life care and bereavement support as well.

Compared to earlier times where everyone with end-stage kidney disease was offered dialysis, now not doing/withholding dialysis in the end-stage renal disease is an option accepted by many clinicians, patients, and their families currently in situations where there may not be much benefit from initiating dialysis.

This recommendation/guideline will be a guiding light to the treating clinicians, patients, and families for conservative nondialytic management of patients with severe renal failure and making sure they are cared for with compassion with as little or no pain and discomfort in a dignified manner and also help them when the end comes they pass away with dignity

and the family can cope with it as well as possible under the circumstances.

I would like to compliment and congratulate Dr. Ravindra Prabhu and his team at KMC, MAHE for coming out with these very important guidelines in palliative care and would encourage all caregivers to go through this and use it in their practise.

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