

# Ethical Considerations in Chronic Kidney Disease and Transplantation



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# CN Syndrome

Recent advances in D & T have dramatically changed the previous pessimistic prognosis of CNF.

Everything in transplantation relates to ethics, from issues about using marginal donor grafts, using beating heart donors, patient selection – social, economic (ie insurance), psychosocial factors such as abuse and non-adherence issues

# Transplant Activity

2007 – 2008 UK Transplant

- 3235 organ transplants
- 911 lives were saved in the UK through heart, lung, liver or combined heart/lung, liver/pancreas, heart/kidney or liver/kidney/pancreas transplant
- 851 living donations of kidney or a segment of liver or lung
- Non-heartbeating donors increased 36% on 2006-07
- 7655 were listed as actively waiting

# Ethics

## Four Principles Approach

(Beauchamp and Childress)

- Respect for autonomy
- Beneficence (do good)
- Non-maleficence (do no harm)
- Justice (the notion that patients in a similar position should be treated in a similar manner)

# Ethics

## The Four Quadrant Approach

(Jonsen, Siegler and Winslade)

- Indications for medical intervention
- Preferences of patient – if not competent then what is in the patient's best interest?
- Quality of life – will the proposed treatment improve the patient's quality of life
- Contextual features – do religious, cultural and legal factors have an impact on the decision?

# Ethics and the Law

## UN Convention on the Rights of the Child

### Article 3

“In all actions concerning children whether undertaken by public or private social work institutions, courts of law, administrative authorities or legislative bodies, the **best interests** of the child shall be a primary consideration”

### Article 12

“Parties shall assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child”

# UTILITARIAN V EQUITY/JUSTICE

Transplanted into the recipient in whom it will survive the longest

Each person who would benefit from a transplant should have comparable opportunity to receive one



# Allocation of Limited Medical Resources

- Consider only ethically appropriate criteria
  - Likelihood of benefit
  - Urgency of need
  - Change in quality of life
  - Duration of benefit
  - Amount of resources required

CKD

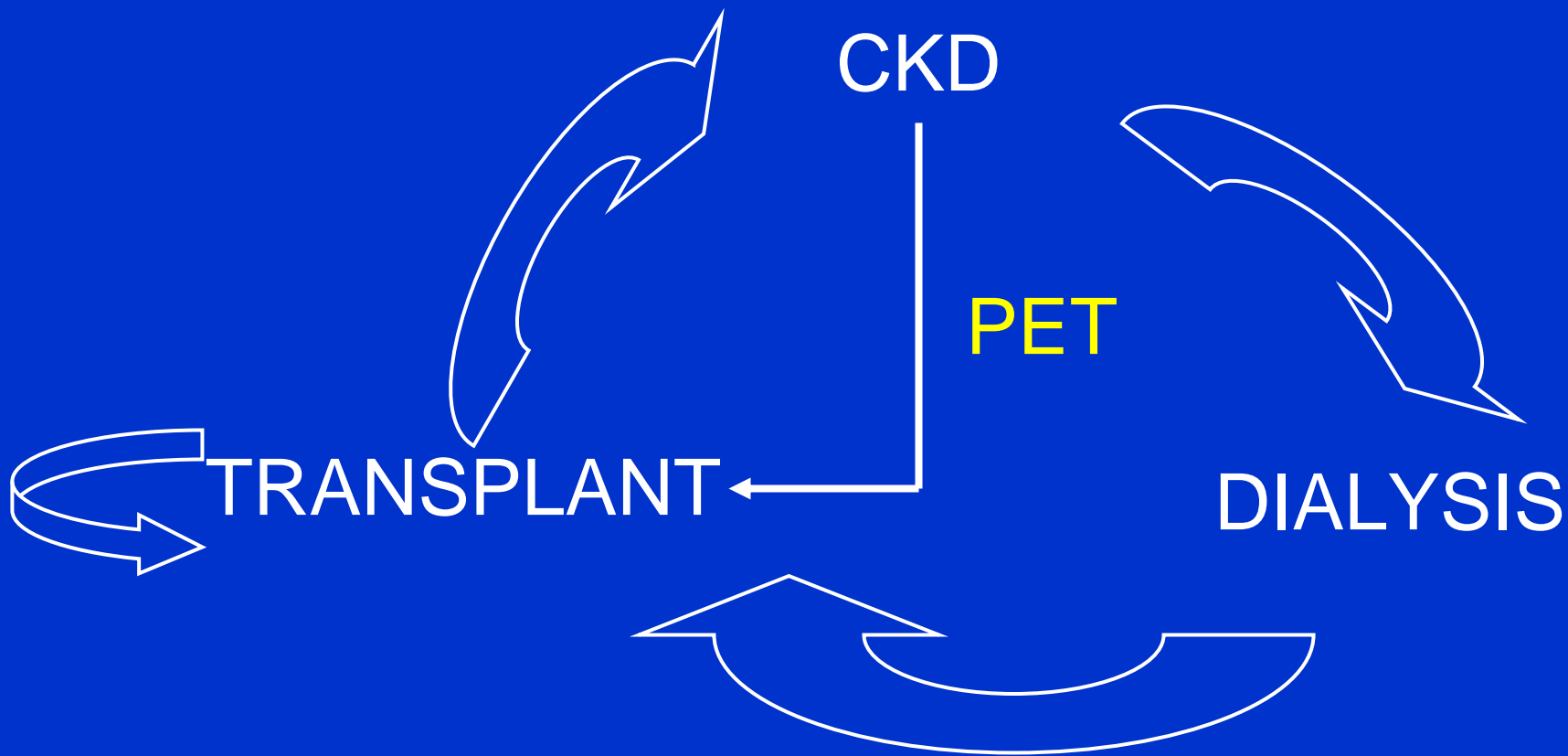


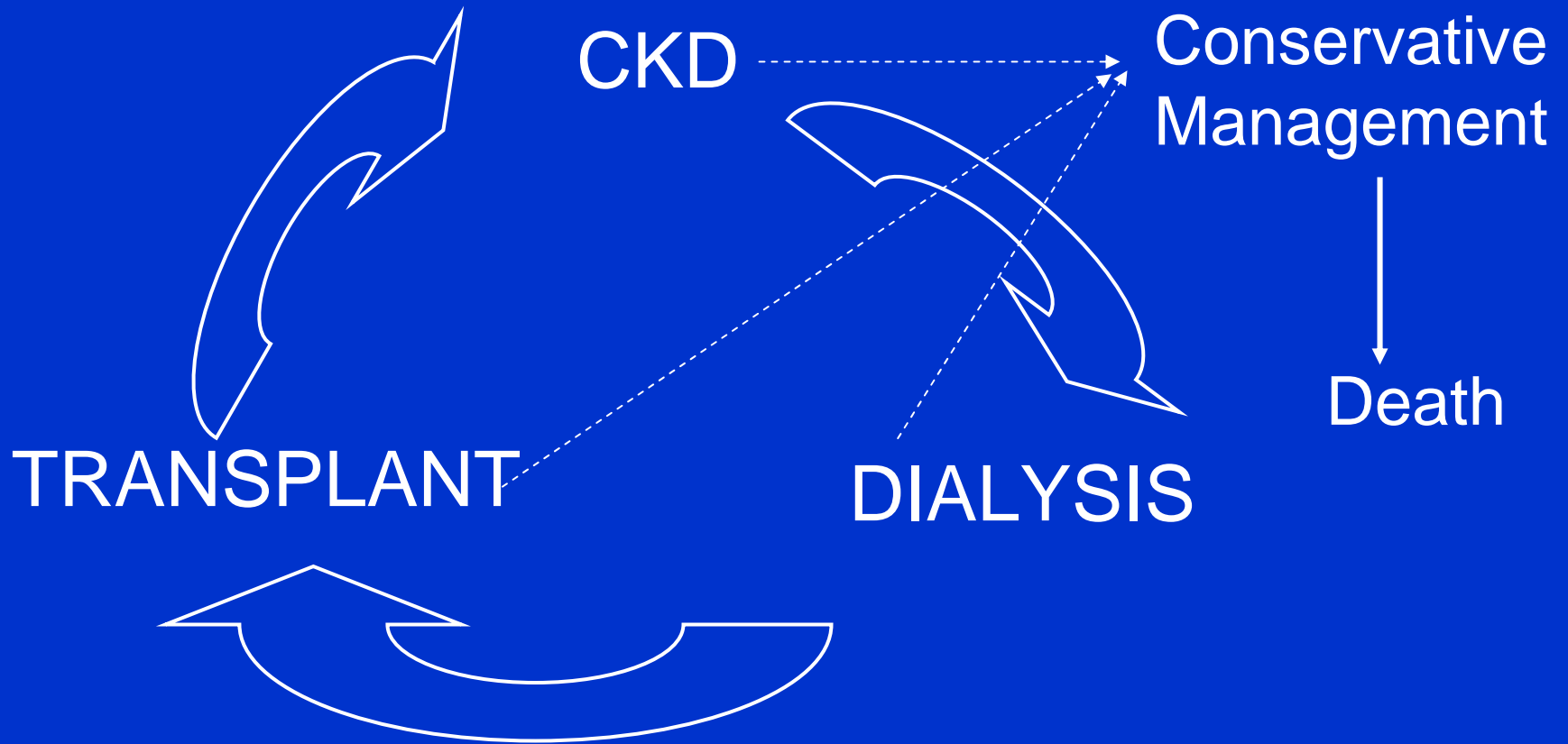
TRANSPLANT



DIALYSIS







# Ethical Dilemmas

- Should we start?
- Should we continue?
- Should we restrict?
- Should we transfer/transition?

# Ethical Decisions – Guidelines for Practice

- Always act in the child's best interests
- Assemble all the available evidence
- Discuss the issues with the entire family
- Avoid second-hand or hearsay information
- Respect the opinions of everyone on the team
- Seek the wisdom of others
- Attempt a consensus whenever possible
- Consider using a clinical ethics committee if lack of consensus

## Should We Start?

- Neonate with ARPKD
- Ventilated from birth
- D4 high frequency/oscillation/lung hypoplasia
- Acute renal failure with severe oliguria/  
rising creatinine

## Family Circumstances

- Healthy parents
- 2 year old healthy female sibling
- Father's job 'critical'
- No other family support
- Live 100 miles from tertiary unit
- Father Muslim



## Janet

- 13 year old with Dandy Walker malformation
- Marked learning and communication difficulties
- Blocked shunt for hydrocephalus and severe renal impairment (CIN)

## Janet

- Intolerance of medical procedures
- Behaviour difficulties
- Distance from unit
- Quality of Life

## Janet

- Extensive discussions
- Conservative management 'chosen'
- Local hospice
- Multi-agency meetings

# Co-Morbidity in Paediatric Established Renal Failure Patients

868 UK patients 1996 – 2004

21.7%	comorbid condition
8.9%	developmental delay
6.5%	congenital abnormality
6%	syndromal diagnosis

# Roberts Family

Christine HD (9/12) → Tx (11yr) → HD (adult unit)

Susie HD (2/12) → Tx (5 yr) → Tx (adult unit)

Eve HD (12/12) → Tx (8/12) → HD (adult unit)

Chris PET → HD (23/12) → ? Transition to adult  
NOT RELISTED

# Clinical Ethics Committees

Larcher V, Slowther A, Watson AR  
Core competencies for clinical ethics  
committees.

Clin Med 2010;10:1-4

[www.ethics-network.org.uk](http://www.ethics-network.org.uk)

- Act in the child's best interests
- Build consensus with a true multi-professional team approach
- Use a clinical ethics committee if you are stuck!

You can only do your best!