

COMMUNICATING ABOUT DIALYSIS AND CONSERVATIVE KIDNEY MANAGEMENT (CKM): THE OSCAR STUDY

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Evidence Summary

- For older patients with comorbidities, dialysis may offer little or no survival advantage, and considerable added treatment burden, without symptom or QoL benefit - CKM may be a beneficial alternative

THESE PATIENTS

are unlikely to
meet

THESE GOALS

with in-centre
haemodialysis

Patients with limited survival (with or without dialysis):

- Additional serious illness (*heart failure, cirrhosis, dementia, advanced cancer etc.*)
- Numerous comorbid conditions
- Functional dependence/nursing home residence

Goals other than living as long as possible:

- Maximising time at home with family
- Avoiding procedures, surgeries, hospitals, medical facilities
- Maximising comfort and control at the end of life

Background to OSCAR



- Some evidence of huge regional variation in treatment rates: 5-95% across UK renal units for patients aged 75+ (Roderick et al. 2014, CKMAPPS)
- How clinicians communicate about treatment and the information they provide **varies** between renal units and **strongly influences** patients' treatment choice (Tonkin-Crine et al. 2014, Selman et al. 2018)

Optimising Staff-patient Communication in Advanced Renal disease (OSCAR) study

Aim: Develop and pilot an intervention, incorporating clinician training, to enhance how renal clinicians communicate and support patients' decision-making

- Better understand communication, information provision and decision-making support in renal units with varying rates of CKM
- Identify and describe interactional features of consultations between older people (65+) with advanced disease (eGFR <20) and renal clinicians
- Contribute to the evidence-base on implementing person-centred decision-making

METHODOLOGY & PUBLICATIONS TO DATE

Ethnographic study including 22 clinician interviews

Sowden R et al. *How do patient information documents present dialysis and conservative kidney management? A document analysis*. Clinical Kidney Journal, in press 2025

110 video-recorded consultations; interviews with 19 patients & 11 companions

- Selman LE et al. *Communicating treatment options to older patients with advanced kidney disease: a conversation analysis study*. BMC Nephrology, Nov 2024
- Shaw C et al. *Risk communication during treatment decision-making conversations with older people with advanced kidney disease*. Patient Education and Counselling, in press 2025

Co-design of communication training; think-aloud interviews with 19 clinicians

Piloting (2025)



SCAN ME

Why use video-recording?

- Using video allows us to study communication in detail
 - Ordinary interaction, naturalistic (not produced for research purposes)
 - Opens 'black box' of real-life encounters
 - Avoids problem of recall
- Conversation Analysis allows examination of relationships between communication practices and outcomes
- Integrating Conversation Analytic evidence and reflection can produce communication training with quantifiable effects (*e.g. McCabe et al. 2016*)

What is Conversation Analysis (CA)?

- Detailed, **direct investigation** of verbal and non-verbal interaction
- Allow us to study **ordinary interaction** and **make tacit practices explicit**

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21 Pat: (He is) (0.4) o:n Sunda:y the doctor said he previous estimate
22      probably thought I'd got .hhh (.)
23      a mo:n:th or so[: .. ]
24 Doc: [°°Mm.°°]
25      (0.5)
26 Doc: °°↑Okay.°°
27      (0.4)
28 Pat: Because of the wa::y (0.4) my stomach (.) is
29      filling with flu[id].
30 Doc: [Mm]:.
31      (0.5)
32 Pat: And [the ] ca:ncer's re↑acting.
33 Doc?: [(Mm)]
34      (2.7)
35 Doc: And what did you feel about tha:t.
36      (2.1)
37 Pat: Well- I (0.3) I know that- <I don't mi:nd (.) readiness claim
38      because I know I'm gonna di::e,
39      (1.3)
40 Pat: It just feels li:(ke) (1.1) you- (0.7) you wish
41      you knew ↑when really,
42      (1.3)
```

(Pino & Parry 2019)

Recorded participants

Patients (n=94)

- m=61 (65%)
- Average age 76.8
- white=73 (78%), Black=5, Asian=8, Mixed=1 Other=7
- Average eGFR 15.4
- 11 filmed at more than one consultation

Companions (n=39)

- f=31
- Partners=22, adult child of patient=15, sibling=1, paid informal carer=1
- Two recordings include two companions

Clinicians (n=38)

- f=21
- Average age 45.8
- white=21, Black=2, Asian=9, other=2
- Consultant=23, Nurse=11, Registrar=4

Talk CKD conversation toolkit



1. Invite the patient's perspective and establish relevance of discussion
2. **Introduce treatment options equitably**
3. **Discuss each treatment option equitably**
4. Invite the patient's perspective



Introduce treatment options equitably

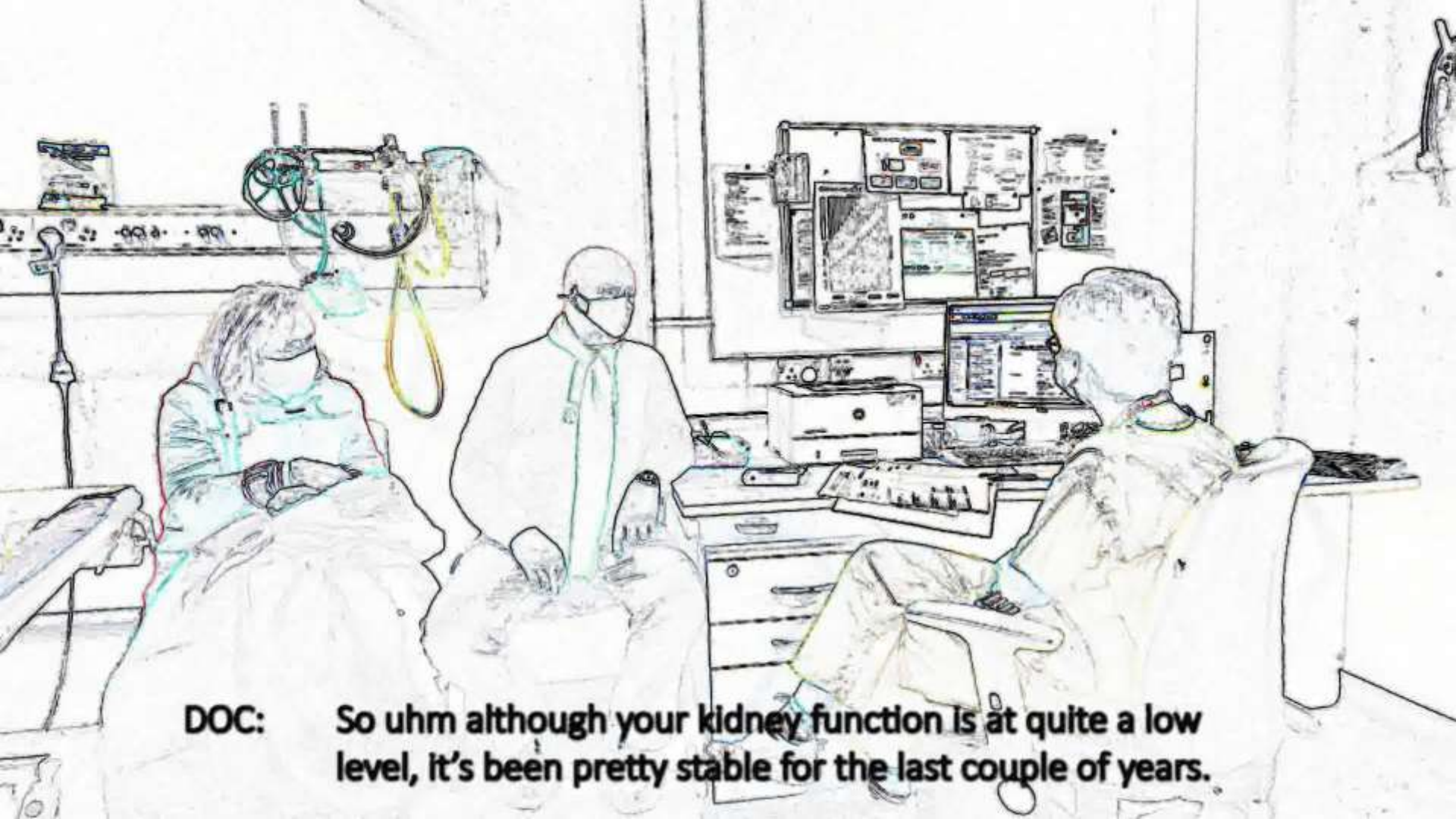


Introducing the routine future treatment (dialysis)

vs.

Introducing a decision to be made

- Low kidney function equated with dialysis – need/logical upshot
- Other options logically excluded
- Reason for raising more likely about preparing for dialysis
- Projecting patient acceptance



DOC: So uhm although your kidney function is at quite a low level, it's been pretty stable for the last couple of years.

Introducing the routine future treatment Extract 3

- 1 DOC: So uhm although your kidney function is at quite a low level, it's been pretty
2 stable for the last couple of years. And you're not in you're not at the place
3 where we would plan for dialysis treatment.
4 PAT: Mmm
5 DOC: However that is something we might need to consider in the future, hopefully
6 not for at least a few years.
7 PAT: An' you've you've indicated that on a previous occasion anyway.
8 DOC: Yes. Fine.

'Need' for
dialysis

Dialysis as routine
treatment – other
options logically
excluded

Introduce treatment options equitably



Introducing the routine future treatment (dialysis)

vs.

Introducing a decision to be made

- Low kidney function equated with dialysis – need/logical upshot
- Other options logically excluded
- Reason for raising more likely about preparing for dialysis
- Projecting patient acceptance

- Low kidney function equated with treatment options
- Dialysis not presented as the only option
- Reason for raising more likely patient focused
- Projecting patient involvement

Introducing a decision to be made Extract 2

20 PEN: An' so my job really, is to see you today, just to talk about the treatment options
21 for your kidney failure.

((Talk in-between where the PEN asks about the patient's conversation with the doctor))

89 PEN: =So as [you] said you're a little bit restricted in the choice of dialysis

90 COM: [An-]

91 PEN: ['cause there's] only one that we can look at. [Isn't there] today,

92 PAT: [Yeah] [Yeah]

93 COM: Mhm

94 PEN: Uhm tcha but we've got two types of treatment, we've obviously got the dialysis
95 treatmen[t,] or choosing not to have dialysis treatment.

96 PAT: [Mmm]

97 PEN: [So I'll] talk about both of those today.

98 PAT: [Mmm]

99 COM: Yeah.

100 PEN: Alright?

Options

'Not having
dialysis' =
treatment

Problem to be
solved

Discuss treatments equitably

CKM as a subordinate option

VS.

CKM as a main/valid option

CKM is not framed as a clear treatment option

- Appended to the main decision-making sequence
- Not labelled as a clear treatment option/ CKM but as an omission (not having dialysis)
- Minimal/no details of what is involved
- Not having dialysis maybe ruled out as 'not for you'
- CKM is framed as relevant or preferable to a minority of patients
- CKM is not clearly presented as having benefit to the patient

CKM is framed as a clear treatment option

- Introduced as part of the main decision-making sequence
- Labelled as a clear treatment option and CKM
- Details of what is involved
- CKM is not framed as only relevant or preferable to a minority of patients
- The potential benefit(s) of CKM/limitations of dialysis are described

CKM as a subordinate option Extract 3 (a)

1 DOC: But it's all to give you time, to have a sort of nosy around, an' see what would be
2 suitable for y[ou ba]sically.
3 PAT: [Mhm,]
4 DOC: Uhm we do have some patients who decide not to have dialysis at all,
5 PAT: Mhm,
6 DOC: Uhm and generally speaking that tends to be patients with a lot of other medical
7 problems, who would find it too much of a burden.
8 DOC: [That] doesn't mean we don't treat people, it just means we don't go as far as doing
9 PAT: [Mm,]
10 DOC: dialysis.
11 PAT: Ye[s.] [(Yes.)]
12 DOC: [We] treat [every] thing else, if you were to get anaemic we'd treat that, I've
13 had the odd patient who had- whose had nothing wrong with them, say, "I don't
14 want to have dialysis," an' actually stick to that, an- you know, we have to respect
15 people's decision,

Discounting
option

Appended
to main DM
sequence

Preference
chosen by a
minority

An omission
vs. affirmative
treatment

No clear
benefit of
CKM

CKM as a main option

Extract 1 (a)

625 PEN: So the other option of ~~treatment~~, is what we call our conservative care. [Okay, so that is a]
626 PAT: [hmm hm hm]
627 PEN: type of treatment, has a real focus on quality of life, your wellbeing, okay so it's
628 continues as we are now really is protecting the kidney function that you have,
629 PAT: hmm,
630 PEN: An that's through your medication isn't it, an' your diet, that continues, but as the
631 kidney function, would get worse, we wouldn't be looking at starting any dialysis, it
632 would be more managing the symptoms [o]kay,
633 PAT: [hmm]
634 PEN: An again that's really through, uhm medication, an diets, an you know keeping yourself as well as
635 possible.
636 PEN: Okay
637 PAT: hmm
638 PEN: An it's of sort of taking away, really, the burden of dialysis, as well, cause you
639 know it is hard on the body, especially when you've get other health issues,

Option &
treatment

Affirmative
label

Benefit of
CKM

Disadvantage
of dialysis

Active
treatment

Conclusions

- Communication matters – not just what treatments you discuss, but how you do so
- How renal clinicians communicate often reinforces the idea that conservative management is an inferior, invalid or inappropriate option
- To communicate about treatment options equitably
 - Introduce a decision to be made between different options – don't convey dialysis as the default
 - Frame CKM as a clear, relevant treatment option and give details of what it involves
 - Describe the potential benefits of CKM/limitations of dialysis

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Website: www.bristol.ac.uk/population-health-sciences/projects/oscar-study/

Twitter: @OSCAR_study

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Supporting treatment decision-making in advanced kidney disease: a communication training intervention



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- If you are interested in taking part in piloting, please contact me: lucy.selman@bristol.ac.uk

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