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Decisions about dialysis and other life-sustaining treatments should not be made separately

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In a review of advance care planning (ACP) interventions for adults with chronic kidney disease,¹ Luckett and colleagues recommended that “decisions about continuing dialysis should not be grouped with those regarding aggressive life-sustaining treatments (e.g., CPR, ventilation) because patients may perceive these intervention types very differently (p. 766).”¹ We argue that the dialysis decision should not be made separately from decisions about other life-sustaining treatments but rather should be a clear, explicit component of end-of-life discussions. ACP for patients receiving chronic dialysis should include discussions about dialysis as a type of life-sustaining treatment that can be withdrawn because the *patient’s goals of care should drive decisions* about all life-sustaining treatments including dialysis.

Many patients start dialysis without understanding that dialysis *is* a type of life-sustaining treatment that once started is difficult to stop.² Treating decisions about dialysis and other life-sustaining treatments separately during ACP could lead patients and family members to the erroneous understanding that these treatments are independent and that one can be continued while others are withdrawn. But these decisions intertwine with each other near end of life, especially in critical care settings.

ACP has evolved away from making decisions about individual life-sustaining treatments toward clarifying patients’ values and preferences for goals of care and preparing family members or surrogates to make in-the-moment judgments.³ ACP should be designed to help patients and their family members understand what decisions about life-sustaining treatments, including dialysis, entail and how intertwined these decisions are when the end of life is near.

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