

Peer Review File

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Review comments

Reviewer A

The authors have written a thorough overview of important concepts in outpatient kidney supportive care. There are a few comments below:

In the shared decision making section, consider a short discussion of why CKM would be an appropriate choice over dialysis – eg age and comorbidities that would mean that dialysis does not lead to a survival benefit (Verbene, Dijkers, Kelder et al., 2018), or prioritisation of quality of life rather than quantity (Morton, Snelling, Webster et al., 2012) or prioritisation of independence (there is often functional decline within 6 months of starting dialysis, van Loon, Goto, Boereboom et al., 2019).

Reply 1: This has been added to the section with the following passage (pg 4, lines 167-188):

CKM is valid option in this case because of the patient’s preferences and prognosis; observational studies show that advanced age and cardiovascular disease may decrease or eliminate the survival benefit of dialysis over CKM. Furthermore, dialysis may not enhance a patient’s quality of life or independence, as functional decline is often noted within the first 6 months of dialysis initiation (20,21,22).”

When discussing withdrawal of dialysis, authors could briefly mention the role of kidney supportive care in also helping healthcare providers and patients navigate the ethical implications of stopping dialysis ie it empowers them to exercise autonomy to refuse medical treatment, principle of non-maleficence if dialysis is prolonging suffering. It is also important to note that dialysis withdrawal does not constitute euthanasia.

Reply 2: Changes have been made to the section to reflect this point (pg 8, lines 373-377). Thank you.

The decision to stop dialysis was an exercise in the patient’s autonomy and was made feasible by collaborative efforts between the nephrology and palliative care teams, the patient’s HCP, and the patient himself. Furthermore, navigating this decision exemplifies the principle of nonmaleficence and allowed for the clarification that dialysis withdrawal is not equivalent to euthanasia. Stopping dialysis in such a case reflects empowerment of the patient’s autonomy and is ethically sound. Euthanasia involves the administration of medication to terminate life, whereas death from stopping dialysis is a form of allowing natural death due to illness (19).

Some advantages of embedding the kidney palliative care service within the renal service includes enabling continuity of care between the nephrologists and palliative

care physicians and so patients may view it as an extension of the renal service rather than an “abandonment” by their nephrologists.

Reply 3: Manuscript has been revised to include this concept (Pg 8, lines 468-470).

Thank you.

Instead, this is an opportunity to provide a continuity of care “extension,” between the patient’s nephrologist and palliative team, rather than a sense of “abandonment” from the nephrologist.

Reviewer B

line 147-148 - what is meant by the team can help identify supports. Seems redundant in this sentence.

overall good review paper

Reply 1: This has been updated, thank you. (Pg 6, lines 200-205)

The involvement of the patient’s loved ones, family, caregivers, or other supports is essential in providing high quality palliative care to outpatients with advanced kidney disease. Starting dialysis, navigating procedures, and electively stopping dialysis are all common experiences and are so complex and emotionally fraught that it is helpful to have family involved when possible. With the help of a multidisciplinary team in palliative care, the team can help provide an additional layer of social and emotional support to the patient.

Reviewer C

General comments:

This study primarily aimed to review palliative care principles that can be integrated into the care of older patients with advanced CKD.

Whilst you stated that you “discuss key concepts in outpatient palliative care that can be integrated into the care of older patients with advanced kidney disease”, what would make this article much more applicable is not just describing what aspects aligned with palliative care could be addressed in the outpatient setting, but linking back to the role that palliative care teams play in addressing all the listed issues. As below, you have described common symptoms that patients with advanced CKD have, you have described advanced care planning, and described the situation of electing to stop dialysis, but there is no link back to specifically how palliative care teams can assist with in these situations.

Reply 1: We’ve added a sentence (Pg 13, lines 571-574) to better create a link between the principles of palliative care discussed and how the teams/roles we described can focus on these areas. While this reviewer has an excellent point in wanting to make sure that the benefit of palliative care teams is known, this article aims to show how even without specialized palliative care teams clinicians can

practice the principles of palliative care, and is less an argument for the involvement of palliative care teams.

The authors need to clearly define how palliative care can enhance outpatient advanced CKD management for the older patient, not just describe the palliative care issues that patients with advanced CKD face.

Specific points:

Line 205-219 – what is the relevance of this paragraph? Please link back to what palliative care can provide in the outpatient setting with regards to management of these common symptoms.

Reply 2: This has been updated to reflect significance. (Pg 6, lines 286-288)

This shows that dialysis does not always alleviate symptoms of kidney disease in the patient population, and we can utilize palliative communication skills to navigate the conversations around dialysis or CKM management (35,36).

Line 214 – get rid of “as well”, and this sentence requires a reference.

Reply 3: Done and reference provided, thank you.

Line 216 requires a reference.

Reply 4: Reference provided. Thank you.

Line 242 onwards ‘Advanced Care Planning’ – this section also requires a discussion regarding how palliative care can assist with ACP, not simply describing what ACP involves.

Reply 5: This has been updated, thank you. (Pg 8, lines 373-377)

Though all clinicians are to some degree familiar with the concept of ACP, the degree of comfort with which providers are willing and able to discuss such topics varies widely across clinical practice (42). Integrating palliative care into such specialties can increase implementation of these skills in practice and subsequently increase other specialties’ level of skill and comfort.

Line 250 – suggest “caregiver” not caretaker.

Reply 6: Done, thank you.

Line 291 onwards ‘Electing to Stop Dialysis’ – again an explicit mention of the role that palliative care plays for patients who may elect to stop dialysis is required.

Reply 7: This has been updated, thank you.

Here we illustrate the role of elective dialysis cessation in a patient case, and the use of palliative communication skills in order to achieve this.

Line 428 – Define NP / PA for readers unaccustomed to these abbreviations.

Reply 8: Done, thank you.

Reviewer D

Article reviews collaborative care models when taking care of older patients with chronic kidney disease. Each principle of care starts with case vignettes which help the reader understand the concept of palliative care of older CKD patients.

As pointed by reviewer B, author can make some modification. Author can consider adding why medical management is more appropriate choice than dialysis.

Would also agree with reviewer A's comment of adding how palliative care can help navigate the ethical implications of stopping dialysis. Especially important to highlight that dialysis withdrawal does not constitute euthanasia. This will also answer reviewer C's concern of how palliative care can enhance outpatient management of CKD in older patient. Agree with edits mentioned by reviewer C and A of mentioning the role palliative care plays for patients who wants to stop dialysis. Overall its well written review article.

Reply 1: Thank you. These edits have been made and reflected as above.