

Overview

This standard is about supporting a patient in their decision to withdraw from RRT. The possibility may come about for a variety of reasons, but in all cases the task of confirming the decision and putting it into action is one in which the practitioner has to ensure that the decision is clearly that of the patient. In this, the practitioner has to apply evidence of patients' ability to take decisions even when unwell (e.g. with depression).

Users of this standard will need to ensure that practice reflects up to date information and policies.

SFHRenRR9

Assess a patient's decision to withdraw from Renal Replacement Therapy

Performance criteria

You must be able to:

- P1 agree with colleagues who is responsible for the assessment and the ethical and legal boundaries of the decision
- P2 discuss with colleagues how this will be managed and reported, and how needs and risks can best be addressed
- P3 test through discussion with the patient, family and colleagues whether the decision has been made by the patient without coercion
- P4 discuss with the patient the consequences of stopping RRT and ensure they have sufficient information to recognise those consequences (e.g. symptoms following withdrawal, how they will be managed or controlled)
- P5 agree with the patient the limits to treatment after withdrawal of RRT (e.g. their preferences for resuscitation and active treatment)
- P6 advise the patient to what extent the decision can be reversed after withdrawal from RRT
- P7 consult with colleagues to assess the patient's comprehension of their choice and its impact, taking into account evidence on patient health and ability to make decisions
- P8 refer the patient to other practitioners when the patient's understanding of the consequences remains in doubt (e.g. consultant, counselling, psychiatry)
- P9 express support for the patient's decision
- P10 discuss with the patient's family the implications for the patient and for them
- P11 formally reconfirm and record the original decision

SFHRenRR9

Assess a patient's decision to withdraw from Renal Replacement Therapy

Knowledge and understanding

You need to know and understand:

- K1 procedures for checking and documenting consent to a choice of therapy
- K2 belief structures concerning death
- K3 renal disease and the progression of a patient's condition on withdrawing from RRT
- K4 conditions under which it is possible for a patient to return to RRT
- K5 evidence on patient's ability to make decisions in different states of health (e.g. depression)
- K6 how to facilitate access to sources of support within the multidisciplinary team
- K7 methods of facilitating discussion on the subject of death
- K8 mediation between family members
- K9 principles of informed consent, and how to obtain informed consent from individuals
- K10 legal constraints and requirements and ethical practice on withdrawal or withholding of treatment
- K11 psychology of people's response to illness and death, their beliefs, motivation and behaviours
- K12 the importance of obtaining full and accurate information about individuals, and how to do so
- K13 how information obtained from individuals should be recorded and stored
- K14 availability of care suitable for patients after withdrawal from RRT (e.g. facilities available)
- K15 nature of post-RRT care and means of mitigating the effects of the illness (e.g. medication)
- K16 how to manage own feelings and behaviour when communicating with individuals
- K17 procedures for forming and recording agreements on a patient's withdrawal from RRT
- K18 procedures for returning to RRT after withdrawal
- K19 how information obtained from individuals should be recorded and stored
- K20 how to obtain full and accurate information about individuals
- K21 how to ask open-ended questions, listen carefully and summarise back
- K22 methods of communicating sensitive information to individuals
- K23 the importance of providing individuals with opportunities to ask questions and increase their understanding
- K24 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K25 the importance of identifying how the individual wishes to be addressed and communicated with, and how to do so
- K26 how to highlight the individual's abilities in a positive way

SFHRenRR9

Assess a patient's decision to withdraw from Renal Replacement Therapy

- K27 the importance of treating individuals fairly, and how to do so
- K28 the effects of culture, religious beliefs, age and disability on individual communication styles
- K29 the different features services must have to meet people's gender, culture, language or other needs

SFHRenRR9

Assess a patient's decision to withdraw from Renal Replacement Therapy

Additional Information

External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

SFHRenRR9

Assess a patient's decision to withdraw from Renal Replacement Therapy

Developed by Skills for Health

Version number 1

Date approved June 2010

Indicative review date June 2012

Validity Current

Status Original

Originating organisation Skills for Health

Original URN RenRR9

Relevant occupations Health, Public Services and Care; Health Professionals; Healthcare and Related Personal Services

Suite Renal

Key words kidney, kidneys, donation, diabetes, donor, renal, transplant