Alternative Dialysis Therapies

We are very pleased to present this focused issue of the Nephrology Nursing Journal on alternative dialysis therapies. We are particularly grateful to Sheila Doss-McQuitty for her leadership and expertise in helping us develop the content of the issue and for helping us solicit and review the articles.

One of the most difficult challenges we faced in creating this issue was to decide what inclusive term we should use to describe these therapies and what we should title the issue. I want to share with you that though we eventually settled on the term “Alternative Dialysis Therapies” because of its use in the industry, none of us are really satisfied with it. We believe there should be nothing “alternative” about these therapies, and they should be offered and supported on the same level as traditional in-center hemodialysis as options for our patients.

Like many nurses who work with these therapies, I personally have a bias. My first job in nephrology was to develop and run a home dialysis training program, and given the results I saw in patients’ wellbeing, independence, and quality of life, I was convinced it was the best option for most of our patients. Unfortunately, for many years, reimbursement did not incent providers to support these alternative programs, and like it or not, in health care, practice is influenced by revenue. However, changes are happening. As you can see in Figures 1 and 2, the numbers and the percentage of incident patients on home dialysis have begun to rise.

Our hopes for this issue of the Nephrology Nursing Journal are that it provides you with information about the many therapy options available for patients with end stage renal disease who require dialysis, that it makes all of us question which therapy is really the best for each patient, and that it encourages providers to continue creating alternative therapies that maximize patient outcomes.

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