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TARGET CASE

End Stage Renal Disease

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Mr. A. presents at the Emergency Department (ED) of Mercy Hospital of Philadelphia with symptoms of generally feeling run down and fatigued. He is a 35-year-old, African male who appears apprehensive and withdrawn. He states that he is from Tanzania and his first language is Swahili, however he also speaks English. He is also experiencing headaches, weight loss, loss of appetite, nausea, and edema (swelling of feet and hands). After numerous tests the physician informs Mr. A. that he has End-Stage Renal Disease (ESRD).

End stage kidney disease is the final stage of chronic kidney disease (CKD), which is also known as chronic renal disease (CRD). This final stage, stage 5 CKD, is also known as chronic kidney failure (CKF), chronic renal failure (CRF) or end stage renal disease (ESRD). The US government typically refers to the condition as ESRD. End-stage kidney disease occurs when the kidneys are no longer able to function at a level needed for day-to-day life. It usually occurs when chronic kidney disease has worsened to the point at which kidney function is less than 10% of normal. ESRD almost always follows chronic kidney disease. A person may have gradual worsening of kidney function for 10 - 20 years or more before progressing to ESRD. Patients who have reached this stage need dialysis or a kidney transplant. The most common causes of ESRD in the U.S. are diabetes and high blood pressure.

The physicians on the case recommend immediate dialysis. Mr. A. then informs the physicians that he is in the United States illegally, that he has no family here in Philadelphia and that he is unemployed. The physicians immediately consult the social worker but the social worker informs them that illegal immigrants are not eligible for any health care benefits. The physicians are well-aware of the fact that under the Federal Emergency Medical Treatment and Labor Act (EMTALA) [also known as COBRA or the Patient Anti-Dumping Law] hospitals are required to provide an examination and needed stabilizing treatment, without consideration of insurance coverage or ability to pay, when a patient presents to an emergency room for attention to an emergency medical condition. The standard of care to stabilize Mr. A. is to begin dialysis. The physicians admit Mr. A. and start dialysis.

The Social Worker immediately informs the Administration that Mr. A. has started dialysis and will need to continue dialysis indefinitely. Because he has no insurance and is an illegal immigrant he is not eligible for any out-patient dialysis units. He is also unable to afford any medical treatments. The question confronting the physicians now is that once he is stabilized do they discharge him informing him that he will need dialysis three times a week, which means he will have to be readmitted through the ER or do they keep him in the hospital until some accommodations can be determined? Without dialysis or a kidney transplant, death will occur from the buildup of fluids and waste products in the body. Both of these treatments can have serious risks and consequences. The outcome is different for each person.

The Director of the ED immediately consults the hospital Ethics Committee. The Chairperson reviews the case and calls for a full ethics consult. You are members of the ethics committee and are asked to render a recommendation on this case. Are there any viable options? Do you need to take into account that there are over 40,000 illegal African immigrants in West Philadelphia who most likely will come to Mercy Hospital of Philadelphia when they are ill? Do you need to examine this situation in light of the Mission of the Sisters of Mercy and the "Ethical and Religious Directives for Catholic Health Care Services?"