Home Hemodialysis:
Thoughts from a Practicing Nephrologist

By Andrew King

“It is much more important to know what sort of a patient has a disease than what sort of disease the patient has.”

— Sir William Osler

What do our patients with ESRD want? They want to stay alive, to feel well, to be autonomous and to continue to be valued by their family and community. To achieve these goals, dialysis in the home, whether by peritoneal dialysis (PD) or by home hemodialysis, remains the best option for many. Why then does the percentage of home patients remain stubbornly low, and where does home hemodialysis fit in?

Although the answer to this question is multifaceted, the community of nephrologists must first look in the mirror and accept the brunt of responsibility. The choice of dialysis modality requires the managing nephrologist to be proactive, creative, and to firmly believe in the patient’s ability and right to make his own informed choice. Being proactive means believing that dialysis options provided by trained personnel (not the time-constrained nephrologist) are an essential part of management, even for those patients who land in the hospital with ESRD and invariably find themselves in-center with a central venous catheter.

We must advise, but not dictate, what is right for any individual. Being proactive also means forcing yourself to become competent and comfortable with PD and home hemodialysis, despite any prior deficiencies in training. It means demanding that your dialysis provider create a home hemodialysis, whereas those for heart failure were lower. Patient selection is likely a large modifier of the frequency differential of survival over the past decade for PD has exceeded that for in-center hemodialysis perhaps in part owing to economic barriers on innovation. For those on the ground, including physicians, facility personnel, and patients, there is little doubt that home hemodialysis has a role to play in the management of ESRD. What most patients want is to live, not just to stay alive. To achieve this goal, we as nephrologists must be creative and proactive.


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