

# Masterclasses

**M11.1****Renal Medicine****10:45 Room 221**

## To P or Not to P: Ethics and the Kidney

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Nephrologists are generally regarded as clinicians with a holistic approach to manage patients. We have specialised skills by making use of high technology procedures, and adopt a general physician approach towards multi-system problems of patients, while taking into account their psycho-social needs as well.

At the same time, the ethical challenges to nephrologists can never be understated. In the principles of biomedical ethics, respect of autonomy, non-maleficence, beneficence and justice are four major areas. The dilemma for clinicians choosing unrestricted advocacy of patients or bedside rationing of healthcare is always real. There has been proposal of "administrative gatekeeping" as a means to strike a balance.

To P or not to P represents two elaborated concepts of P: Personalise and Prioritise.

To personalise or not to personalise involves the discussion of whether there is a totally free patient choice on dialysis modality using public resources. The concept of peritoneal dialysis first policy in Hong Kong, and how this can benefit the largest number of patients with the most cost effective and quality dialysis modality serves as a model and an example for discussion.

To prioritise or not to prioritise involves the discussion of kidney allocation system in the donation and transplantation field. The scarcity of cadaveric kidney donations and the need to allocate according to a fair and open system is a prerequisite. The allocation of kidneys in different sectors with different backgrounds, medical and social and other factors can bring in dilemmas that the medical community needs to provide input on the final system.