

## Differences between physicians in the likelihood of referral and acceptance of elderly patients for dialysis influence of age and comorbidity

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### Abstract

**Background.** Incidence of dialysis in elderly patients in the Netherlands is low compared to other countries. This study aims to assess the impact of patients' age and comorbidity on the likelihood of referral and acceptance of patients for dialysis and whether this is affected by physician characteristics.

**Methods.** A vignette study was performed on 209 primary care physicians, 162 non-nephrology specialists and 20 nephrologists working in northern Netherlands. Physicians were offered six vignettes concerning case reports of patients with end-stage renal disease (ESRD) and varying comorbidities or circumstances and asked about the likelihood of referral/acceptance of the patient in the given circumstances.

**Results.** The likelihood of referral within groups of physicians varied widely, especially within the group of primary care physicians and non-nephrology specialists, but was not affected by characteristics of the physicians. The likelihood of referral or acceptance of patients for dial-

ysis depended on the patient's age, and type and severity of comorbidity. In general, primary care physicians and non-nephrology specialists were less likely to refer than nephrologists were willing to accept. Differences within and between groups of physicians to accept or refer were larger for 80-year-old patients than for 65-year-old patients. The differences were wider concerning patients with less severe shortness of breath and cognitive impairments and more severe diabetes and social impairments. Hardly any differences were found for patients with cancer.

**Conclusion.** Patients' age and comorbidities affect the likelihood of referral. Differences between groups of physicians suggest that there is insufficient agreement on the extent to which these factors should affect the referral/acceptance of patients for dialysis. These findings underline the need for more research into circumstances under which patients might benefit from dialysis. Guidelines should be developed to improve the referral of elderly and less healthy patients.

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