Although the title of my assigned talk is “Ethical Stress when Deciding Who Shall Live.”, in reality, because properly selected uremic patients have reached the stage in their progressive illness when delay of dialysis means near-term death, the Talk might have been titled “Deciding Who Shall Die.” Once Scribner reported that intermittent hemodialysis would sustain life after the onset of advanced uremia, nephrologists in the United states and industrialized countries in Europe, Asia, and South America began programs of life extension via hemodialysis. The reality that protracted life extension by dialysis treatments was usual for most patients in renal failure, who were not under threat by other causes of imminent death, underscored the immediate need for proper selection criteria for maintenance dialysis.

In 2015, over 50 years after introduction of maintenance hemodialysis as therapy for uremia, although closer to standards of care for when and in what disorders dialysis therapy should be started, we still have not reached uniform agreement as to the key concerns listed in Table 1.

Table 1

Variables in Initiating Long-Term Hemodialysis Therapy

1. Relative desirability of intermittent Hemodialysis versus daily Peritoneal Dialysis in treatment of advanced chronic uremia.
2. Indications for preferring Peritoneal Dialysis over Hemodialysis.
3. Reasons not to initiate Hemodialysis therapy for renal failure including: senility, advanced age, dementia, malignancy, sepsis, severe comorbidities, frailty, immediately available, suitable Live Kidney Donor.
4. Because survival with a kidney transplant is superior to that on dialysis, all legally available potential donor sources should be considered.
5. Overall, Uremia Therapy should be individualized and fully explained to the patient, family, and potential donors.