



April 1, 2020

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An Open Letter to America's Hospitals and Health Systems,

The National Kidney Foundation extends its gratitude to our nation's healthcare professionals and providers, who have put their health, safety, and lives on the line in the fight against COVID-19. On behalf of the 37 million Americans affected by kidney disease: thank you for your leadership, selflessness, and commitment in the face of this scourge.

As coronavirus continues to wreak havoc on healthcare systems across the country, we are deeply troubled by news reports that some health systems and state governments are considering crisis-management policies that would deprive certain patients – including patients with end stage renal disease – of life-saving interventions for COVID-19, including ventilation. The National Kidney Foundation understands that these are extreme circumstances but cannot support a policy that would arbitrarily deny someone treatment due to their pre-existing health condition or disability.

Dialysis serves as an artificial kidney for patients with end-stage renal disease. Dialysis machines remove waste and extra chemicals and fluid from the blood, help maintain the body's natural chemical levels, and help control blood pressure. Currently, more than 500,000 Americans rely on dialysis to replace their kidney function. Average life expectancy on dialysis is 5-10 years, however, many patients live well on dialysis for 20 or even 30 years. For many patients, dialysis is a temporary treatment as they await a kidney



transplant. Simply put, thanks to the miracles of dialysis and transplant, end-stage renal disease is not a “terminal” condition and should not be treated as such.

We appreciate that these draft policies attempt to set parameters to help health care providers make unimaginable, heartbreaking choices. However, a one-size-fits-all category that denies care to all patients with ESRD is short-sighted, arbitrary and discriminatory. It could deny care to entire categories of individuals who might recover from COVID-19 and go on to live long, productive lives. These concerns are echoed in recent articles in the Journal of the American Medical Association, which states that “These [categorical] exclusions are not explicitly justified, and they are ethically flawed because the criteria for exclusion (long-term prognosis and functional status) are selectively applied to only some types of patients, rather than to all patients being considered for critical care.”

The National Kidney Foundation is advocating for efforts to accelerate the manufacture and distribution of critical medical supplies, including ventilators. However, as health systems find themselves without adequate supplies, we encourage you to adapt decision-making protocols that treat each patient as an individual and determine treatment plans that reflect each patient’s unique medical circumstances. Unilateral guidance should never outweigh sound, medical judgment.

This position is supported by the U.S. Department of Health and Human Services’ Office of Civil Rights, which stated earlier this week that, “[d]ecisions ... concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient and his or her circumstances, based on the best available objective medical evidence.”

Medical ethicists look to principles like autonomy, non-maleficence, beneficence, and justice to help guide their decision-making. In line with those principles, we call on all health systems to recognize that ESRD patients have the same inherent worth as any other patient and should be afforded the same level of care.

Thank you, again, for your leadership during this time.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Longino".

Kevin Longino  
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Holly Mattix-Kramer".

Holly Mattix-Kramer, MD, MPH  
President