

# Dialysis: Please Try This at Home!



Yes, in 2021, we are able to say that the quality of life and freedom to do the things we love can be possible while on dialysis. A special mention to the photograph on the cover of this issue dedicated to home hemodialysis (see credits in the issue), which exemplifies that.

For the history and policy buffs in the audience, I would like to take you back to 1971, as outlined by R.A. Retting in a series of articles.<sup>1-3</sup>

The House Ways and Means Committee, as part of its hearings on national health insurance, devoted the end of the morning of November 4, 1971, to testimony about ESRD (U.S. Congress, House, Committee on Ways and Means, 1971c). It particular, it heard from representatives of the National Association of Patients on Hemodialysis (NAPH). These included Shep Glazer, vice president of the group and a dialysis patient from New York; William Litchfield, a dialysis patient from Houston; Roland Fortier, an NAPH member from Connecticut; Peter Lundin, a medical school student who was also a dialysis patient and NAPH member from California; June Crowley, a dialysis patient from New York; and Abraham Holtz, a dialysis patient from New York.

Glazer made an official statement for NAPH, and then spoke about his personal situation:

*I am 43 years old, married for 20 years, with two children ages 14 and 10. I was a salesman until a couple of months ago until it became necessary for me to supplement my income to pay for the dialysis supplies. I tried to sell a non-competitive line, was found out, and was fired. Gentlemen, what should I do? End it all and die? Sell my house for which I worked so hard, and go on welfare? Should I go into the hospital under my hospitalization policy, then I cannot work? Please tell me. If your kidneys failed tomorrow, wouldn't you want the opportunity to live? Wouldn't you want to see your children grow up? (U.S. Congress, House, Committee on Ways and Means, 1971b).<sup>1-3</sup>*

The testimony from a New York City salesman then precipitated a series of events that eventually led to bringing financial relief to Americans suffering from

incurable diseases and illnesses such as end stage renal disease (ESRD). Mr Glazer's testimony, together with that of a score of other witnesses and thousands of letters to the committee, had its desired impact: Congress passed legislation giving financial aid to Mr Glazer and perhaps as many as 10,000 other Americans like him, in 1972. Fast forward to 2021, and there are over 700,000 Americans with ESRD, and although they represent ~ 1% of Medicare beneficiaries, spending for ESRD patients accounts for 7.2% of the overall Medicare-paid claims in the fee-for-service system; a share that has remained relatively constant for a decade.

If you are someone who spends time in a dialysis unit, you have probably heard patients say that they have a "love-hate relationship" with in-center dialysis chairs; as in they hate being on that chair, but love the fact that without it they would be a mere memory ("picture on the wall" as one patient put it). Patients cherish the time between treatments. So what if we are able to provide them the same experience during the treatment as a part of the same continuum? Can we do that in a safe and effective manner?

This special issue of ACKD on Home Hemodialysis represents a timely reflection on the state of Home Hemodialysis in the United States. President Trump's executive order of July 2019 (Advancing American Kidney Health Initiative – AAHKI) laid out an ambitious agenda for expanding and incentivizing the use of home dialysis and preemptive kidney transplantation in the United States. In the United States, there are over 7500 dialysis facilities, serviced by several large corporations. Dialysis service providers compete in this marketplace, while providing care under a capitated payment system in the United States and most of the rest of the world.

Yet it is quite unprecedented that in this issue of ACKD, several contributors representing many different facets of

academia, practice, and industry have come together to inform our readers. I congratulate Dr Misra for taking on the task to spearhead this timely issue of ACKD. They have assembled an amazing list of contributors, all experts in their areas, to be able to narrate several key topics.

In closing, I want to take the opportunity to thank the many contributors, our reviewers, and the members of the editorial board and publishing team. Despite the audacious challenges that healthcare providers have faced over the past 18 months, our contributors have demonstrated the necessary resilience in fulfilling the mission of advancing our knowledge. We recognize that we have been delayed in our ability get these articles to our readers in a timely manner, and we are very appreciative of their patience. We hope that, albeit late, our contributions won't disappoint you.

Charuhas V. Thakar, MD

*Professor of Medicine, Division of Nephrology, University of Cincinnati, Renal Section, Cincinnati VA Medical Center, Cincinnati, OH*

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