Achieving equity in the distribution of renal replacement therapies and nephrology care for those suffering end stage kidney disease (ESKD) in resource-limited settings is a complex ethical and clinical problem. Stanifer and Sharma[1] draw attention to the significant burden of mortality associated with acute kidney injury (AKI) in such settings, and the demographic factors which may distinguish populations requiring dialysis for acute and chronic kidney failure and the consequences of the non-availability of dialysis for the two groups. Such details are indeed essential in evaluating the potential burdens and benefits of treatment in any given population, and hence in estimating the potential outcomes of using specific resource allocation guidelines in a particular context.

Regardless of the availability of resources, any decisions which determine who may access, or who will be denied access to essential health services, in particular those that may be life extending or lifesaving, will have social, cultural, economic and political dimensions. Different societies may prioritise particular outcomes or values when developing guidelines to govern allocation of dialysis resources. There is universal agreement in the nephrology community on the need to make dialysis for AKI available in all parts of the world. Programs such as Saving Young Lives have helped avoid preventable deaths due to AKI in low resource settings using peritoneal dialysis[2].

The application of ethical principles or values that may be common to many countries, such as promotion of equality of opportunity for care, avoidance of futile treatment, or maximisation of benefits to society may produce different outcomes in different settings. One such situation is when patients with AKI who need dialysis compete for limited resources with those with end-stage kidney disease[3]. Engaging the communities affected by dialysis decision-making, and, as Stanifer and Sharma emphasise, considering dialysis dilemmas in the context of other health resource allocation challenges will help policy makers and professionals to sift the devil from the details.

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