

Life-sustaining technologies in resource-limited settings

The achievement of equity in the distribution of renal replacement therapies and nephrology care for patients with end-stage kidney disease in resource-limited settings is a complex ethical and clinical problem.¹ John W Stanifer and Abhinav Sharma draw attention to the substantial burden of mortality associated with acute kidney injury in such settings, the demographic factors that can distinguish between populations requiring dialysis for acute or chronic kidney failure, and the consequences of the non-availability of dialysis for the two groups. Such details are indeed essential in the evaluation of potential burdens and benefits of treatment in any given population, and hence in the estimation of potential outcomes when specific resource allocation guidelines are used in a particular context. Regardless of the availability of resources, any decisions that determine who can access or who will be denied access to essential health services, in particular those that could be life extending or life-saving, will have social, cultural, economic, and political considerations. Different societies might prioritise particular outcomes or values when developing guidelines to govern the allocation of dialysis resources. There is universal agreement in the nephrology community on the need to make dialysis for acute kidney injury available worldwide. Programmes such as Saving Young Lives have helped avoid preventable deaths due to acute kidney injury in resource-limited settings by use of peritoneal dialysis.² The application of ethical principles or values that are common to many countries, such as promotion of equal opportunity for care, avoidance of futile treatment, or maximisation of benefits to society, can produce different outcomes in different settings. One such situation is when patients with acute kidney injury who need dialysis compete with those with end-stage kidney disease for scarce resources.³ The engagement of communities affected by dialysis decision making, and, as Stanifer and Sharma emphasise, the consideration of dialysis dilemmas in the context of other challenges in health resource allocation will help policy makers and health professionals determine what action is best.

We declare no competing interests.

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2 Smoyer WE, Finkelstein FO, McCulloch M, Carter M, Brusselmans A, Feehally J. Saving Young Lives: provision of acute dialysis in low-resource settings. *Lancet* 2015; 386: 2056.

3 Jha V. End-stage renal care in developing countries: the India experience. *Ren Fail* 2004; 26: 201–08.