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'It's no golden age'; Health experts struggle to meet growing demand for treatment

If Isabella O'Shea was granted three wishes, she would eat all three.

It's been months since this former Wolfe Island farm girl and school teacher savoured a fresh strawberry or tasted a juicy piece of melon. Even a plain old banana would be a treat.

Last November, after a six-month bout of infections and ill health that left her without any kidney function, O'Shea reluctantly bade farewell to citrus fruits and other foods and joined the 360 people in the Kingston area who currently depend on hemodialysis to survive.

Along with food, O'Shea also gave up her freedom. She moved out of her Days Road apartment, sold her car and started a new life in a long-term care facility.

"It's no golden age," says O'Shea, who turns 82 at the end of May.

While the dietary restrictions that come with dialysis are frustrating, they're nothing compared to the challenges of the actual treatment sessions. Every Tuesday, Thursday and Saturday afternoon, O'Shea takes the Access Bus to Kingston General Hospital, where she is tethered to a dialysis machine that washes her blood in a closely monitored four-hour procedure.

Unable to get up and walk around, O'Shea tries her best to sleep, but the crowded dialysis unit bustles with cheerful nurses - one for every two patients - and offers little privacy. She often ends up reading or watching the overhead TV monitors, if they happen to be working that day.

One thing O'Shea doesn't lack during these marathon cleansings is company. The KGH dialysis unit was the only one in southeastern Ontario and already at capacity when it opened in the early 1990s.

Today, there are so many dialysis patients at KGH that the hospital organizes them into three back-to-back shifts that start at 7 a.m. and end at 9 p.m., six days a week.

Dr. Ted Toffelmire, a kidney specialist who heads the nephrology department at Kingston General, says that since 1981, the year health officials started keeping statistics about kidney disease, the number of dialysis patients increased by an astounding 10 per cent a year.

"I always used to say that if you've got a GIC at 10 per cent, you're doing well, but if you've got a disease at 10 per cent, you've got a big problem," Toffelmire says.

"I look at it as a growth industry in health care."

As the demand for dialysis mushroomed, KGH opened "satellite" dialysis units in outlying communities to ease the pressure. Today, Picton, Smiths Falls, Bancroft and Belleville all have satellites. Kingston General also has a satellite unit on the first floor of the Burr wing for patients who require less intense medical supervision. If patients and staff were willing, Toffelmire says, the hospital could probably accommodate an over-night dialysis shift, the demand is that great.

"Nobody is dialysing between 11 p.m. and 6 a.m., but that's largely for patient quality of life," he says.

Although the number of new dialysis patients is starting to level off and even decline - instead of 10 per cent a year there's been a five- to seven-per-cent increase in the past couple of years - the demand for dialysis services is still pretty relentless. An estimated 9,000 Ontario residents are on dialysis now and by 2012, that number is expected to grow to more than 12,000.

The steady increase is driven by the fact that people are living longer, unhealthy lives. Obesity and longevity have triggered an explosion of diabetes, not just in Ontario but around the world.

At KGH, about 40 per cent of people on dialysis have diabetes, 40 per cent have lost kidney function because of old age - and often diabetes as well - and the other 20 per cent are composed of individuals with genetic kidney disorders or kidney failure caused by an acute illness or trauma.

Wilma Cohrs, a certified nephrology nurse who manages the KGH renal care program, says the health system is getting better at identifying people who are potential candidates for dialysis, but it hasn't been nearly as successful at preventing them from needing it. One of the leading causes of kidney failure, diabetes, can almost be controlled, and often eliminated, with regular exercise and a healthy diet. Studies of people at risk of developing diabetes have shown that even a moderate amount of exercise dramatically reduces their chances of developing the disease - and thus kidney failure as well.

"It's tough because people don't want to change," Cohrs says. "They like their unhealthy lifestyle."

Cohrs was part of a recent government task force that looked at the feasibility of increasing the number of people who can undergo dialysis in their homes. The goal is to have 30 per cent of dialysis patients treated outside of acute-care hospitals by 2010.

Still, when people do start on dialysis, whether in or out of hospital, they are often surprised at the huge time commitment and the cost, especially if you're coming from an outlying area. While cancer patients are ferried to and fro by volunteer drivers, the dialysis crowd is left to fend for itself.

"Coming here three times a week, you can't imagine [the hardship] until you have to do it," Cohrs says.

Some dialysis patients adapt better than others to the loss of freedom and the hassles of trying to find a parking spot at KGH. Gerald Berry, for instance, has been on kidney dialysis for 27 years and says he's raring to go after it is over.

O'Shea is a more typical dialysis patient. Exhausted after a session on the dialysis machine, she needs time to rest and recover.

"You are supposed to feel relieved," she says, "but I feel tired the next morning."

When O'Shea first started dialysis, she was placed on the 5 p.m. shift, which meant she didn't get back to her room at Providence Manor until 10:30 p.m. The Access Bus would stop at four different long-term care facilities before dropping O'Shea at the Manor for a late supper that had been held back for her. The last patient on the 5 p.m. shift was transported to a home in Glenburnie.

O'Shea's niece, Maureen Lollar, who often accompanies her aunt to her KGH dialysis sessions, was shocked to see the long lineup of frail seniors waiting to be weighed before starting treatment and the crowded condition in the dialysis unit.

"It looks like a game of survival of the fittest," Lollar says. "I have never heard my aunt complain about the procedure, but she is definitely stressed with the steps to getting her in the chair."

She adds that "the majority of people are well into their 70s who are placed in this scenario three times a

week. I am sure each person would rather be some place else getting on with their life."

Nephrology, or the study of kidney disease, is a relatively young medical specialty that was developed after the Second World War. In the early days, dialysis was used on young, healthy people whose kidneys had stopped working because of some traumatic event.

Nephrologist Toffelmire says that about 50 per cent of patients were lucky and their kidneys "went to sleep and woke up again." The other 50 per cent weren't so lucky and ended up on permanent dialysis.

Even today, hospitals reserve at least three kidney dialysis stations for "the surprises," otherwise healthy individuals who end up with kidney failure because of an unexpected illness or an accident.

The burgeoning demand for dialysis also means that patients have little say as to when they can have it. Years ago, doctors could schedule patients into their desired time slot for dialysis, but "we no longer have that flexibility," Toffelmire says.

The good news is that some of that flexibility may return. Over the next three or four years, as hospital redevelopment finally gets underway in Kingston, the dialysis unit at KGH will move to a new floor that will be built on the Burr wing and should ease the current congestion. The unit will have 14 additional stations - 40 instead of 26 - plus better waiting areas of wheelchairs and scooters. It will also be designed to give patients more privacy.

The satellite unit currently on the first floor of Burr will be moved to Providence Care's mental health services building at King Street and Portsmouth Avenue.

Toffelmire says the new dialysis unit should be able to handle the yearly influx until at least 2012, but he's reluctant to plan beyond that in case the recent decline in new dialysis patients is the start of a long-term trend.

"Those of us who are thinking that if, in fact, the reduction in the rate is real, then we're beginning to pat ourselves on the back by saying maybe we have been caring or watching for these patients better now than we did 10 years ago," he says.

He has two messages for people who want to stay off dialysis: The first is to live a healthy life and eat a healthy diet. The second is to control their blood pressure and weight.

"If they do that, then they will reduce the risk factors for kidney disease, as well as everything else," he says.

The South East Local Health Integration Network, the regional authority responsible for funding health services in Kingston and the surrounding area, will launch a study this year looking at the anticipated growth of acute-care services, including dialysis, over the next five years.

More than 60 per cent of the province's health-care budget is gobbled up by chronic diseases such as kidney failure.

Paul Huras, CEO of the South East LHIN, says the study will probably start with diabetes "because it has a huge impact on dialysis.

"If you really want to transform the health-care system," he says, "you don't want to keep on adding more and more to meet the demand. You also want to look back and see what's causing the demand.

"It may be inappropriate to go this far, but [dialysis] is almost a failure of our system. If there's huge growth in dialysis and if there are ways to prevent or delay it, we should certainly be doing that.

"It's better for the patient and for the system."

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