



Congress Abstract

Bioethical Challenges in Nephrology: Philosophical Analysis of Patient Autonomy and Decision-Making in Chronic Kidney Disease Care

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ABSTRACT

Introduction: Advances in dialysis, kidney transplantation, and conservative kidney care have significantly increased the life expectancy of patients with chronic kidney disease (CKD) and end-stage kidney disease (ESKD). At the same time, technological progress has created complex ethical dilemmas related to the initiation or withdrawal of dialysis, informed consent, quality of life, end-of-life care, organ transplantation, and equitable allocation of limited healthcare resources. These issues require not only clinical assessment but also philosophical reflection on autonomy, human dignity, justice, and moral responsibility.

Aim: To analyze the main bioethical challenges arising in nephrology and to determine the philosophical principles that can improve decision-making in the management of patients with CKD and ESKD.

Materials and Methods: A philosophical and comparative bioethical analysis of scientific literature published between 2008 and 2025 was conducted. Peer-reviewed publications in nephrology, bioethics, palliative medicine, and philosophy of medicine were examined. The study used critical literature review, conceptual analysis, comparison of ethical approaches, and synthesis of the principles of autonomy, beneficence, non-maleficence, justice, and respect for human dignity.

Results: The analysis demonstrated that the traditional individualistic interpretation of patient autonomy is insufficient for resolving many contemporary ethical problems in nephrology. Patients with advanced CKD may experience cognitive impairment, emotional distress, severe comorbidity, and dependence on family and healthcare professionals. Therefore, treatment decisions are rarely made in complete social isolation.

The concept of relational autonomy provides a more comprehensive ethical framework. It recognizes that patient preferences and choices are formed within family, cultural, social, and institutional relationships. Accordingly, nephrologists should ensure meaningful communication among patients, relatives, and members of the multidisciplinary team while preserving the patient's right to self-determination.

The initiation or withdrawal of dialysis represents one of the most difficult ethical decisions. Dialysis may prolong life but can also increase treatment burden without providing a meaningful improvement in functional status or quality of life. Ethical decision-making should therefore consider clinical prognosis, treatment benefits and burdens, patient values, expected quality of life, psychosocial consequences, and family perspectives. Shared decision-making is considered the most appropriate approach because it combines professional medical judgment with the informed preferences of the patient.

Justice is another fundamental challenge, particularly in settings with limited access to dialysis and kidney transplantation. Transparent allocation criteria are required to

prevent discrimination based on age, ethnicity, socioeconomic status, disability, or social position. Palliative and conservative kidney care should also be recognized as ethically acceptable patient-centered options rather than as abandonment of treatment.

Conclusion: Contemporary nephrology requires an integrated ethical model that combines autonomy, beneficence, non-maleficence, justice, human dignity, and relational responsibility. Relational autonomy offers a more realistic framework than an exclusively individualistic approach because it considers the social and cultural context of decision-making. The proposed approach may improve communication, support shared decision-making, reduce non-beneficial treatment, and promote patient-centered care in CKD and ESKD. Further research should focus on adapting this model to different cultural traditions and healthcare systems.

Keywords: Bioethical; Chronic Kidney Disease