Reviewer’s report

Title: Challenges in the provision of kidney care at the largest public nephrology center in Guatemala: A qualitative study with health professionals

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Reviewer: Valerie Luyckx

Reviewer's report:

Flood et al., present their findings regarding challenges in provision of dialysis in a large public nephrology centre in Guatemala. This study is well done and extremely important to illustrate the moral distress among health care workers, but also among patients and families when resources force individuals to make daily life and death decisions. The breadth of issues identified and presented echo those in other resource limited settings and therefore are plausible.

There are several suggestions that may be worth considering

1. The responses are presented overall, were there differences among the varying cadres of health workers interviewed e.g. especially between administrators and clinicians? If the numbers are too small, this should be mentioned as a potential limitation, as diverse perspectives could be highly informative.

2. A brief mention of the history of the decision of the Guatemalan government to pay for "some" dialysis would be interesting in the introduction. Also some context about access to care/government provision for other high-cost interventions would be of interest e.g. chemotherapy, coronary angiography etc. In general is there universal health coverage in Guatemala? More context about where dialysis/transplantation sits within the health system would also be of interest.

3. The authors mention there is no costing data in Guatemala, but it appears despite "free" dialysis there are a lot of associated out of pocket expenses. Is there any data on how many patients stop trying to get dialysis? There is data from other countries where dialysis is free but other expenses are not and drop out rates are high (see Mazhar et al. Exp Clin Transpl 2017). Even if these data are not available, this paper should call for collection of such data to add to the advocacy for more resources.

4. It would be interesting to describe any reasons given by respondents as to how patients are prioritized. E.g. why are patients from far away given early dialysis slots? Is this a source of systematic bias in terms of dialysis allocation? Do various clinicians tend to use similar prioritization strategies? Are decisions to dialyse or not on a given day taken by all health care workers or only physicians?

5. Please expand on the prioritization of patients being "already" on peritoneal dialysis? Does this mean when switched to hemodialysis? Please clarify if patients truly given a choice of PD vs. HD or does
everyone eligible have to start with PD? Is there a PD first policy in Guatemala? If not, is this potential subsequent prioritization of these "good" patients also included in the information given up front?

6. Related to point 3, the description of patients travelling long distances and needing to wait to see if they get dialysis, possibly not having the right paperwork, dialyzing once a week or less, and having to pay out of pocket for most necessary medication is very distressing. It appears there are no institutional criteria to assist clinicians in their daily triage activities. The authors do refer to the Moosa et al. papers from South Africa (refs 39, 40). It is interesting that some form of institutional criteria (transparently communicated also to families and patients) was not brought up as a suggestion for improvement. The discussion could be strengthened by some discussion about whether having a set of triage criteria in place (although controversial) may improve efficiency and lessen moral distress on the health care workers.

7. The necessity for prevention of CKD should be stressed more strongly in the discussion.

8. The staff do seem to experience moral distress. Did any of the respondents mention how they cope with this? Should there be a call for some support systems to be put in place?

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