Reviewer’s report

Title: The strange case of mister H. Starting dialysis at 90 years of age: clinical choices impact on ethical decisions.

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Reviewer: Valerie Luyckx

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The authors have very eloquently described the challenge of trying to meet the needs of an elderly man who required dialysis but also required flexibility in the approach to preserve his dignity and his quality of life. The authors have described this in terms of an ethical challenge and have described the case with respect to the 4 core principles of biomedical ethics. I think this case is worth publishing, not only from the ethical point of view however. What the authors have put forward is how medicine SHOULD be practiced today and is very often not practiced. The approach to this patient required time (often not available in today's medicine which puts time over quality) and listening to the actual needs of the patient, reflecting how his needs could be met within the context of his life and his illness. To me this case should be the norm and it is a sad reality that it requires a case report to illustrate that this is an "exceptional" approach.

The authors state importantly that the choices of dialysis and conservative care are along a continuum and not an all or nothing approach which I applaud. This approach is however is very challenging in a fee for service environment. Cynically, but realistically, such a case further emphasises the need for ESKD reimbursement not to be tied to the number of dialysis treatments delivered (analogous to the cesarian section / normal delivery issue that was favouring cesarian sections because of higher reimbursement in many health systems or differing hemodialysis/peritoneal dialysis reimbursements favouring hemodialysis in some countries) which encourage doctors to insist on 3 times a week dialysis in order to receive payment 3 times a week. It would be interesting if the authors could add a short discussion on how the ethical/clinical challenge of truly meeting the patients life needs versus ESKD needs in a fee for service environment where hospitals are pushing strongly that doctors meet budgets and outpatient dialysis is a large source of revenue for most nephrology departments.

One point the authors could stress/discuss more, which they very briefly allude to, but which I believe to be very important point is the issue of a dialysis "trial" in such a case, emphasising that the decision to initiate dialysis need not be irreversible and the patient can exercise their autonomy at any time and withdraw from dialysis.

Are the methods appropriate and well described?
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Yes

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