

case for next issue

Call for Responses

The case of Geoff, outlined below, will be the basis for the In That Case section for the next issue of the *New Zealand Bioethics Journal*. We invite interested readers to provide commentaries for possible publication. Responses should be kept to approximately 500-700 words in length. The editorial board will select the responses to be published in the February 2001 issue of the *New*

Zealand Bioethics Journal. We also reserve the right to edit contributions, to avoid repetition of points for example. All editorial changes will be cleared with the authors before going to press. Contributions can be sent by email or by posting a copy to the Editor. Please include your name, address and phone number with your response.

Geoff is a 25-year-old man who is a patient of the nephrology unit at a local hospital. Geoff has a severe intellectual disability. He lives with his parents who look after him with great care. He is a very active man who finds it extremely difficult to sit for any length of time and has been known to wander, for this reason his parents have respite care on a regular basis. Geoff has recently developed chronic renal failure and a decision has to be made about future care. There are three possible options for Geoff's care; the first option is either peritoneal dialysis or haemodialysis. Haemodialysis would require that Geoff have needles inserted into his arm and he will be required to remain sitting for 5 hours three times a week. Peritoneal dialysis requires a tube being inserted into his abdomen so that a balanced salt solution can be introduced; approximately 2 litres remain in the abdominal cavity for 4-5 hours. This fluid is exchanged 4 times every day, each exchange taking 30 minutes. The survival time of this technique is approximately 5 years, the major risk being infection in the abdominal cavity (peritonitis). Repeated episodes of peritonitis will lead to technique failure much earlier. The second option is transplantation of a kidney (however there are no family members who are suitable donors). Currently the waiting time for a cadaveric kidney is three years, so that will mean that Geoff will need to go onto dialysis while awaiting the transplant. The last option is to treat conservatively providing no active treatment for his renal failure. This option would mean that Geoff would probably survive for another 12-18 months with increasingly poor health.