



EQUITY IN
KIDNEY CARE

POSITION
STATEMENT
OCTOBER 2022



Australian and
New Zealand
Society of
Nephrology

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Renal Society of Australasia

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The Australian and New Zealand Society of Nephrology (ANZSN), Kidney Health Australia (KHA), Kidney Health New Zealand (KHNZ), and the Renal Society of Australasia (RSA) are committed to the vision of optimal kidney health for all people.

Equity of health care is a fundamental human right. The WHO defines equity as the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or by other dimensions of inequality. Achieving equity of kidney health is vital for people and communities to attain their full potential for health and well-being.

Currently Indigenous Australians, Māori and Pacific peoples, as well as residents of rural, regional and some metropolitan areas, are more likely to have poorer access to treatment and suffer disproportionately worse outcomes from kidney disease compared with other patient groups within Australia and New Zealand. In addition, inequity of kidney care impacts people in socioeconomically disadvantaged and vulnerable groups, including those with lower education levels and health literacy, and those experiencing financial hardship. Individuals may belong to multiple impacted groups, thereby compounding the inequities. Research shows that these disparities are not fully accounted for by comorbidities and clinical factors.

Our organisations are committed to improved kidney health outcomes for Aboriginal, Torres Strait Islander, Māori and Pacific peoples. This is reflected in the ANZSN Indigenous Health Statement. We support the broad intent and key strategies contained in the Uluru Statement from the Heart, for Aboriginal and Torres Strait Islander peoples and acknowledge and respect iwi and hapū as tangata whenua of Aotearoa and are committed to upholding the principles of Te Tiriti o Waitangi (the Treaty of Waitangi).

We recognise the history, experiences and traumas of Indigenous peoples that have contributed to disproportionate health burdens, adverse experiences, and poorer outcomes. We are committed to promoting cultural safety and patient-centred provision of kidney care with open mindedness, respect, and empathy for the experiences of Indigenous peoples, alongside their families and communities.

Inequities continue to exist, despite attempts by government and health policy over many years to address the underlying causes. We are committed to advocacy for a comprehensive whole of government response in the planning, development, and delivery of kidney care services at all levels for those impacted by inequity. Intersectoral and multisectoral actions are required to address the social determinants of health and underlying causes of inequity. It is incumbent upon us to utilise the skills and experiences of our members to identify and find solutions to inequity and drive meaningful change.

We recognise that decisions regarding the design and delivery of kidney services at a national, regional and/or local level can be significant contributors to inequities in kidney care. These decisions can range from access criteria to treatments, the location of and accessibility to services, through to culturally appropriate models of service delivery. Health services should take an active role in measuring equity of access and outcomes based on ethnicity and other vulnerable population characteristics. There is an opportunity for leadership and advocacy from the kidney community to achieve more equitable healthcare access and outcomes.

As a basis for advocacy, education, and research solutions, ANZSN, KHA, KHNZ and RSA propose that;

- For equitable kidney care, the delivery of care should be determined by the most appropriate person-centred approach, with shared decision making involving the patient and their carers, without discrimination arising from recognised causes of disadvantage such as financial status, geographical location, cultural and language barriers, racial background, gender or inadequate infrastructure.
- Equity of access should exist across all kidney care including chronic kidney disease, dialysis (both facility-based and home-based), kidney transplantation, and supportive care.
- We acknowledge that, in addition to the role of specialised kidney services, access to primary health care, dietary and lifestyle education, and diabetes prevention strategies also contributes to inequities in kidney health. Equity of access should exist for patients accessing primary health care services to detect and manage health conditions related to the development and progression of CKD, such as diabetes, hypertension, obesity and other metabolic disorders.
- Dialysis services in Australia and New Zealand should be adequately resourced in terms of staffing, infrastructure and financing to optimise outcomes and minimise unfair financial, social and travel burdens on patients. A particular focus needs to be on patients residing in rural and remote areas. Tailored health literacy programs, culturally appropriate care and outreach programs have been shown to improve engagement and access to kidney care and should be a priority of equity policy.
- Equitable access to kidney transplantation must exist for both deceased and living donor kidney transplantation. It is essential to eliminate any barriers that unfairly and unjustly limit access to the life-saving benefits of kidney transplantation.
- When assessing potential live kidney donors across Australia and New Zealand, all medically suitable individuals should be considered. Considerations that unfairly discriminate should be identified and removed. A systematic evaluation of barriers and disparities in access to transplantation is required – in particular, ethnic disparities that cannot be adequately explained by the relative prevalence of comorbidities in various population groups.
- Where kidney replacement therapy is not of benefit to, or compatible with patients' goals of care, supportive and conservative kidney care should be available regardless of geographic location or social circumstances.

Establishing equity in kidney care is a significant challenge. The Australian and New Zealand Society of Nephrology, Kidney Health Australia, Kidney Health New Zealand and the Renal Society of Australasia are dedicated to finding solutions to increase equity of care for all people with kidney disease.