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Ethical Issues of Allowing Self-Care Home Peritoneal Dialysis in the Presence of Hoarding

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An ethical concern encountered in the practice setting involves allowing the continuation of self-care home dialysis therapy in the presence of hoarding. Compulsive hoarding is characterized by the inability to discard items, a living space not usable for the intended purpose and significant impairment in functioning because of the clutter leading to the health and safety of the subject. The DSM-V, assigns hoarding a distinct diagnostic code. An estimated 1.2 million people suffer from compulsive hoarding in the United States.

After initiation of home therapy, does the interdisciplinary team (IDT) have a duty to insist the home environment meet clinic policy to perform a clean, safe treatment? What ethical responsibility does the team have to ensure the home environment is suitable for therapy? How much can be expected of involved family members?

Stakeholders directly affected include the patient, family, and the interdisciplinary home therapy team. Indirect stakeholders comprise the home therapy company, dialysis supply company, insurance provider, county health department, and neighborhood.

Different priorities complicate the ethical dilemma. Does hoarding interfere with treatment? Does the fear of potential infection with reduced reimbursement rates skew the actions of providers? Alternatively, does altruistic moral accountability supersede? A deontological duty to provide life-sustaining care allowing for patient autonomy, and safety should prevail. The overriding moral, ethical principles of beneficence and non-maleficence protect the patient.

Direct communication demonstrating urgency, importance, and health concerns addressing the dysfunctional living place is imperative while avoiding triggers of blame. Being straightforward with information, factual, and firm on treatment performance parameters is necessary for trust development. Judgment statements about hoarding would provoke boundary crossing. The framework of beneficence is paramount. Communicating clearly and implementing a policy to inspect the home condition prior to initiation of therapy for all prospective patients is vital to a thorough evaluation of suitability. The healthcare team has limitations in family dynamics in the home therapy dialysis setting. The goal of home therapy is to promote self-efficacy, respect autonomy, offer education, and guidance in professional therapy matters.

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