

SGIM and Advocacy: Coalition for Kidney Care of Non-Citizens (CKCNC)

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In this issue of *Forum*, Lilia Cervantes, MD, and colleagues write eloquently about a patient with end-stage kidney disease who is unable to obtain regular dialysis care due her undocumented immigrant status and instead requires emergent hemodialysis every week. How far from standard of care is such treatment, especially in light of evidence that even the traditional two-day interdialytic interval is a time of increased risk for patients receiving hemodialysis three times a week?¹ In addition to dialysis, renal transplantation would be the standard of care for such patients were they not undocumented immigrants.

Motivated by the fundamental ethical dimensions of this tragic situation—including the human right to health care, fairness, and choice and

physicians’ obligations to their patients—the SGIM Ethics Committee formed a subcommittee in 2013 to examine how individual physicians, professional societies, and others should respond. Recognizing the inherently multidisciplinary nature of the problem, the subcommittee quickly reached out to other important stakeholders, including nephrologists, public health figures, ethicists, advocates, and social workers across the country. This resulted in the Coalition for Kidney Care of Non-Citizens (CKCNC) whose first task was to craft a position statement on care for the undocumented population with advanced kidney disease.

The CKCNC statement builds on existing position statements from the Renal Physicians Association (RPA) and American College of Physicians

(ACP).² It is, however, uniquely a product of its diverse stakeholders. Indeed, the process of writing the statement was itself used to build and solidify the CKCNC for advocacy and awareness purposes. The statement, which has not been endorsed by SGIM formally, is presented in Table 1.

What is the role of SGIM and its members related to this statement? As the statement continues to be revised, the CKCNC hopes to present it to SGIM and other relevant organizations and societies for formal endorsements. For individual members, the statement seeks to raise awareness of this issue, to reassure members who experience this issue firsthand that they are not alone, and to make clear physicians’

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Table 1. Coalition for Kidney Care of Non-Citizens Statement

Preamble: The right to health care is an internationally recognized human right due to its fundamental impact on the individual’s abilities to participate in the political, social, and economic life of society. This statement focuses specifically on the undocumented population of immigrants, as this is a topic of debate currently in the United States and a growing problem for health care systems across the country.

1. There is a collective ethical obligation amongst health care professionals and health care systems to ensure access to standard medical care (including as an example maintenance dialysis and transplant for patients with end-stage kidney disease) to individuals regardless of citizenship status, ethnic origin, nationality, native language, legal or social standing, or economic means.^{1,2}
2. Physicians should, individually and collectively, advocate for public and charitable funding programs to eliminate financial barriers to medical care. All physicians should fulfill their social responsibility for delivering high-quality health care to those without the resources to pay.³
3. Physicians should uphold patient confidentiality and should not report non-medical information about the documentation status of undocumented non-citizens to the authorities.
4. Physicians should, individually and collectively, work with all relevant stakeholders including patients, policy makers, health insurers, and health care systems to ensure, within the best of their abilities, that health resources are justly distributed amongst all.

¹ Adapted from the Declaration of Geneva <http://www.wma.net/en/30publications/10policies/g1/>

² Adapted from the American Medical Association’s Health and Ethics Policy H-160.987 Access to Medical Care

³ AMA Principle 3-6b: All health care facilities and health professionals should fulfill their social responsibility for delivering high-quality health care to those without the resources to pay.

FROM THE SOCIETY

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and the profession's ethical obligations in response. Although our membership is diverse, and we may not agree on immigration policy, few would suggest that immigration status should interfere in the patient-physician relationship.

We have learned several lessons through this process. First, coalition building is challenging. Coalition members have different priorities and constituencies that make achieving unanimous agreement difficult. However, collaboration resulted in a final product that has been created and endorsed by coalition members whose relationships were forged in the process. Second, it takes patience. This sustained effort has occurred over nearly two years with ongoing support of the SGIM Ethics Committee, and it has

been driven primarily by the passionate commitment of its subcommittee members. Third, collaboration is a worthwhile and exciting undertaking when common interests in advocacy are well aligned.

The CKCNC recognizes that care of advanced and end-stage kidney disease is only a small part of a bigger issue. Its longer-term goal is to change national policy regarding not only renal transplantation but also the more general issue of medical care for non-citizens. Immediate future efforts of the CKCNC, supported by the Ethics Committee, consist of ongoing revision of the position statement (including development of a formal and more comprehensive white paper), a national survey of current practices regarding health care for noncitizens with end-

stage kidney disease, and continued coalition building with other organizations and stakeholders.

We hope SGIM members will support our statement and help our cause. If you are interested in joining CKCNC in our advocacy and research efforts, or if you know of an organization that would make a good partner for our coalition, please email Donte Shannon at shannond@sgim.org.

References

1. Foley R, et al. Long interdialytic interval and mortality among patients receiving hemodialysis. *N Engl J Med* 2011; 365:1099-107.
2. https://www.acponline.org/acp_policy/policies/natl_immigration_policy_access_healthcare_2011.pdf

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