Dear Sir,

Death from suicide and interruption of treatment (‘social’ causes of death) are common in patients on renal replacement therapy in North America and Australia, whilst scarce data are available from Europe [1]. According to the European Registry of Dialysis and Transplantation (EDTA Registry), in 1992, 12,280 known causes of death were recorded and only 444 patients were reported to have died of social causes (3.6%) (courtesy of EDTA Registry). It has recently been reported by the EDTA Registry that death from treatment termination varies widely between Western European countries, being at the highest level in Sweden (9%) and lowest in Italy (2%) [2]. However, large registries may underestimate the true proportion of death due to treatment termination. In fact, it has been shown that causes of death perceived as reflecting badly on the dialysis team are regularly reported under a heading ‘acceptable’ to the team, and, in 1982, it was shown that in a single audit, less than 5% of the cases of dialysis termination were correctly reported [3].

Our clinical impression is that death from suicide and treatment termination is a rare event amongst RRT patients in Italy. However, to our knowledge, it has never been addressed specifically. For this purpose, we reviewed all chronic patients ever treated in the Renal Unit of Reggio-Calabria, Italy, from 1972 to 1995. This renal unit opened in 1972 and provides the sole dialysis facility for a population of around 300,000 inhabitants. A dialysis database was set up in 1987 and, in that circumstance, the case notes of all patients ever treated before then were carefully reviewed with particular reference to the causes of death.

Table 1. Causes of death in 249 patients who died in Reggio Calabria, Italy, from 1972 to 1995

<table>
<thead>
<tr>
<th>Causes of Death</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrelated</td>
<td>236</td>
</tr>
<tr>
<td>Social</td>
<td>8</td>
</tr>
</tbody>
</table>

In Reggio Calabria from 1972 to 1995, 516 patients started RRT. The average age of the patients at the start of RRT was 50 years (range 1-86), but increased from 38 years during 1972-1975 to 60 years in 1990-1995. Overall, 249 patients died from 1972 to 1995, and the causes of death are listed in table 1. In only 8 cases (3.2%) was death amenable to ‘social’ causes. At the time of death, 6 patients were being treated by dialysis and 2 were carrying a functioning renal graft. These latter patients developed psychiatric disorders shortly after transplantation and refused any kind of treatment. Among the 6 dialysis patients, in 2 of them, dialysis was terminated because of dementia and poor general condition; a totally crippled patient with oxalosis with gangrene of the fingers developed hematemesis and mel-
Table 2. Comparison between patients who died of social causes and all other patients ever treated by RRT in Reggio Calabria, Italy, from 1972 to 1995

These data come from 23 years of experience in a single dialysis unit confirming that death from suicide and stoppage of treatment are rare events among RRT patients in Italy even after the reporting bias has been ruled out: only 8/249 (3.2%) patients died of social causes and only in 2 (0.8%) was dialysis stopped. Therefore, this audit confirms that the proportion of patients dying from social causes in Italy are 5-10 times lower compared to North America and Australia. We believe that this difference is related to cultural or religious differences, but the preselection of patients entering the RRT programme cannot be excluded.

ena and it was decided not to perform any further investigation or invasive intervention; an old hemodialysis patient died because of exhaustion of the vascular accesses when the peritoneal dialysis program was not yet started, and 2 old peritoneal dialysis patients died of fluid overload and hyperkal-emia because peritoneal dialysis was no longer effective and it was decided not to switch them onto hemodialysis. Social death was not associated with age, sex, presence of diabetes or first type of treatment (hemo- or peritoneal dialysis), both by means of uni-variate (table 2) and multivariate analysis (logistic regression). The survival of these 8 patients on RRT ranged from 10 days to 14 years (median = 5 years), and the age at death was on average 56 years (range 22-71). Of the 6 dialysis patients, in 5 cases the suggestion to terminate dialysis was first given by the physicians and in the last case, by the patient’s relatives.

References


Erratum
In the article by Wang et al. entitled ‘Anti-hepatitis E virus markers in hemodialysis patients’, published in Nephron 1996;73:343-345, the name of the 5th author should read Gerhard Jahn, not Gerhart Jahn.

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Nephron 1996;73:737-738

Catalano/Marino