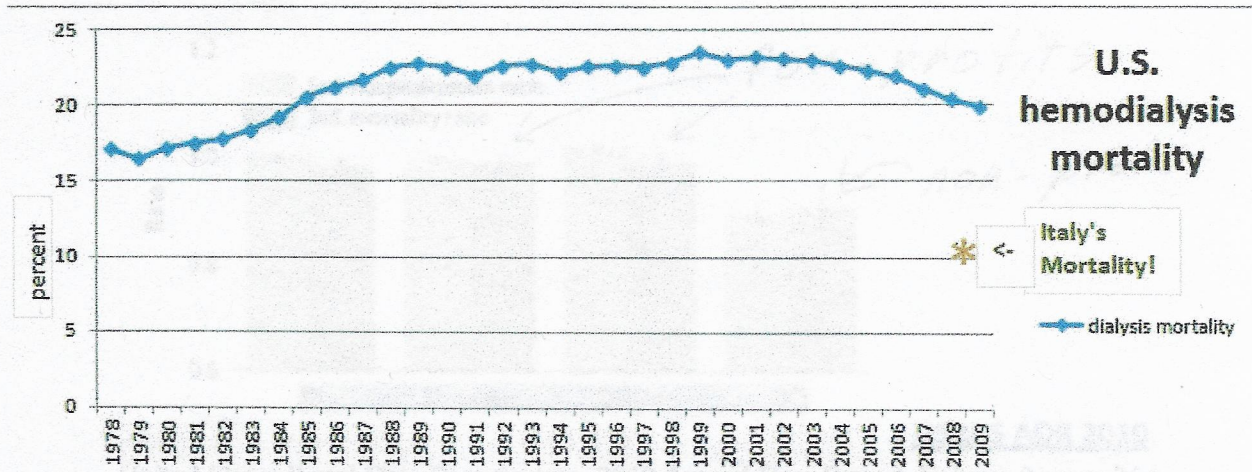


A THIRTY YEAR HISTORY OF KIDNEY DIALYSIS



"Italy has one of the lowest mortality rates for dialysis care -- about one in nine patients dies each year, compared with one in five here. Yet Italy spends about one-third less than we do per patient."

<http://www.propublica.org/article/in-dialysis-life-saving-care-at-great-risk-and-cost>

*Dr. Carl Kjellstrand

Recipient of the Annual Award for Lifetime achievement in Hemodialysis

"All other high technology treatments are also accepting older and sicker patients, such as those with diabetes; still, the results have improved. ***Dialysis is unique in experiencing a worsening mortality.***"

(note: And all this has come with higher costs for the taxpayer¹)

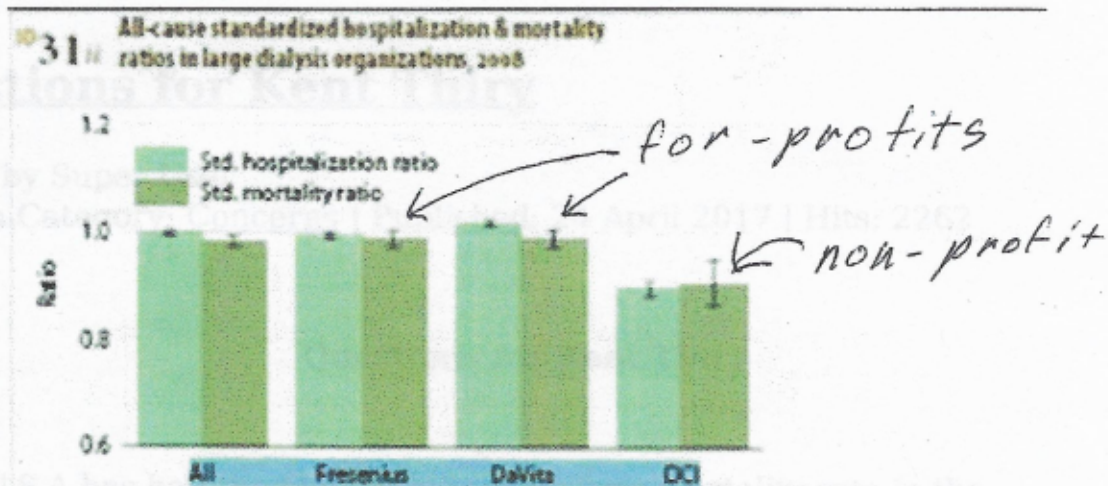
Arundati Roy quote:

"you could, like me, be unfortunate enough to stumble on a silent war. The trouble is that once you see it, you can't unsee it. And once you've seen it, keeping quiet, saying nothing, becomes as political an act as speaking out. There's no innocence. Either way, you're accountable."

¹2007 fact sheet presented to the Colorado state legislature, top of page:

<http://www.dialysisethics2.org/index.php/our-concerns/88-fact-sheet-2007>

Kidney Dialysis Provider Mortality and Hospitalization



USRDS ADR 2010

United States Renal Data Data System, 2010 Annual Data Report, Volume 2, page 364

"In units owned by Fresenius, white patients have statistically significant higher SHRs (Standard Hospitalization Ratios), while African American patients have statistically significant lower SHRs (Standard Hospitalization Ratios) and SMRs (Standard Mortality Ratios)." - United States Renal Data Data System, 2010 Annual Data Report, Volume 2, page 364. **This and current LOWER mortality statistics for minorities seem to counter the argument Dialysis Clinic Inc., a nonprofit, maybe cherry-picking patients.**

*Google "John Oliver Kent Thiry", then look for the comedian John Oliver's dialysis video. It is both entertaining and informative.

*The good news is the mortality rate recently has come down to the lowest level it has ever been: ~16%. However we are only now at levels we should have been in **1980**. And our mortality rate still looks poor compared to such countries as Italy (mentioned on page 1)

For more information visit: <https://www.dialysisethics2.org/>

Questions for Kent Thiry

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Questions for Kent Thiry

Written by Super User

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Questions for Kent Thiry

- 1) The U.S.A has had the highest kidney dialysis mortality rate in the industrialized world! It looks to us DaVita was a large part of it. Can you explain why this is?
- 2) A poorer country, Italy, has a lower kidney dialysis mortality rate than the U.S. (10% vs our closer to 20%) and spends one third less. Can you explain this?
- 3) A non-profit in the U.S., DCI, appears to have a much lower kidney dialysis mortality rate than both the large for-profits: DaVita and Fresenius. Can you explain why this is?
- 4) Why do some call our dialysis treatments here short and violent?
- 5) DaVita serves a large portion of the minority population. We recall the Afro-American dialysis population has a lower mortality rate than the Caucasian dialysis population. Shouldn't this cause DaVita's mortality rate to be better than DCI's? Why the discrepancy?
- 6) When DaVita recently settled a \$55 million Judgment for misusing the drug epogen, DaVita stated it was the physicians prescribing the drug. Why did for-profit physicians, like DaVita's, find it necessary to prescribe sometimes **three times** what the non-profit physicians were prescribing? (Epogen in high doses has been linked to increased risk for death, strokes, and heart attacks in kidney

dialysis patients)

7) What are DaVita's best practices and what are they like at DCI and other countries?

8) Why does DaVita strive for a high patient/staff ratio when the state of Vermont and many say a ratio of 9 patients to 3 techs and one nurse would avoid problems when things go wrong?

9) Why does DaVita continue the dangerous practice of reuse when there are so many studies saying this is a dangerous practice? There are counter-studies (unreliable?), but the bottom line seems to be people like Betty Allen might be alive today if the practice of reuse was abandoned.

10) We would like to know why patients come into dialysis with kidney disease, yet so many pass away with heart disease?

11) From '91 to '01 the USRDS shows the number of patients doubling, costs tripled, yet the death rate was up 123%. We were wondering where the money went? - looks like it didn't go to patient care!

12) And are large, rich, for-profit dialysis companies such as DaVita and Fresenius still rationing gauze? Isn't that like rationing bullets in a war?