French nationwide survey of undocumented ESRD migrant patient access to scheduled hemodialysis and kidney transplantation

Alice Doreille, Raphaël Godefroy, Jonas Martzloff, Clément Delthombe, Yosu Luque, Laurent Mesnard, Marc Hazzan, Michel Tsimaratos, Eric Rondeau, Maryvonne Hourmant, et al.

French nationwide survey of undocumented ESRD migrant patient access to scheduled hemodialysis and kidney transplantation

Alice Doreille[1,2], Raphaël Godefroy[3], Jonas Martzloff[4], Clément Delthombe[5], Yosu Luque[1,2], Laurent Mesnard[1,2], Marc Hazzan[6], Michel Tsimaratos[7], Eric Rondeau[1,2], Maryvonne Hourmant[5], Bruno Moulin[4,8], Thomas Robert[3,9], Cédric Rafat[2]

1. Sorbonne Université, Paris, France
2. Soins Intensifs Néphrologiques et Rein Aigu, Hôpital Tenon, Assistance Publique-Hôpitaux de Paris (AP-HP), France
3. Service de Néphrologie, Assistance Publique – Hôpitaux de Marseille (AP-HM), France
4. Service de Néphrologie, CHU de Strasbourg, France
5. Service de Néphrologie, CHU de Nantes, France
6. Service de Néphrologie, CHU de Lille, France
7. Service de Néphropédiatrie, Assistance Publique – Hôpitaux de Marseille (AP-HM), France
8. Université de Strasbourg, France
9. Université de Marseille, France

Word count: 893 /1000

Scheduled thrice weekly hemodialysis represents the standard of care for patients suffering end stage renal (ESRD) disease pending kidney transplantation based on cogent evidence and guidelines. Yet, when it comes to undocumented migrants with no health insurance, emergency-only dialysis strategy is often used to treat life-threatening manifestations of ESRD.[1–3] Most studies available on dialysis in undocumented migrants stem from the United States. Nevertheless this situation is common in Europe where immigrants represent about 1.5% of the dialysis population.[4] The French health care scheme provides for full reimbursement of expenditures related to ESRD on grounds of citizenship and residence status.[5,6] The lack of unambiguous national policy regarding insurance coverage during the first three months of stay of undocumented migrant has given rise to disparate appraisal across nephrology centers in France: some centers have opted for emergency-only dialysis strategy while others have settled for scheduled hemodialysis. Likewise decision to enroll patients on the waiting list for kidney transplantation differs according to local policy. France, akin to other European countries, has experienced a rising trend in migration bringing these issues into the spotlight.[7]

Through two nationwide surveys sponsored by the Société Francophone de Néphrologie, Dialyse et Transplantation, we sought to: a) estimate the number of patients involved per center b) examine the determinants underpinning the decision to proceed to or forego scheduled hemodialysis and/or kidney transplantation c) investigate the clinicians' perception of local policy. The surveys were sent through the mailing list consisting of 870 currently practicing nephrologists in France.

Survey 1: clinical data and practices

The nephrology departments of 20 hospitals (10 adults' university hospitals, 6 pediatric hospitals and 4 general hospitals) responded to the survey sent in January 2020. An English version of these two surveys is available in the supplemental data section.

The response rate was nil for both private not-for profit and for-profit facilities, 47% for public academic hospitals and 10% for public general hospitals.

A median of 4 undocumented migrants (range 0 – 13) were dialyzed per center over the 3 months before the survey, for a median of 65 patients (17 – 155) dialyzed per week.

Dialysis strategy (Fig 1A)

Most of the centers (n=13, 65%) scheduled all undocumented migrants on chronic dialysis three time a week. Twenty five percent of the centers (n=5) offered chronic dialysis only to migrants coming from countries where the access to dialysis was deemed insufficient.

Two centers (10%) dialysed these patients on emergency criteria pending the grant of their health insurance rights (i.e 3 months following arrival on French territory).

Transplantation strategy (Fig 1B)

Eighteen centers offered a transplantation program. From a legal standpoint, to be enlisted for kidney transplantation, patients must have health insurance rights granted. The hospital administration policy regarding residence permit status differs in-between hospitals. The majority of the centers (n=10, 56%) enrolment on the waiting list was also contingent on holding a residence permit. Four centers (22%) additionally required a minimum level of proficiency of the French language.

In 20% of the responding centers there was no consensus among clinicians regarding dialysis and transplantation listing.

Survey 2: clinicians' perception

Thirty-six nephrologists answered the second survey exploring their perception of nephrological care for undocumented migrants.

The chief justifications put forward to vindicate scheduled hemodialysis were restricted access to dialysis and the geopolitical context in the country of origin. (Fig1C)

The great majority of respondents (92%) agrees with the assertion according to which the management of patient with restricted access to dialysis in their home country represents a moral obligation bestowed on clinicians. Sixty percent of respondents agree with the contention stating that clinicians are morally obligated to taking care of undocumented migrants without any restrictions. (Fig1D)

For the majority of nephrologists (n=24, 66 %), undocumented migrants management causes additional stress. Thirty-nine percent (n=14) of respondents expressed dissatisfaction with the care pertaining to dialysis in 39% (n=14) and to kidney transplantation in 31 % (n=10).

This survey highlights the ethical conundrum related to the management of undocumented migrants with ESRD. Short of an unequivocal national policy, there is divergence in the French nephrology community on what are the meaningful grounds on which a clinician may assess the claim of an undocumented migrant to scheduled dialysis and KT. The discrepancy in practices also highlights the complex interplay between disparate policies from one hospital administration to another and potential conflicting interpretation and application. Local hospital administrative policies may hence impact clinician's practices

regardless of their core belief. The second part of the survey also revealed at least some in-medical community divergence of perception. The survey was not devised to unravel the rationale underpinning each clinician's opinion. Yet it may reflect each clinician's concern about striking a balance between ethical concerns and the fear that undocumented migrants with ESRD may represent an extra burden on an already much strained health system. From a clinical standpoint, the consequences are subpar medical management for patients left on an emergency-based scheme and mental strain for the attending clinicians. This survey was set exclusively in France, even though the issue of dialysis and transplantation care in undocumented migrant patients is a global concern which transcends national boundaries, as reported by Van Biesen *et al*.[4] At any rate, it should urge for an interdisciplinary reflection and a national -or more appropriately a European- policy dedicated to channeling nephrological care to these patients.

FIGURE

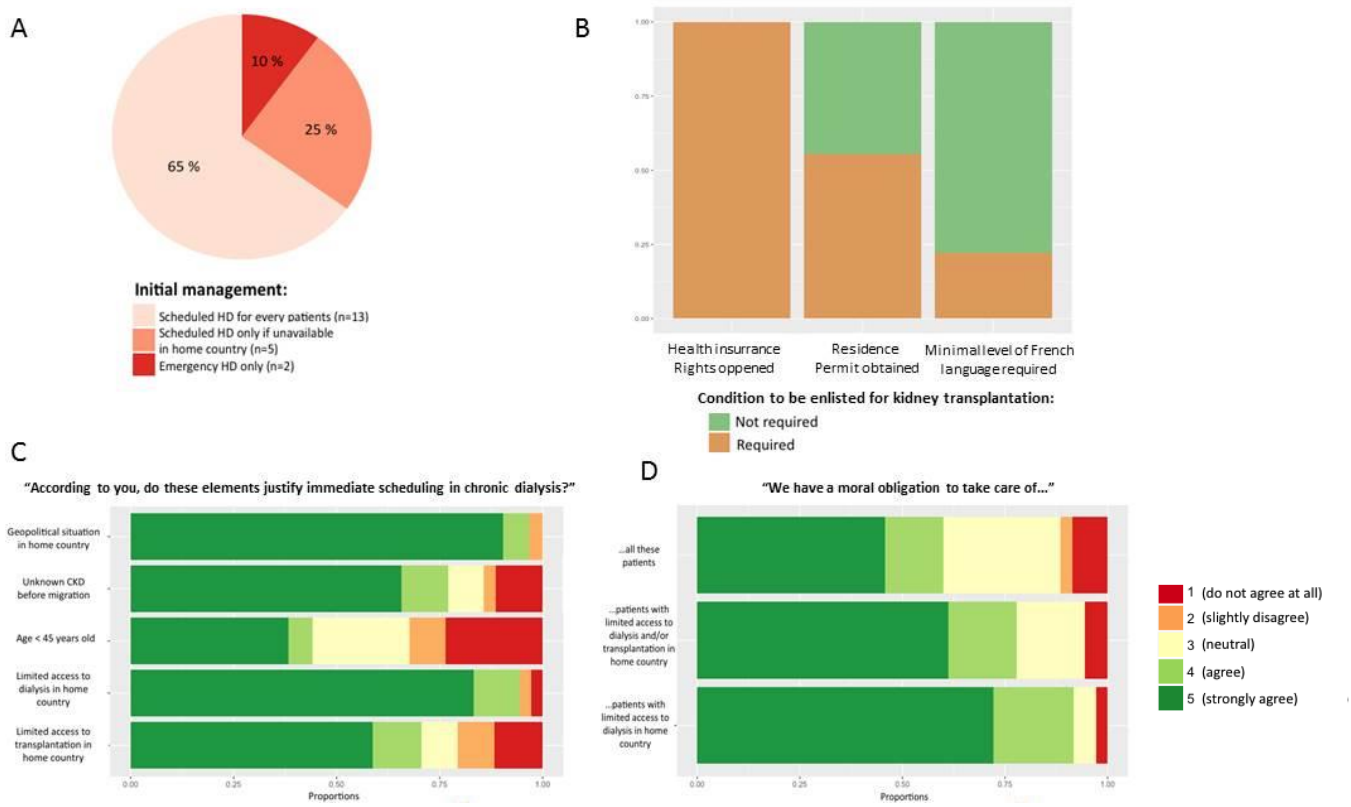

Figure legend:

A. Initial management of undocumented migrants with end stage renal disease requiring chronic dialysis: 13 centers (65%) scheduled all undocumented migrants on chronic dialysis 3 time a week, 5 centers (25%) offered chronic dialysis only to migrants coming from countries where access to dialysis was deemed insufficient, two centers (10%) only dialysed these patients on emergency criteria until the opening of their health insurance rights (i.e 3 months following arrival on the French territory). **B. Conditions required to be unlisted for kidney transplantation:** All centers (n=18, 100%) required health insurance rights opened. Ten centers (n=10, 56%) also waited for residence permit. Four centers (22%) also required a minimum level of proficiency of the French language. **C. Personal opinion on elements justifying immediate scheduling in chronic dialysis** (n=36) **D. Personal opinion on nephrologists' moral obligation** (n=36)

REFERENCES

1. Cervantes L, Tuot D, Raghavan R, et al. Association of Emergency-Only vs Standard Hemodialysis With Mortality and Health Care Use Among Undocumented Immigrants With End-stage Renal Disease. *JAMA Intern Med*. 2018;178(2):188-195. doi:10.1001/jamainternmed.2017.7039

2. The Lancet Haematology null. The undocumented struggle with emergency-only dialysis. *Lancet Haematol*. 2018;5(9):e378. doi:10.1016/S2352-3026(18)30139-X

3. Cervantes L, O'Hare A, Chonchol M, et al. Circumstances of Death among Undocumented Immigrants Who Rely on Emergency-Only Hemodialysis. *Clin J Am Soc Nephrol CJASN*. 2018;13(9):1405-1406. doi:10.2215/CJN.03440318

4. Van Biesen W, Vanholder R, Vanderhaegen B, et al. Renal replacement therapy for refugees with end-stage kidney disease: an international survey of the nephrological community. *Kidney Int Suppl*. 2016;6(2):35-41. doi:10.1016/j.kisu.2016.09.001

5. Mouden ME. [Health of migrants in Calais]. *Soins Rev Ref Infirm*. 2020;65(843-844):54-55. doi:10.1016/S0038-0814(20)30058-X

6. Lefebvre O, Maille D. [Access to rights, access to care: what obstacles for migrants ?]. *Rev Prat*. 2019;69(5):567-574.

7. Asylum quarterly report - Statistics Explained. Accessed March 19, 2021. https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_quarterly_report#Main_trends_in_the_number_of_asylum_applicants