Discussing end-of-life care of haemodialysis patients using Go Wish Cards

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18th June 2026

NSW GOVERNMENT Health
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Background

- End-stage kidney disease (ESKD) patients on dialysis face higher rates of hospitalisation, intensive care admissions and mortality (Kerr et al., 2017, Rodriguez de Soda et al., 2022).
- In Australia, the prevalence of kidney replacement therapy (KRT) among patients is 15,623 per million population (pmp), 76% consists of facility haemodialysis (Au et al., 2024).
- Only 30% had discussed their end-of-life (EoL) care preferences (Lunardi et al., 2020).
- Barriers include uncertainty about the disease process, disengagement from decision-making and discussions about their treatment preferences and EoL care (Goff et al., 2015; Tong et al., 2014).

Literature Review

- Good end-of-life care aims to maintain the comfort, choices and quality of life of a person, including the psychosocial and spiritual needs of them and their families (Hopkins et al., 2011; NSW Health Guideline Summary, 2021).
- Advance Care Planning facilitates EoL communication between patients and their healthcare professionals (Zwakman et al., 2018).
- Close relatives and carers may not know the patient's preferences, leading to confusion, frustration and regret (Davison, 2010; Saeed et al., 2020).

Literature Review

- Playing card-based approaches facilitating ACP discussions in a safe and non-threatening manner (Liu et al., 2021: Möller et al., 2020; Van Scoy et al., 2017).
- GWC had mostly applied in oncology and palliative care populations (Möller et al., 2019; Paiva et al., 2024).
- Lefuel et al (2022) and Teso et al (2026) in Switzerland applied the GWC to dialysis patients but did not mention the care preferences in the reports.

Aims

- to use the Go Wish Card to describe the care preferences and priorities of haemodialysis patients regarding EoL.
- to determine patients' views on the acceptability of the GWC for facilitating ACP discussions.

Method & Setting

- Purposive cross-sectional study (March 2025 – February 2026) in one IHU, two satellite centres.
- Ethics approval from the Human Research Ethics Committee of Local Health District.
- Inclusion criteria: adult, cognitively intact, English-literate patients.
- Demographic data, advance care planning engagement survey, and quality of life outcomes measure (EQ-5D-5L) were collected.

Go Wish Cards

- The original Go Wish Cards (GWC), developed by the Coda Alliance in 2006, 52 cards (autonomy, symptom control, communication, family, financial, practical, and spiritual issues) (Lankarani-Fard et al., 2010; Osman et al., 2018).
- Four suites: Spades ♠ (physical needs), Hearts ♥ (spiritual needs), Diamonds♦(financial needs), and Clubs ♣ (social needs).

Go Wish Cards





Method & Setting

- Participants selected 10 "very important" and 10 "not important" Go Wish Cards in ranked order.
- McNemar's test → GWC improved readiness to engage in ACP.
- Binomial logistic regression → variables associated with the helpful of GWC.

Demographic Results (n = 37)

Variables	Values
Males	21 (57%)
Mean age	58.5 years (range 22–84 years).
Median dialysis vintage	30.7 months (interquartile range [IQR] 18.1–46.9)
Caucasian (Australian or British)	22 (60%)
Married	23 (62%)
Retired & unemployed	29 (79%)
Secondary education or higher	34 (92%)
Christian or Catholic	23 (64%)
Diabetes mellitus (type I / II)	21 (56.8%)

Results

Variables	Values
Quality of life (EQ-5D-5L)	Mean score 66.1 ± 17.8
Readiness to engage in ACP	Trend toward statistical significance (p=0.06)
Go Wish Card Evaluation	27 (73%) agreed or strongly agreed GWCs were helpful in planning ACP
	30 (81%) agreed or strongly agreed to recommend GWC to others
	Statistical insignificance in multivariable analysis.

EoL Care Preferences

Very important	Not important
I don't want to be a burden to my family. ♣	I want someone to chant or pray after I die. ♥
I don't want to suffer. ♠	I want someone to pray with me. ♥
If I'm going to die anyway, I don't want to be kept alive by machine. ♠	I'd like a room with windows. ♦
I want my family and friends around me. ♣	Don't put my body in freezer until 8 hours after I die. ♥
I want my family to remember the happy times. ♣	After I die, don't touch my body for __ hours. ♥

Discussions (very important)

GWC (n=37)	Lee (2022) HKSAR (n=238)	Paiva et al. (2024) (n=15, Oncology, Brazil)
I don't want to be a burden to my family. ♣	I don't want to suffer. ♣	I want my family and friends around me. ♣
I don't want to suffer. ♠	I don't want to be a burden to my family. ♣	I want a doctor I trust and caring nurses. ♠
If I'm going to die anyway, I don't want to be kept alive by machine. ♠	I want to maintain my dignity. ♥	I want my family to respect my wishes. ♣

Discussions (not important)

GWC (n=37)	Lee (2022) HKSAR (n=238)	Paiva et al. (Oncology, Brazil)
I want someone to chant or pray after I die. ♥	I want to talk about what I have done in my life. ♥	NA
I want someone to pray with me. ♥	I want a chance to say good-bye. ♣	
Don't put my body in freezer until 8 hours after I die. ♥	I want to be kept warm. ♠	

Acceptability of GWC

GWC (n=37)	Teso et al. (2026) Switzerland (n=20)	Lee (2022) HKSAR (n=238)
73% agreed or strongly agreed GWCs were helpful in planning ACP	Mean 3.89 ± 0.37 (about 77.8%)	86.5% agreed or strongly agreed GWCs were helpful in planning ACP
81% agreed or strongly agreed to recommend GWC to others	Mean 3.73 ± 0.53 (about 74.6%)	NA

Discussions

- ✓Demonstrated the value of the GWC as a reflective and communicative tool.
- ✓Normalize conversations about death and dying within the community.
- ✓Preparation for a good death.

Limitations & recommendations

- Present study sample size was relatively small.
- Integrating the GWC into routine hospital care.
- Evaluate the ACP documentation rates, concordance of care with preferences, and dialysis withdrawal decisions.
- Incorporating qualitative methodologies.

Conclusions

- Haemodialysis patients prioritize social needs at the EoL phase.
- Go wise card was acceptable and helpful aid.
- GWC helps patients who may be reluctant to discuss EoL.
- The outcomes of this study inform family members and healthcare professionals, ultimately improving the guided practices in EoL care planning.


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Thank you
Q & A