When Someone You Love Has Kidney Disease

A Guide for Caregivers & Family Members

Understanding the journey. Navigating the changes. Taking care of yourself too.

"We don't just treat kidneys — we care for people."
— ARC Dialysis

This guide was written for you — the people who love someone with kidney disease.
Inside you will find honest information about what to expect, how to talk to family members of every age, how to protect your own wellbeing, and where to find support in your community.

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Part One | A Note to You

This Guide Is for You

When someone you love is diagnosed with chronic kidney disease (CKD) or begins dialysis, everything changes — for them, and for you.

You may be the spouse driving three times a week before sunrise. You may be the adult child fielding calls from the nephrologist while managing your own job and family. You may be the grandchild who doesn't quite understand why Grandma seems tired all the time. You may be the aging husband sitting alone in the waiting room, trying to understand what the machine is doing to his wife's blood.

Nobody handed you a guide. Nobody asked how you were doing.

This guide is written for you.

> **A WORD BEFORE WE BEGIN**
>
> *What you are feeling — the fear, the grief, the exhaustion, the love, and sometimes the resentment you feel guilty about — all of it is normal. All of it is valid. You are not alone in this.*

ARC Dialysis has spent years sitting with patients and the people who love them. We have seen what happens when a family has good information and a support system — and we have seen what happens when they don't. This document exists because we believe your wellbeing matters just as much as your loved one's treatment.

Read this at your own pace. Share what is useful. Return to it when things get hard.

Part Two | Understanding What Is Happening

Kidney Disease in Plain Language

You do not need to become a medical expert. But understanding the basics will help you ask better questions, make better decisions, and support your loved one more confidently.

What the kidneys do

The kidneys are two fist-sized organs that quietly do an enormous amount of work. Every single day they filter about 200 liters of blood, removing waste, excess fluid, and toxins that would otherwise build up in the body. They also regulate blood pressure, balance minerals, and help produce red blood cells.

When kidneys begin to fail, waste accumulates. Fluid builds up. Blood pressure rises. A person can feel fatigued, swollen, nauseated, or mentally foggy — often before they even know something is wrong.

What CKD means

Chronic kidney disease (CKD) is a long-term condition where kidney function gradually declines. It is measured in five stages, based on how well the kidneys are filtering.

- Stage 1 and 2: Kidney damage is present but function is still mostly normal. Many people have no symptoms.
- Stage 3: Mild to moderate loss of kidney function. Fatigue, changes in urination, and fluid retention may appear.
- Stage 4: Severe loss of function. The nephrologist will likely begin discussing future treatment options, including dialysis.
- Stage 5 (End-Stage Renal Disease, or ESRD): The kidneys are functioning at less than 15% of normal capacity. Without treatment — dialysis or a transplant — the body cannot survive.

> *CKD is not a death sentence. Millions of Americans live long, meaningful lives on dialysis. The goal of treatment is not just survival — it is quality of life.*

What dialysis does

Dialysis takes over the filtering work the kidneys can no longer do. It is not a cure, but it is a life-sustaining treatment that allows people with kidney failure to continue living.

There are two primary types of dialysis:

Hemodialysis

Blood is drawn out of the body through a special access point (usually an AV fistula or graft in the arm), filtered through a machine called a dialyzer — sometimes called an artificial kidney — and returned to the body. Most patients receive hemodialysis three times per week, with each session lasting about three to four hours.

Hemodialysis can be done in a dialysis center or, for some patients who receive training and have the right home setup, at home with medical supervision.

Peritoneal Dialysis (PD)

This type of dialysis uses the lining of the abdomen — the peritoneum — as a natural filter. A catheter is placed in the abdomen, and a cleansing fluid called dialysate is cycled in and out over the course of the day or overnight. Peritoneal dialysis is done at home and allows for more flexible scheduling. It requires daily attention and careful hygiene, but gives many patients significantly more independence.

The question of transplant

A kidney transplant is the closest thing to a cure for kidney failure. Not everyone is a candidate, and wait times can be long. Your loved one's nephrologist can explain whether transplant is a possibility and what the process involves. If your loved one is interested, ask to be referred to a transplant center for evaluation.

Part Three | The Caregiver's Journey

You Are Going Through Something Too

Caregiving for someone with kidney disease is not a single event. It is a long, evolving relationship with an illness that changes over time — sometimes gradually, sometimes suddenly.

Understanding the emotional terrain ahead is not pessimism. It is preparation.

The stages caregivers often move through

The initial shock

When the diagnosis first arrives, most families describe a kind of disorientation. Even if symptoms have been building for years, hearing the words "kidney failure" or "you need dialysis" changes something. You may feel numb, frightened, or strangely calm — all of these are normal. Your brain is trying to absorb something enormous.

In this phase, try not to make major decisions. Try to gather information slowly. Let yourself feel what you feel before you try to fix anything.

The reorganization phase

Once dialysis begins, life reorganizes itself around treatment. Schedules shift. Someone needs to drive. Appointments multiply. Insurance questions appear. Dietary rules change the way meals are planned. The household that existed before looks different now.

This phase is often exhausting and frequently invisible. Nobody sees the extra work you are doing. It simply becomes the new normal — and it is a heavy one.

The adjustment phase

Over time, most families find a rhythm. Treatments become routine. The fear becomes more manageable. There are still difficult days, but there are also ordinary, even joyful ones. Your loved one may adapt better than you expected — or they may struggle in ways that surprise you.

This phase also brings its own challenges: caregiver fatigue, grief for the life you had before, and the quiet loneliness of a role that leaves little room for your own needs.

Transitions and crises

Kidney disease is not static. At some point, things will change — a hospitalization, a change in treatment, a decline in function, a decision about what comes next. Each transition brings its own grief and its own logistics.

The best thing you can do is build a support system now, before the next crisis arrives. That is what the rest of this guide will help you do.

> **A NOTE ON BURNOUT**
>
> *Caregiver burnout is real. It is not weakness. It is what happens when a caring person gives everything they have without replenishing. Protecting your own health is not selfish — it is the only way you can continue to show up.*

Feelings caregivers often carry alone

These are feelings that caregivers frequently experience but rarely say aloud. We name them here so you know you are not alone:

- Grief — not just for what your loved one is losing, but for the life you both had before.
- Fear — of the future, of a decline, of being alone, of making the wrong decision.
- Resentment — for the demands on your time, your energy, your plans. This is normal. It does not mean you love your person any less.
- Guilt — for feeling resentment, for wanting your own life, for having good days when they have bad ones.
- Isolation — because few people in your circle truly understand what this is like.
- Pride — in your loved one's resilience, in your own strength, in the relationship that has held through something hard.

All of these feelings can coexist. You do not have to choose between love and exhaustion. Between commitment and loss. The human heart is large enough to hold contradictions.

Part Four | Talking to Family Members at Every Age

What to Say — and How to Say It

One of the hardest parts of a serious diagnosis is figuring out how to talk about it — especially with younger family members. Children and teenagers are not fragile. What they cannot handle is not knowing. When adults go quiet, children fill in the silence with their imagination, which is almost always worse than the truth.

The guidance below is organized by age. Use it as a starting point, not a script. You know your family. Trust yourself.

Young Children *Ages 4–8*

At this age, children are concrete thinkers. They understand what they can see, touch, and feel. Abstract concepts like organ function or disease progression will not land — but honesty delivered in simple, reassuring language will.

What they are probably feeling: Confused. Maybe scared that Grandma or Dad seems different. Worried they did something wrong. Children at this age often believe they caused problems they didn't cause.

What to say:
"Grandpa's kidneys — those are parts inside his body that help keep his blood clean — they stopped working as well as they used to. So now he goes to a special place called a dialysis center three times a week where a machine helps do the job his kidneys can't do anymore. It helps him feel better."

"You didn't do anything wrong. This is not anyone's fault. It just happened, the way sometimes people get sick."

"Grandpa still loves you. He might be more tired than before, but he still wants to see you and hear about your day."

What to avoid:
Avoid the word "dying" unless it is accurate and imminent — at this age it tends to land with more terror than information. Avoid saying "he's sick" without explaining what sick means in this context, since children at this age may fear every cold could lead to dialysis.

What helps:
Routine reassures young children. Let them know who picks them up from school, who makes dinner, what is staying the same. If they can visit the center or see the treatment in a simple way (a picture book, a simple video), some children find it less scary than what they imagined. Let them draw pictures for their loved one. Let them help.

Older Children & Tweens *Ages 9–12*

At this age, children are beginning to understand more complex cause and effect. They can handle more information and they will often look for information on their own if you don't give it to them — which means they may find frightening or inaccurate things online.

What they are probably feeling: Worried, but trying to seem okay. They may be angry in ways that seem unrelated — irritable at home, distracted at school. They may feel pressure to "be good" and not add to the stress. Some will ask questions constantly. Some will go very quiet.

What to say:
"Grandma has something called kidney failure — her kidneys stopped cleaning her blood the way they're supposed to. So she goes to dialysis three times a week. It's a long appointment, about four hours, and a machine does the cleaning for her. It's not comfortable, but it keeps her alive and it helps her feel better overall."

"This is serious, but people live for many years on dialysis. The goal is to make sure she's as healthy and comfortable as possible."

"If you look things up online, some of it will be scary and some of it won't apply to Grandma's situation. Come to us if you find something that worries you and we'll talk through it together."

What to avoid:
Avoid false optimism ("Everything will be totally fine!") — kids this age can smell it and it undermines trust. Avoid over-explaining in a clinical way that makes them feel lectured.

What helps:
Give them a job. Children this age often need to feel useful. Cooking a meal, sending a card, accompanying a caregiver to drop off or pick up — participation gives them a sense of agency. Acknowledge that it is okay to feel sad, scared, or even angry. Normalize that school might be harder to focus on for a while, and let teachers know if appropriate.

Teenagers *Ages 13–17*

Teenagers are capable of understanding almost everything — and they are often more aware of what is happening than adults give them credit for. What they struggle with is the emotional weight of it, and the collision between a family crisis and the very normal developmental work of becoming their own person.

What they are probably feeling: A complicated mix of love, fear, guilt (for wanting to live their own life), anger (at the situation, at the disruption, sometimes at the sick person), and isolation. They may feel they cannot burden their parents by having problems of their own. Some teens step into a caregiver role and give up too much of themselves.

What to say:

"I want to be honest with you about what's happening with Dad's kidneys, because you're old enough to understand and you deserve to know the truth."

"His kidneys have failed to the point where he needs dialysis three times a week to stay alive. It takes four hours each time. Some days will be harder than others. There may be complications. We don't know exactly how things will unfold, but we're taking it one step at a time."

"I'm going to need some help from you sometimes — but I also want you to keep living your life. Having fun, seeing your friends, going to school events — that is not selfish. That is important. You cannot give up your adolescence for this."

"If you're struggling — at school, emotionally, in any way — please tell me. Or tell another adult you trust. You don't have to manage this alone."

What to avoid:
Avoid making a teenager the primary emotional support for an ill grandparent or parent — that is an adult's role. Avoid asking them to keep information secret from siblings or other family members, which creates an unfair burden. Avoid minimizing their feelings with "you should be grateful" or comparisons to others.

What helps:
Let them opt into involvement rather than conscripting them. Offer to connect them with a counselor or support group for young people in caregiver situations. Check in regularly without interrogating. Tell them directly: "I see what you're doing for this family and I'm proud of you." They need to hear that.

Adult Family Members *Ages 18 and older*

Adult family members — children, siblings, spouses, partners — often carry the heaviest practical load. They are old enough to understand everything, which means they carry the full weight of prognosis, logistics, and grief, often while managing their own lives, jobs, and families.

What adult family members often face:
Disagreements about treatment decisions. Different levels of involvement — some family members step in, others step back, and both behaviors create resentment. Financial strain. Geographic distance that creates guilt. Competing caregiving responsibilities (children at home, aging parents, demanding jobs). Anticipatory grief — mourning the loss of a person who is still here.

What to say to one another:
"I know we all want what's best for Mom. Let's try to understand each other's limitations before we judge each other's choices."

"Can we agree on a system — a shared calendar, a group chat, a rotation for appointments — so one person isn't carrying everything?"

> "I'm struggling. I need help, and I need you to hear that without making me feel guilty for admitting it."
>
> "What does Mom actually want? Let's make sure her voice is at the center of the decisions being made about her life."
>
> A note on spouses and partners:
> If you are the spouse or partner of someone on dialysis, your experience is singular. You live with the disease in a way no one else does. You may feel like you have lost the partner you knew and are now more caregiver than companion. You may be grieving the future you planned together. You may be physically and emotionally depleted in ways that are hard to admit.
>
> Please do not disappear into caregiving. You have needs. Your relationship still has space for moments of normalcy, humor, and connection. Ask for respite. Find a support group for partners of dialysis patients. Speak honestly with a counselor.
>
> Your loved one needs you healthy. So do you.

Part Five | Managing the Practical Side

The Logistics of Life with Dialysis

The emotional work of caregiving gets most of the attention. But the practical work is relentless, and underestimating it leads to crisis.

Scheduling and transportation

Most in-center hemodialysis patients attend treatment three days per week, every week, for the rest of their lives or until a transplant. Each session is typically three to four hours, plus travel time and waiting.

Early planning prevents emergency scrambling. Some things to organize:

- Identify reliable transportation options now. Who can drive? What are backup options?
- Ask the dialysis center about coordination with local transportation services — many counties offer dedicated medical transportation programs.
- Ask about early morning and evening shift options if daytime treatment conflicts with work or other responsibilities.
- Build a rotation among family members if possible. One person should not carry all transportation every week.
- Keep a shared digital calendar that all caregivers can access and update in real time.

The dietary changes

Dialysis patients typically must follow a strict diet — limited potassium, phosphorus, sodium, and fluid intake. This has a direct impact on how meals are planned at home.

Ask the dialysis center to connect your family with a renal dietitian. Many centers have one on staff. The dietitian can help translate the restrictions into a practical meal plan and teach you which foods are safe, which to limit, and which to avoid.

Do not try to figure this out alone. The kidney diet is complex and highly individual. Getting it wrong has real health consequences. Getting guidance makes it manageable.

Understanding the medical team

Your loved one will interact with several different providers. Understanding who does what helps you ask the right questions of the right people.

- **Nephrologist:** The kidney specialist who oversees the overall treatment plan, adjusts medications, and monitors progress. This is often the most important medical relationship your loved one has.
- **Dialysis RN:** A registered nurse at the dialysis center who monitors each treatment, manages complications in real time, and is often the first point of contact when something feels off.
- **Dialysis Technician:** A certified technician who sets up and operates the dialysis machine and monitors the patient throughout the session.
- **Social Worker:** Every dialysis center is required by federal regulation to have a social worker available to patients. This person can help with insurance, transportation, financial assistance, emotional support, and community resources. Do not overlook this resource.
- **Dietitian:** Provides individualized dietary guidance essential for safe dialysis.
- **Vascular Access Coordinator:** Manages the health of the AV fistula, graft, or catheter used for dialysis access.

Advocating at appointments

You have the right to be involved — but your involvement depends on your loved one's consent. Have a direct conversation early: Does your loved one want you present at appointments? Do they want you to speak on their behalf? Do they want information shared with other family members?

If they consent to your involvement, write down questions before appointments. Bring a notebook or use your phone to record key information. Ask the team to speak in plain language.

> **QUESTIONS TO ASK THE CARE TEAM**
>
> *Questions worth asking at every appointment: How is the treatment working? Is anything we should watch for at home? Has anything changed in the plan? Are there any new options we should know about? What is the goal for the next three months?*

Insurance and financial navigation

End-stage renal disease (ESRD) qualifies most Americans for Medicare coverage regardless of age — even younger patients who would not otherwise qualify. This is an important protection.

However, navigating the insurance landscape is still complicated. The dialysis center's social worker is your best resource for:

- Understanding Medicare eligibility and enrollment timelines.
- Coordinating Medicare with other existing insurance (Medicare is often secondary to employer coverage for the first 33 months).
- Finding assistance programs for copayments, medications, and transportation.
- Identifying state and local programs that may supplement federal coverage.

Do not wait until there is a financial crisis to ask these questions. Ask early, ask often, and do not hesitate to return to the social worker as your circumstances change.

Part Six | Taking Care of Yourself

You Cannot Pour from an Empty Cup

This is not a metaphor. It is medical reality. Studies consistently show that caregivers who neglect their own health become less effective caregivers and are at significantly higher risk of their own physical and mental health crises.

What follows is not a luxury. It is a survival plan.

Recognize the signs of caregiver burnout

Burnout does not always announce itself. It often arrives quietly, disguised as patience running out, energy running low, and motivation disappearing. Watch for:

- Chronic exhaustion that sleep does not fix.
- Increasing irritability, resentment, or emotional numbness.
- Withdrawing from your own friendships and relationships.
- Neglecting your own medical appointments.
- Feeling like you have no identity outside of the caregiver role.
- Difficulty finding any joy in things that used to matter to you.

If these sound familiar, please treat them as seriously as you would any physical symptom. They are signs that you need support, not signs of failure.

Practical self-care strategies

These are not aspirational suggestions. They are things that actually help:

- **Protect one thing:** Identify one regular activity that belongs only to you — a walk, a coffee with a friend, a class, a hobby — and protect it as non-negotiable. Even one hour a week of dedicated personal time can make a difference.
- **Ask for specific help:** People want to help but often do not know how. Instead of "let me know if you need anything," give them a task. "Can you drive to Tuesday's treatment?" "Can you bring dinner on Thursday?"
- **Say no without guilt:** You are allowed to decline requests that exceed your capacity. Boundaries are not abandonment.
- **Sleep:** Prioritize it. Chronic sleep deprivation compounds every other caregiving challenge.
- **See your own doctor:** Caregivers frequently delay or cancel their own medical care. Do not. Your health is not less important because someone else's is critical.
- **Find witnesses:** Connect with people who truly understand — a support group, a therapist, another caregiver. Being witnessed matters.

A note on grief

Many caregivers experience what therapists call anticipatory grief — mourning a loss before it has fully happened. You may grieve the person your loved one used to be, the plans you made together, the freedom you had before, the future you imagined.

This grief is real. It is not a betrayal of your loved one. It is a measure of how much the relationship means.

Grief that is acknowledged and expressed is grief that can be carried. Grief that is suppressed tends to become depression, resentment, or physical illness. Find a way to let it have a voice — through therapy, journaling, conversation, prayer, art, or simply time with people who love you.

Part Seven | Community Support & Resources

You Are Not Meant to Do This Alone

One of the most damaging myths of caregiving is that it should be manageable within a single household, with the right attitude and enough love. It cannot. Kidney disease is a chronic, complex, lifelong condition. No family navigates it well in isolation.

Below are categories of support that exist specifically for families like yours. Many are free or low cost. All of them are worth knowing about.

Medical and social support through the dialysis center

Your first resource is the dialysis center itself. Federal law requires every dialysis facility to provide patients and families with access to:

- A licensed clinical social worker who can coordinate community resources, assist with insurance, provide counseling, and connect you to support services.
- A registered dietitian who can help navigate the dietary demands of dialysis.
- Care coordination with your loved one's nephrologist and other providers.

Ask to meet the social worker early. This relationship can be one of the most valuable you develop throughout this journey.

Support groups — for patients and caregivers

- **American Kidney Fund (AKF):** Offers peer support, educational resources, and financial assistance programs. akfdn.org
- **National Kidney Foundation (NKF):** Provides patient and caregiver education, peer mentoring programs, and local community programs. kidney.org
- **AAKP (American Association of Kidney Patients):** Peer-led organization with support groups, advocacy, and online community forums. aakp.org
- **DaVita Kidney Care:** Offers free online and in-person support groups for patients and families even for non-DaVita patients in some areas.
- **Facebook and online communities:** Many caregivers find genuine, informed support in online groups such as "Kidney Dialysis Support Group" and "Caregivers of Dialysis Patients." These communities offer real-time peer support from people who truly understand.
- **Faith communities:** Many churches, synagogues, mosques, and other faith communities have formal or informal caregiving ministries. Do not underestimate the practical and emotional support a faith community can provide.

Transportation assistance

Transportation is frequently the logistical challenge that caregivers least anticipated. Some options to explore:

- **County paratransit services:** Most Florida counties offer ADA-accessible transportation for medical appointments. Contact your county's transit authority to determine eligibility and how to apply. Application may take several weeks, so start early.
- **Medicare transportation benefits:** Medicare Advantage plans often include non-emergency medical transportation as a covered benefit. Check the specific plan details.
- **Medicaid transportation:** If your loved one receives Medicaid, non-emergency medical transportation may be covered. Ask the dialysis center's social worker for assistance navigating this.
- **Volunteer driver programs:** Many local nonprofits and faith communities offer volunteer driver programs for medical appointments. Area agencies on aging are often a good starting point.
- **Rideshare options:** Lyft and Uber both offer accessibility vehicles in many markets. Uber Health and Lyft Healthcare are programs specifically designed for medical transportation — ask the dialysis center if they have accounts.

Mental health support

Depression and anxiety are significantly more common among caregivers of people with chronic illness — and significantly undertreated. Please take mental health support as seriously as physical health.

- **Therapy or counseling:** Ask your primary care provider for a referral, or contact your insurance for in-network providers. Many therapists now offer telehealth sessions, which can be easier to fit into a caregiver's schedule.
- **NAMI (National Alliance on Mental Illness):** Offers support groups and education for caregivers managing both their loved one's illness and their own mental health. nami.org
- **211:** Dialing 211 connects you with local social services, mental health resources, and community support programs across Florida.
- **SAMHSA National Helpline:** Free, confidential information and treatment referrals. 1-800-662-4357
- **Respite care:** Respite care provides temporary relief for primary caregivers — someone else steps in so you can step away, even briefly. Ask the social worker about respite options in your area through Medicaid, local nonprofits, or the National Respite Locator at archrespite.org.

Financial assistance programs

- **American Kidney Fund:** Provides direct financial assistance to dialysis patients in need, including help with health insurance premiums, transportation, and medications. akfdn.org
- **National Kidney Foundation:** Offers kidney disease support fund grants and local assistance programs. kidney.org
- **Health Well Foundation:** Provides financial assistance for Medicare Part D premiums and other medication costs for dialysis patients. healthwellfoundation.org
- **State Medicaid programs:** For patients who qualify, Medicaid can cover dialysis costs, medications, transportation, and other health-related expenses not covered by Medicare alone.
- **Your dialysis center's social worker:** Is your single best resource for identifying financial assistance programs specific to your situation and location.

Part Eight | When Things Change

Navigating Transitions

Kidney disease is not static. Over weeks, months, and years, things change. Some changes are improvements. Many are declines. Some are unexpected. All of them require your family to adapt.

Starting dialysis for the first time

If your loved one is just beginning dialysis, this transition is one of the most emotionally complex moments in the journey. Some people arrive at dialysis relieved — their symptoms have been worsening for months and treatment finally offers stability. Others arrive grieving, feeling like dialysis is the moment a door closed.

Both experiences are real. Both deserve space.

The first several weeks of dialysis are typically the hardest. The body adjusts. Schedules are new. Energy may actually dip before it improves. Give this phase time before drawing conclusions about how life on dialysis will feel long-term.

Changing modalities

Some patients transition between treatment types — from in-center hemodialysis to home hemodialysis or peritoneal dialysis, or back again. Each transition involves training, adjustment, and a new normal.

If your loved one is considering a change in modality, ask the dialysis team to walk the whole family through what is involved. Home dialysis requires a committed caregiver partner in many cases — your input and comfort with the new approach genuinely matters.

Hospitalization

Dialysis patients are hospitalized more frequently than the general population. Infections related to dialysis access (fistulas, grafts, and especially catheters), fluid overload, and cardiovascular events are among the most common reasons.

When a hospitalization happens, the dialysis center will coordinate with the hospital team to continue treatment there if needed. When your loved one is discharged, make sure you understand the transition plan — what happened, what changed, what to watch for, and what follow-up is required.

Ask for a discharge summary in writing. Keep a running health log that you can bring to appointments.

Conversations about goals of care

At some point — ideally before a crisis, not during one — your family may need to have a direct conversation about what your loved one wants from their remaining life and medical care.

These conversations are difficult. They are also among the most important things you can do for someone you love.

- Does your loved one have an advance directive or healthcare proxy designated?
- Have they expressed wishes about hospitalization, resuscitation, or withdrawal of treatment?

- Do they know their own wishes, and have they had the chance to express them to their medical team?

A social worker or palliative care specialist can help facilitate these conversations in a structured, compassionate way. You do not have to navigate them alone.

> *Talking about end-of-life preferences is not giving up. It is one of the most loving things a family can do — ensuring that if the hardest moments come, the person you love has already told you what they need.*

When dialysis is stopped

Some patients and families eventually make the decision to stop dialysis. This may happen because the burdens of treatment outweigh its benefits, because the patient's overall health has declined significantly, or because it is the patient's own clearly expressed wish.

Stopping dialysis is legal, ethical, and deeply personal. It is not giving up — it is honoring a person's autonomy over their own life.

If this conversation becomes relevant for your family, please reach out to the dialysis center's social worker and ask for connection to palliative care services. Hospice care is available for patients who choose to stop dialysis and can provide profound comfort and support for the patient and the entire family.

A Final Word from ARC Dialysis

We See You

Every person who comes through the doors of an ARC Dialysis center brings a family with them — even if that family is not in the room. We know that.

We know the spouse in the waiting area who has been there every Monday, Wednesday, and Friday for three years. We know the daughter who coordinated her entire work schedule around her mother's treatment times. We know the grandson who draws pictures to tape to Grandma's recliner.

We do not just treat kidneys. We care for people. And people belong to one another.

> *If you have questions, if you need resources, if you are struggling — please reach out. Our teams are here not just for your loved one, but for you. Call any of our 12 centers across Florida, or start with our main office at (305) 448-6261. We will listen.*

Wherever this journey takes your family, you do not have to walk it alone.

With care,

The ARC Dialysis Care Team

ARC Dialysis | Florida's Largest Kidney Care Practice
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This document is for informational and family support purposes only. It is not a substitute for medical advice, diagnosis, or treatment. Always consult your loved one's medical team for guidance specific to their condition.