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Relationship of Spiritual Beliefs and Acceptance of Living Donor Transplants in Inner City Patients with End Stage Kidney Disease (ESKD)

Introduction: We studied spiritual and religious beliefs and their relationship to acceptance of living kidney donation (LKD) in an inner-city population where rates are low.

Methods: A random convenience sample of 29 dialysis and 3 pre-emptive CKD pts was surveyed using the Spiritual Involvement and Beliefs Scale and the Stothers questionnaires regarding knowledge and beliefs about LKD.

Results: Mean age was 61.1 ± 2.7 yrs, with 50% males, 87.5% pts identified as Black. Mean time on dialysis was 6.9 ± 1.4 yrs. 68.8% pts believed that there is a power greater than themselves. 53.2% pts believed that a spiritual force influences the events in their lives. 56.2% pts report praying seven or more times during the last week. 21% pts reported that accepting kidney transplantation from a living donor was against their spiritual beliefs. These pts were less likely to accept a kidney from a friend (r=0.68, p<0.001) or child (r=-0.61, =0.004), more likely to believe it would adversely affect the donor's health (r=0.42, p=0.036), and that LKD is not ethical (r=-0.71, p<0.001).

38% believed it's God's will that they have CKD (GW). GW pts were less likely to accept a kidney from an anonymous donor (r=-0.51, p=0.009), less likely to feel comfortable with their knowledge of LKD (r=-0.4, p=0.42), more likely to feel it would not be rewarding for the donor (r=0.44, p=0.045) and more likely to report praying frequently (r=-0.66 p <0.001). There was no relationship between beliefs regarding LKD or kidney disease and age, sex, or education level.

Conclclusions: Religiosity was prevalent. Almost 1/4 pts would not accept LKD due to spiritual beliefs, especially from a friend or child. Over 1/3 felt that their CKD was God's Will and would be less likely to accept an altruistic donor, felt donation would not be rewarding for the donor but agreed that they needed more information. Culturally sensitive education programs targeted at removing misconceptions about LKD should be designed in our underserved population.