

## TRANSPLANTE RENAL EM IDOSOS: DIREITO, POSSIBILIDADES E RECEIOS

## KIDNEY TRANSPLANTATION IN THE ELDERLY: RIGHTS, POSSIBILITIES AND FEARS

## TRASPLANTE DE RIÑÓN EN ANCIANOS: DERECHO, POSIBILIDADES Y MIEDOS

Vanessa Bordin Dotto<sup>1</sup>, Margrid Beuter<sup>2</sup>, Larissa Venturini<sup>3</sup>, Caren Da Silva Jacobi<sup>4</sup>, Eliane Raquel Rieth Benetti<sup>5</sup>, Paloma Horbach da Rosa<sup>6</sup>

### RESUMO

**Objetivo:** Conhecer a percepção de idosos em tratamento hemodialítico sobre o transplante renal. **Métodos:** Pesquisa qualitativa, descritiva e exploratória, realizada com 15 idosos em hemodiálise. Os dados foram coletados, por meio de entrevista semiestruturada e submetidos à análise de conteúdo, modalidade temática. **Resultados:** A partir da análise, identificaram-se as seguintes categorias: transplante renal em idosos: um dilema e transplante renal em idosos: possibilidades, receios e conhecimentos. **Conclusão:** Ser idoso e o transplante renal passaram posições individuais, sociais e políticas, influenciadas pelo contexto das informações recebidas, vivências, experiências e respaldos legais.

**Descritores:** Idoso; Diálise Renal; Transplante de Rim; Enfermagem Geriátrica.

### ABSTRACT

**Objective:** To know the perception of elderly people undergoing hemodialysis regarding kidney transplantation. **Methods:** Qualitative, descriptive and exploratory research conducted with 15 elderly people on hemodialysis. Data were collected through semi-structured interviews and submitted to content analysis, thematic modality. **Results:** From the analysis, the following categories were identified: kidney transplantation in the elderly: a dilemma; and, kidney transplantation in the elderly: possibilities, fears and knowledge. **Conclusion:** The fact of being elderly and the kidney transplantation were present in individual, social and political positions, influenced by the context of the information received, experiences, and legal support.

**Descriptors:** Elderly; Renal dialysis; Kidney transplantation; Geriatric Nursing.

### RESUMEN

**Objetivo:** Conocer la percepción de ancianos en hemodiálisis sobre trasplante renal. **Métodos:** Investigación cualitativa, descriptiva y exploratoria, realizada con 15 ancianos en hemodiálisis. Se recolecto los datos a través de entrevistas semiestructuradas y se sometieron a análisis de contenido, modalidad temática. **Resultados:** A partir del análisis, se identificaron las categorías: trasplante de riñón en ancianos: un dilema; y, trasplante de riñón en ancianos: posibilidades, miedos y conocimiento. **Conclusión:** Ser anciano y el trasplante de riñón conlleva posiciones individuales, sociales y políticas, influenciadas por el contexto de la información recibida, las experiencias y el respaldo legal.

**Descriptor:** Anciano; Diálisis Renal; Trasplante de Riñón; Enfermería Geriátrica.

<sup>1</sup>Enfermeira pela Universidade Federal de Santa Maria (UFSM). Enfermeira na Santa Casa de Misericórdia de Porto Alegre. <sup>2</sup>Doutora em Enfermagem pela Universidade Federal do Rio de Janeiro. Docente do Programa de Pós-Graduação em Enfermagem da UFSM. <sup>3</sup>Mestre em Enfermagem pela UFSM. Doutoranda em Enfermagem na UFSM. <sup>4</sup>Doutora em Enfermagem pela UFSM. Docente do Colégio Politécnico da UFSM. <sup>5</sup>Doutora em Enfermagem pela UFSM. Enfermeira no Hospital Universitário de Santa Maria. <sup>6</sup>Especialista em Enfermagem em Urgência-Trauma pela Universidade Franciscana. Mestranda em Enfermagem na UFSM.

#### How to cite this article:

Dotto VB, Beuter M, Venturini L, et al. Kidney transplantation in the elderly: rights, possibilities and fears. Revista de Enfermagem do Centro-Oeste Mineiro. 2020;10:e3830. [Access \_\_\_\_\_]; Available in: \_\_\_\_\_. DOI: <http://doi.org/10.19175/recom.v10i0.3830>

## INTRODUCTION

Widespread population aging raises global concern. The prevalence of chronic non-communicable diseases impacts public spending due to the need for long-term care. One of the possible consequences of greater longevity is the increase in mortality in elderly patients with renal dysfunction<sup>(1)</sup>. In Brazil, among the more than 120,000 people on dialysis, in 2016, 92% were on hemodialysis, among which 35% were 65 years of age or older<sup>(2)</sup>.

Concomitant to the diagnosis and treatment of CKD, there are the physiological and emotional impacts of a progressive and irreversible condition, with several losses occurring in the professional, social, sexual and psychological sphere<sup>(3)</sup>. Thus, many patients opt for kidney transplantation, aware of its therapeutic importance, both from a medical, as well as a social and economic point of view.

The possibility of transplantation can represent an expectation of quality of life, with a positive impact on aspects related to functional capacity, autonomy and independence<sup>(4)</sup>. However, it is only indicated for those who have adequate health conditions to undergo surgery<sup>(5)</sup>.

The waiting list, in order to achieve a transplantation, considers some factors to prioritize access to the organ, such as compatibility, waiting time and severity of the disease<sup>(5)</sup>. During the past 20 years, waiting lists for kidney transplantation have aged significantly. However, elderly patients are rarely referred or accepted for such and, if enlisted, are less likely to receive the renal graft than younger ones<sup>(6)</sup>. Although there are no direct limitations placed on elderly patients regarding the possibility of a transplant, a short life expectancy can generally reduce the chances of kidney transplantation<sup>(6-7)</sup>. Elderly people have other comorbidities with a higher surgical risk and serious complications, which can distance them from performing the transplant - despite the universal system for the distribution of organs<sup>(7)</sup>.

The choice of the elderly, to compose the waiting list for kidney transplantation, should consider specificities, such as the assessment of psychosocial issues, frailty and comorbidities, especially cardiac and malignancy screening. Live donors can be an alternative for the elderly, as there is a shortage of deceased donors and donation among the living is subject to higher survival rates than staying on dialysis<sup>(6)</sup>. Elderly patients on home dialysis have a risk of mortality almost five times higher than those who receive

kidney transplantations<sup>(8)</sup>.

The increase in survival occurs among septuagenarian kidney transplant patients, although this age is considered a risk factor for the procedure. The best results in kidney transplantation for septuagenarians occur when donors are alive. Elderly recipients are usually white men with type II diabetes mellitus<sup>(9)</sup>. Kidney transplantation, in patients over 65 years old, is safe, viable and has graft survival in one, three, five or ten years of 100%, 97%, 89% and 84%, respectively<sup>(10)</sup>.

As for the increase in the age of renal transplant recipients<sup>(9)</sup>, it is considered relevant to know the subjective questions that face the themes - kidney transplantation and the elderly, both permeated with meanings and desires. The expansion of studies on elderly people on hemodialysis helps health professionals working in nephrology to meet the specific needs of this audience, in sharing information about kidney transplantation, in order to support the elderly and their families in their decisions. In this sense, the question is: what is the perception of elderly people undergoing hemodialysis on kidney transplantation? In order to answer the research question, the aim of the study was to learn about the perception of elderly people undergoing hemodialysis on kidney transplantation.

## METHOD

Field study, descriptive, with a qualitative approach, carried out in a nephrology unit of a private hospital, affiliated to the Unified Health System (SUS), in the central region of Rio Grande do Sul. Qualitative approaches comprise groups and delimited segments of stories from the perspective of the actors, characterized by empiricism and systematization of knowledge until it assimilates the internal logic of the group<sup>(11)</sup>. Fifteen participants were included, who met the inclusion criteria: being elderly, with CKD and having been on hemodialysis for more than three months. Those who had physical dependence, liver disease, cardiovascular disease and neoplasms were excluded, as they are contraindications for kidney transplantation.

The participants were randomly selected from a list of the elderly undergoing hemodialysis, made available by the institution. If the elderly person met the selection criteria, he was approached during the hemodialysis session and invited to participate in the research, with subsequent presentation of the study objectives

and scheduling of the interview. Before starting the interview, the Informed Consent Term was signed in two copies, one remained with the participant and the other with the researcher. After reading, agreeing and clarifying doubts, they were signed by the participants and then the interview started.

Data collection was carried out from August to November 2015 through semi-structured interviews, with questions related to sociodemographic, clinical and other data relevant to kidney transplantation in elderly people. Interviews took place in a reserved room at the nephrology unit and were recorded on audio. The number of participants was determined by the need for information and the quality of the data produced; recurrence and complementarity of information about the object of study was achieved with 15 elderly people<sup>(12)</sup>.

After collecting and data transcription, in order to preserve the participants' identity and organize the data, participants were identified by the letter "I" (interviewed), followed by a consecutive cardinal number (I1, I2...). Subsequently, data were subjected to thematic content analysis of the operative proposal<sup>(8)</sup>. The operative proposal had two levels of interpretation. In the first, it sought to understand the socio-historical and political context of the subjects and, in the second level, the specific meaning was sought, which was operationalized by the ordering and classification of data. In ordering, the transcription of the interviews and data organization took place. Soon after, in the classification, there was a horizontal and exhaustive reading of data, a transversal reading, the final analysis and the preparation of the report<sup>(11)</sup>.

This study was developed, according to the ethical precepts established in Resolution 466/2012 of the National Health Council, being approved by the Research Ethics Committee by opinion 1.1.73.380 and Certificate of Presentation for Ethical Appreciation number 46884515.0.0000.5346.

## RESULTS AND DISCUSSION

Eleven men and four women participated in the study. The age range varied between 60 and 74 years. All participants were retired. With regard to education, seven had completed higher education, two had completed high school, four had completed elementary education, and two had incomplete elementary education. Among the

elderly, 12 lived in the municipality where they performed the treatment and three in nearby municipalities. The duration of hemodialysis treatment varied between 15 months and 10 years.

From the analysis of the interviews, two categories emerged: kidney transplantation in the elderly: dilemma; and kidney transplantation in the elderly: possibilities, fears and knowledge.

### Kidney transplantation in the elderly: a dilemma

The expectation for kidney transplantation, in the speech of the elderly, was linked to the right to life. From this perspective, despite the various subjective considerations, it is naive to consider old age as a denial of the right to transplant. "We all have a right to life. If they would come saying something like this: look, there's that one, do you give it up because of him? It would depend on the moment, between me and him. Do you give up because you're old? In my view, I am older, I have a preference. But I have six, ten, twenty years of life, he has fifty, you know? This is a little personal. At the time I wouldn't know what to say. I could say: give it to him. I'm fine today, but it's hard to decide this. Because you can do a transplant on a young man and he dies of something else, around the corner. So, how are you going to decide?" (I1).

The elderly participant refers to a possibility of dilemma in relation to kidney transplantation: giving the kidney to a younger person or claiming this right for himself. In his view, both he and the young person are at risk of death at any time, a reflection that would justify the equal right to transplantation at all ages. The mortality of elderly people who underwent kidney transplantation is statistically significant in those over 71 years of age, despite a low graft loss<sup>(10)</sup>.

Aging cannot be considered only from a chronological perspective, since it is essential to add quality to additional years of life<sup>(13)</sup>. Thus, one must recognize the implications of the most diverse orders, including areas of psychology, sciences, social, economics, public policies and highlighting the law, including the right to life.

Another consideration linked by the elderly relates the right to perform the transplant to the fact that they are more careful with their body and, consequently, with the transplanted organ. In addition, the elderly consider that they value life conditions without dialysis more than young people. "The elderly person also wants to live and, the young person often does not know how to live. He will win the kidney and will not appreciate, he will drink he will binge, he will not eat well. So I

think the elderly has to live a little longer, if he has conditions, he doesn't have any other diseases. Having a better quality of life, until the end of life at least. The elderly person gives more value to everything" (I9). You have to intercede for yourself, we all have the same right, if that kidney is compatible with you, won't you do it just because you are over sixty? The birth certificate is almost expired, but you are still alive" (I13).

In the speeches of the elderly, transplantation is raised as a right for everyone, ensuring that life is considered and valued in full, and not considering the age factor as an exclusion criterion. The elderly indicate that, despite the age unveiling proximity to finitude, there is still life and in favor of it is that each individual must intercede. It is imperative to interpret the law, from a critical look at the differences, enabling the coexistence of different generations, as well as that of the elderly, preserving, above all, the individual in his unique situation, recognizing, before that, his view of himself and his illness<sup>(14)</sup>.

The possibility of transplantation seems to project a place of preference for the elderly, demonstrating an allusion to the right of priority ensured in Public Policies. The refusal to transplant could be understood as a rejection of ethical precepts, since, by denying the procedure, one would also renounce the possible benefits in their quality of life. "The elderly, in fact, have priority, even in the queues, in everything the elderly has priority. So it would be the elderly, even more than the young because of that priority" (I15). I think I have the same right. Because there is the ethical aspect towards myself. If I can improve my quality of life, why am I not going to do it? The young person can get it from someone else. Will I continue in a bad condition to benefit someone else? Beautiful gesture, but I will be lacking in consideration with my life" (I2).

It is noticed that the elderly attribute to equal rights as a personal perspective, linked to ethics. The refusal to transplant is conceived as a dishonor to the individual ethical concepts, considering that, by renouncing, he could be bringing benefits to another person; on the other hand, he would continue with an unfavorable quality of life.

The transformation of the elderly profile, when compared to the present day and in the past, it scores as a weighting of the right to transplant. Still, technological advances and resources for the health of the elderly are considered, which subsidizes the viability of the transplant and

denoting a new conception of this category regarding the graft. "If it was during grandma's time, when they were old, they were very old (in relation to the possibility of transplantation), that would be fine. But now, you see people who are seventy, eighty years old and everyone living well. I don't see it like that, will I last only until seventy years?" (I6).

Understanding healthy aging encompasses all elderly people, even for those who live with a chronic disease, as it is not centered on the absence of injuries or restricted to the functionality of the elderly, but on a process that will enable the construction of skills will allow you to experience old age with quality<sup>(15)</sup>. Thus, reaching old age is no longer the privilege of a restricted group. Old age is not considered a synonym for disease and frailty, as advances in the treatment of the elderly subsidize the possibility of kidney transplantation.

The possibility of kidney transplantation is not unanimous. Therefore, the divergence among some participants is identified, who believe that it is necessary to prioritize the graft for the younger person. "I think that young people should have the right to kidney transplantation in relation to the elderly. It is even one of the criteria evaluated for organ donation. Of course, after the evaluation for compatibility. It is a tiebreaker criterion" (I4). "You are 60 years old, if you are going to have a transplant, you will last another ten years, having to take care of yourself even more than young people. Why move more if your own age has already turn your body? It's just to make it worse. Leave it as it is" (I5). "It's an absurd! You are not going to leave that young man aged 15 and you are going to do it with 74 (transplant), it is very inhumane, if it were possible to give it to the young man, I would give it" (I10).

Transplantation, even though it is considered everyone's right, becomes an option anchored to several factors, which may be of individual, clinical and legal nature. The realization of the right to transplant appears as a personal option, being conditioned to psychological stability and professional interventions, which can demystify desires and postures and, consequently, make it possible to have an interest in transplantation. "I think that every human being has the same right, but he has a choice. I don't feel psychologically prepared for this" (I7). "Is it worth it, in my case, that I'm already in my sixties, to have a transplant? He said (doctor): age doesn't matter, you can do it. Then, I am about to enter the

transplant queue" (I8).

Considerations regarding the interest in prioritizing the young person to kidney transplantation are related to aspects that touch the complex stage of old age, such as the greater demand for care. The possibility of transplantation is implied by morbidities that have already been manifested, in its understanding, by age. Being young shows itself as an established criterion and considered as a tiebreaker, post-compatibility. The elderly seek that the years lived, associated with prospective life, also, can be beacons for the selection and indication for transplantation. In addition, a study reveals that the long-term benefits of renal therapies may not occur in a period of time that is relevant for frail elderly people and only adds potential damage<sup>(16)</sup>.

Some elderly people mentioned that young people should have priority in transplanting. It is observed that the increase in life expectancy associated with changes in the epidemiological profile, in which chronic diseases may imply limitations, it points out that the elderly population can become and feel more fragile<sup>(17)</sup>. Thus, by associating aging with death, they end up renouncing their own will to change the condition experienced. CKD can arouse feelings regarding the irreversibility of the disease and the obligation to undergo treatment. Thus, the experience of this reality seems to be experienced in different ways and allows the person to assign meanings to the disease and treatment<sup>(18)</sup>. In this context, the understanding of nursing about the feelings of the person on hemodialysis transcends the required technique and collaborates with the humanized treatment, fundamental in the quality of nursing care<sup>(19)</sup>.

Participants' perception, regarding the possibility of the graft, generates two chronological extremes, young individuals and elderly individuals. Thus, the bargain between the desire to prolong their life and the possible survival of young individuals torments the effectiveness of the transplant for the elderly. "Because you have to live too! Who will guess that he will die tomorrow? We all want to live. So the older person is entitled! But if I had to choose one of the two, I would leave it to the youngest. Because of age we can't take it, we wouldn't leave the other person without, you know? I've lived a long time. But also, only if you had that choice, but you don't. So I will not stop trying. And, if this kidney is more compatible with me, I also want to have a chance to try to get out of

hemodialysis" (I12).

The conceptions of the elderly undergoing hemodialysis about the possibility and effectiveness of transplantation, in relation to young people, are permeated by contradictions about the ethics of choice. The will to live conflicts with the fact that a young person could receive this organ and have a better quality of life, while the elderly person has already lived his youth and sees the extension of old age - this with or without quality of life, depending to receive the transplant.

### **Kidney transplantation in the elderly: possibilities, fears and knowledge**

Kidney transplantation is the treatment of choice for patients with CKD, as long as they are able to undergo surgery and have no contraindications. The possibility of transplantation is seen as liberation, independence, rupture with the commitment of hemodialysis, comparing the post-transplantation as being the normal life they had before renal replacement therapy. In view of these benefits, the elderly person expresses that, even with chances of failure of the kidney transplant, he would accept the risk for his life. "With the transplant, at least I was not going to undergo hemodialysis anymore. It would be almost like me getting back to normal life. I could leave, because hemodialysis is what holds us back. I was going to have more freedom". (I8). "I'm going on a trip. I want to live without commitment. Hemodialysis, which is a commitment" (I9). "It is a very interesting option (the transplant), if the person can do it. We don't have a full guarantee. Let's say you have a guarantee that 50% will work and 50% will not work. I think I would dare to have a kidney transplant" (I2).

Elderly people associate kidney transplantation with the possibility of resuming their activities and routine prior to hemodialysis, improving their work condition and resting moments with family members, who are restricted by their commitment to treatment. "Everything would improve, especially my work schedule. You see, I stay here three days a week, four hours, it consumes me a lot of time. My mobility, I have to come here, I have expenses. That would all change. I wouldn't worry about these things anymore, just my job, my family. I know it is a treatment for ten to fifteen years, but the little that I rest with this new kidney is already very good. But look, I already know about people who have had a kidney for more than fifteen years" (I13).

The desire to postpone the death and ensure a better quality of life at this stage can motivate the desire for strategies and procedures that provide such guarantees, thus the possibility of performing a kidney transplant raises hope among elderly people. Transplantation is considered a victory, as it enables good results, after difficult periods, thus achieving recovery and returning to normality related to the restoration of health, which affects the improvement of self-esteem, the ability to see and feel as independent individual<sup>(20)</sup>. Furthermore, the renal graft offers an improvement in the general state of life, both in emotional and physical well-being, generating socioeconomic rehabilitation, with less social cost<sup>(21)</sup>.

Kidney transplantation has become the culmination of life expectancy for patients undergoing hemodialysis, relating it to the possibility of their physical, mental and social rehabilitation<sup>(22)</sup>. This expectation is not restricted to the youngest, but is amplified among those who have advanced age. The graft provides better living conditions, reaching a state of physical and mental well-being, resulting from the recovery of autonomy, work and leisure activities, the preservation of hope and the sense of usefulness of the elderly.

It should be noted that the increase in elderly people with CKD alludes to discussions that violate clinic aspects, also involving ethical and social issues. International debates on the criteria and adequacy of transplantation in elderly patients with renal failure, in a terminal stage, include parameters for accepting those over 70 years of age on the waiting list similar to those for younger people or which ones should be added, and also if transplantation in this age group should be promoted and stimulated<sup>(23)</sup>.

Surgery has risks inherent to the procedure. These risks become a threat that can cause fear, which interferes with the decision about transplantation. "Wanting to do it is the solution, but you have to have security parameters to be able to do it. I won't do it, because every surgery is risky. I can do it, but it's a personal decision, and each case is different" (I1). "I don't know if I would do, because I was traumatized by surgery, because of a reaction to anesthesia" (I4).

Risks of surgery are related to health problems, making elderly people unable to transplant or, when deciding to transplant, assume the risks of the procedure, without guarantee of success. Thus, making awareness and deciding

whether to perform a transplant is difficult, permeated by conflicting feelings, in view of the demands of complex surgery. "If I were healthy one hundred percent, I would do. But nobody is sure of anything, not even the doctor. It is a risk that we have to decide. I decided not to take any risk, since my health is not very good" (I5).

The renal implantation procedure is considered to be large and involves substantial risks, such as cardiac arrest, hemorrhage and anaphylactic shock. These reasons make it impossible for some chronic kidney patients to undergo the procedure. Thorough examinations are performed with the recipient to assess its viability<sup>(24)</sup>. However, considering the transplant as a solution does not reveal the risks associated with the surgical procedure. Decision making, as an individual option, permeates the responses' interviewed. Therefore, the various personal experiences and constructs attest to the influence of this deliberation process. The need for a qualified approach to the subjects involved by the professionals is shown to be a defining factor. "The way they approached me was very abrupt. They told me: you can have a transplant from a family member or you can take a corpse. When they said that, it shocked us. I don't know, it's something that causes an impact" (I2).

The professional performance of the nephrology team can be enhanced by meeting the demands of patients for the educational process. It is possible to help elderly people to develop knowledge, skills and self-knowledge, necessary to base responsibility with decisions about their health. The empowerment process can help to resignify the usual social relationships between subjects in the health system, facilitating the social and political participation of patients<sup>(25)</sup>.

It is observed in the speeches of the elderly the need for information about the transplantation; however the guidelines on the transplant process do not follow a continuous and organized flow, highlighting the absence of the work of the nephrology and nursing team in this context. Elderly people conceive information through informal sources or professionals secondary to the treatment. "I already know everything, because I already talked to people who have already been transplanted. I try to get interested in knowing. I also ask the doctors" (I3). "I talk a lot with our ex-colleague who had a transplant. I have seen many transplant patients, I know there are many things involved. And, I read, watch TV about it, programs that talk about it" (I9).

"I have a doctor, my urologist, his father had kidney failure, so he knows, he is not a nephron, but he knows a lot about it, and he explained to me about the transplantation" (I10).

The possibility of transplantation is seen as a foundation for improving the quality of life of patients with CKD. Still, it is clear that the information to these patients about kidney transplantation comes from different sources, among them, professionals from other specialties or from individuals who have already experienced kidney transplantation. Regarding the elderly's self-interest, in the search for clarifications and exchange of experiences with other patients, it is necessary and, not excluding, professional performance with a view to a communication that involves qualified information, in order to understand the experiences of living together with CKD, associated beliefs and (im)possibilities in this context.

The scarcity of knowledge regarding transplantation may reflect the lack of personal initiative or also the lack of information offered by professionals. "I know it is a type of treatment, in addition to this one (hemodialysis), it has already been offered to me" (I4). "I know it's a surgery, it's risky. Risk of not working, but more deeply I have not gone yet. I know about the compatibility that it has to have" (I13).

It is observed that people on hemodialysis demonstrate a significant deficiency of information about transplantation, in which the team, in general, does not guarantee all information and a shared, conscious and horizontal educational practice<sup>(26)</sup>. The science of information related to transplantation permeates the speech of the interviewed; however the origin of the information is not linked to the team. The gap evidenced in the elderly's knowledge about self-care generates expectations and insecurity in performing the procedure.

It is worth mentioning that the theoretical framework of qualitative research was not used, only for data analysis, indicating a possible study limitation.

## CONCLUSIONS

From the results, it is pointed out that the perception of hemodialysis elderly people about kidney transplantation was anchored in individual reflections, social and political constructs, which intonate the right to life and, paradoxically, are among the priority elderly subject or folly about senility.

Elderly people realize that the surgical risk permeates all age groups. Thus, decision making in order to enable the graft is configured as an individual decision and is supported by clinical criteria and by the actions and programs developed by the State and health professionals.

Repercussions on quality of life resulting from undergoing kidney transplantation are positively recognized by elderly people. The need to expand educational strategies that address transplantation in elderly individuals is highlighted, considering the specificities of aging.

It is inferred, from experience in the area, that the study brings significant contributions to nursing teaching and practice and to other areas of knowledge that touch on the topic of kidney transplantation. It is noted that nursing does not appear in the interviewed' statements as a source of information, showing that the nursing professionals are far from this theme with elderly patients. The need for communication between professional and elderly is pointed out, in order to answer questions and not allow the lack of information to influence the choice about transplantation. It is necessary to support this age group about transplantation, enabling the active voice of these people and, thus, demystifying taboos and prejudices established culturally about elderly people and supporting their decisions.

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**Note:** There was no funding for this research. The manuscript is the result of a monograph concluding the undergraduate nursing course.

**Received in:** 08/06/2020

**Approved in:** 22/09/2020

**Mailing address:**

Caren da Silva Jacobi

Avenida Roraima nº 1000, Campus Universidade Federal de Santa Maria, Prédio 70, Bloco G, Sala 324B, Bairro Camobi, Santa Maria-RS, CEP 97105900.

E-mail: cahjacobi@gmail.com