



Approaching the Era of Qualitative Research in Kidney Disease

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Esteemed colleagues in the fields of nephrology and urology.

The accelerating biomedical advances made possible by quantitative research and precision medicine have undoubtedly helped improve life for people living with kidney diseases. This field of research has largely been focused on health from a biological point of view, which is objective and reproducible, thereby ensuring reliable results for use on a global scale. However, the concept of health attains unavoidable psychological and social aspects that may even be of greater importance for a large number of people.

The widespread awareness of the psychosocial facets of health is made evident through the steady increase in users requests for check-ups and scans, aimed at prompt diagnosis and treatment. Such interventions may be appropriate when guided by medical supervision, but this is not mandatory to undergo screening studies. In fact, nowadays it is more common for people to consult specialists after finding red marks on test results or after finding seemingly harmless anatomical variations on imaging studies.

Take, for example, an 85-year-old woman in Mexico City. She has a long-standing history of controlled hypertension. Her granddaughter married a physician, during a family dinner she complains of growing fatigue and loss of appetite. He suggests general tests and finds out she has elevated creatinine and multiple bilateral renal cysts. She is then referred to Nephrology and the diagnosis of autosomal dominant polycystic kidney disease (ADPKD) is confirmed, and family screening is encouraged. Upon learning the possibility of inheritance to her family, she becomes profoundly depressed, undergoes hemodialysis and dies roughly at the same time after her eldest daughter receives a cancer diagnosis.

None of her children agreed to ultrasound screening for cysts.

If the experience of health and disease does not depend solely on biological factors, how do we weigh economical, political and psychosocial factors in medical research? Is the experience of people with kidney disease the same in Canada and Mexico? In the former, ADPKD patients have been proved to have a better prognosis compared to other causes of kidney disease, which may be explained by prompt diagnosis and preventive measures, including preemptive kidney transplantation. In Mexico, patients are often afraid and experience guilt at the possibility of inheritance, thereby reducing the possibility of early diagnosis.

The experience of undergoing dialysis, kidney transplantation and glomerular disease will also vary among cultures. Qualitative research offers a possibility for exploring the subjective aspects of health and is key to patient-centered care policies. It provides a deeper understanding of patients values, needs and preferences. Unfortunately, currently less than 1% of published articles were qualitative research.¹ Physicians should also receive training and familiarize themselves with the unique aspects of this methodology, its objectives and scope, in order to familiarize themselves with interpretation.² Finally, policy makers should gradually focus on results from qualitative studies in order to improve users' experience and satisfaction with health services.

Therefore, I strongly congratulate your work in this growing publication and encourage you to pursue efforts to promote the publications of qualitative research in kidney disease.

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Quick Response Code:



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