**Background and Objectives -** Since 1971, the median age of incident dialysis patients in Scotland has risen by 30 years; access to renal replacement therapies (RRT) has been widened including more elderly and co-morbid patients (1). Prognosis in these patients is often described as poor, and RRT places a huge emotional and physical burden on both patients and their family. (2,3). The KDIGO Conference in conservative care has given some insights into the definition and treatment of patients who are either “unlikely to benefit from” or decline RRT (4).

**Objectives -** In a Low Clearance clinic in Aberdeen, Scotland from 2013 – 2016, we reviewed the care of patients who had died with treatment plans “Conservative care” and “Haemodialysis” to assess for differences in referral, planning and end of life care between these patients. The aim was to assess current practices of planning end of life care based on the KDIGO Conference recommendations.

**Methods -** We reviewed 235 patients on our renal database identified to receive “conservative care” and “haemodialysis”, and identified those who had died. We then reviewed these patients’ notes for characteristics at time of referral to identify for differences when planning out with the Low Clearance Clinic. Survival from referral was also included, as was palliative care involvement identified via palliative care and local renal databases.

**Results -** At first visit to the low clearance clinic, conservative care populations were more elderly, more co-morbid, and had a lower albumin (MWU, p<0.05). Their MDRD eGFR however was not significantly different (Mean 15.81 vs 14.7, p=0.10). The time required to decide modality from first low clearance clinic review almost met statistical significance (Mean 473.2 vs 280.7, MWU p=0.056). Of the 4 patients who changed plans (4.3%), all were on their final admission to a tertiary center and died within 2 weeks. Survival analysis showed no statistical difference between the cohorts. Palliative care input was more prevalent in Haemodialysis populations. (17% vs 6%).

**Conclusions** - Patients identified to receive conservative care have more co-morbid illness, are elderly, and have a similar survival to those who received HD within this cohort. There was less Palliative Care input in the conservative care cohort, possibly due to provision of care in the community. Further integrative work with palliative care could improve the End-of-Life care per international recommendations. Patients often change their intentions when admitted to hospital with ESRD, though the significance of this requires further study.

**References**

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