In introduced by: Academic Physicians Section (AMA-APS)

Subject: Rename “Renal Failure” or “Kidney Failure”

Referred to: Reference Committee __

Whereas, The medical condition known as “Renal Failure” (RF) or “Kidney Failure” designates a diseased state of a patient’s renal system in which the kidneys’ filtration function and ability to excrete solute waste has become compromised but not necessarily totally nonfunctional; and

Whereas, This diseased state is not termed Renal Failure or Kidney Failure in various Romance languages, but rather that which would be translated as “Renal Insufficiency” or “Kidney Insufficiency”; and

Whereas, The terms for these diseases in the ICD-10 classification include Renal Insufficiency and Chronic Kidney Disease; and

Whereas, The terms Renal Insufficiency or Kidney Insufficiency would more accurately describe most instances of this diseased state of renal function, except for instances in which the patient is anuric; and

Whereas, The term Renal Failure or Kidney Failure can be terrifying to patients, who can easily misconstrue that their kidneys have experienced or are at immediate risk of experiencing a total cessation of function, conveying a mistaken impression of a high risk of need for immediate dialysis and even a high risk for imminent death; and

Whereas, This type of change has precedent in the medical field—for example, the term Nuclear Magnetic Resonance (NMR) was changed to Magnetic Resonance Imaging (MRI) after the Three Mile Island nuclear accident, as the term “nuclear” had significant negative connotations for a sizable portion of the population; therefore be it

RESOLVED, That our American Medical Association advocate to the American Society of Nephrology that the terms Renal Failure or Kidney Failure be replaced by the terms Renal Insufficiency or Kidney Insufficiency, for use when discussing this disease with members of medical care teams and with patients or their families (Directive to Take Action).

Fiscal Note: Not yet determined

Received: TBD

RELEVANT AMA POLICY