Patient-centered care for patients requiring dialysis during disasters and public health emergencies: a scoping review

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Abstract

Background Disasters and public health emergencies disrupt health systems, threaten continuity of care, and disproportionately affect medically vulnerable populations. Patients requiring dialysis are especially at risk because their survival depends on regular access to complex, resource-intensive treatment. While disaster nephrology literature increasingly addresses preparedness and resilience, it remains unclear how explicitly this literature addresses patient-centered care.

Objective To map the literature on patient-centered care for patients requiring dialysis during disasters and public health emergencies, with attention to preparedness, continuity of care, communication, access, and vulnerable populations.

Methods A scoping review was conducted using searches in Web of Science, Scopus, and PubMed. Search terms combined concepts related to disaster, emergency, patient-centered care, vulnerability, dialysis, and alternative care facilities. Records were screened for relevance to dialysis care in disasters or public health emergencies, or for conceptual relevance to patient-centered dialysis care in disrupted settings. Both authors conducted screening, eligibility assessment, and data charting, using a predefined set of inclusion criteria and a consistent conceptual framework. The search was intentionally focused to prioritize literature most directly relevant to dialysis-dependent patients in disaster and public health emergency contexts. Forty-three studies were included.

Results The included studies comprised reviews, scoping reviews, observational studies, qualitative studies, case studies, program reports, pilot studies, trials, and conceptual papers. The literature clustered around six themes: preparedness for dialysis patients and providers; continuity of care and treatment access; infrastructure, logistics, and resilience; patient awareness, communication, and lived experience; public health emergency adaptations, particularly during COVID-19; and broader frameworks for disaster risk reduction in kidney care. Although relatively few studies explicitly used the term patient-centered care, many addressed closely related domains, including communication, care planning, family involvement, psychosocial support, access, and continuity. Taken together, the findings suggest that patient-centered dialysis care in emergencies is shaped by broader health system factors, including preparedness, coordination, service design, and equity.