

## EDITOR'S EPILOGUE

All of the foregoing can be distilled down to three themes:

1. Must every uremic patient be treated with dialysis or a kidney transplant irrespective of mitigating circumstance such as citizenship, age, mental incapacity, or severity of illness?
2. Are some patients "more equal than others" (rich, politically well positioned, religious consideration) in terms of priority for a solid organ allograft or acceptance for dialytic therapy?
3. Are there conditions that permit the renal team to disengage from therapy once begun (noncompliance, vegetative state, futile prognosis, irreversible psychosis)?

Each of these questions could be selected for substantive deliberation. Debate surrounding the issues comprises the substance of this work. What is intended in sharing our experience is that the reader will be provoked to address the disturbing and often distressing front line decisions that arise in the practice of nephrology and transplant medicine. Feel free to contact the editor to convey your feelings whether they be outrage or concurrence. There are neither simple nor easy answers. Good luck!

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