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## 50 Years Ago in *THE JOURNAL OF PEDIATRICS*

### Plus ça Change: Halfway Technologies in Pediatrics

Reinhart JB. The doctor's dilemma: whether or not to recommend continuous renal dialysis or renal homotransplantation for the child with end-stage renal disease. *J Pediatr* 1970;77:505-6.

This commentary by Reinhart was in response to an article previously published in *The Journal* by Fine et al describing transplant outcomes for children in end-stage renal disease (ESRD).<sup>1</sup> They described the psychological and emotional complexity of treating ESRD in children and asked whether children should receive what Lewis Thomas would refer to as a “halfway technology.”<sup>2</sup> Their solution was to embed psychological support into their program.<sup>1</sup> In contrast, Reinhart “seriously question[ed] the value of chronic dialysis or renal transplant for these patients.”

More striking than the debate of how aggressive physicians should be is Reinhart's comment about the state of pediatrics more generally: “Those of us who live and work in hospitals tend to focus all our efforts on diagnosis and ‘cure.’ We try to avoid dealing with chronic or incurable conditions which thwart our efforts.” Contrast this with current pediatric practice in which many children have chronic conditions and almost two-thirds of all pediatric acute-care hospitalizations involve children with 1 or more chronic conditions.<sup>3</sup>

Interestingly, the editors published a short retort to Reinhart's commentary by Korsch and Fine in which they reaffirmed their commitment “to the goal of maintaining life and function whenever possible.”<sup>4</sup> Their persistence has paid off in terms of survival, although “the care of children with end-stage renal disease and earlier stages of CKD [chronic kidney disease] continues to saddle families with significant psychosocial, emotional, and economic stress.”<sup>5</sup> Organ replacement therapies are still only halfway technologies. ■

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