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Assisted peritoneal dialysis in France threatened by restrictive interpretation of legislation by CPAM?

(La dialyse péritonéale assistée en France menacée par une interprétation restrictive des textes par les CPAM?)

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Summary: free opinion communication

France has been a pioneer in the implementation of assisted peritoneal dialysis (PD), with its first institutional programs launched in the late 1970s. According to data from the French-language Peritoneal Dialysis Registry (RDPLF), approximately a third of patients treated by PD receive assistance, placing France among the European and OECD countries with the highest proportion of assisted peritoneal dialysis. Assisted PD is recommended by European and international guidelines, which are based on the French model. A recent incident at the Bouchard Clinic in Marseille highlights the current administrative challenges associated with peritoneal dialysis assisted by private nurses. It also underscores the potential risks of a restrictive interpretation of administrative policies by certain primary health insurance funds. It is vital that the medical and cultural achievements of assisted peritoneal dialysis be defended. On October 6, 2025, the events in Marseille led stakeholders from the nephrology community, the nursing world, patient associations and hospital federations to write a joint letter of alert to the Director of Healthcare Provision at the French Ministry of Health on this issue.

Résumé : communication libre opinion

La France a été pionnière dans la mise en place de la dialyse péritonéale (DP) assistée, avec les premiers programmes institutionnels lancés dès la fin des années 70. Selon les données du Registre de Dialyse Péritonéale de Langue Française (RDPLF), environ 35% des patients traités par DP, bénéficient d'une assistance, ce qui place la France parmi les pays européens et parmi les pays de l'OCDE, comme ayant la plus forte proportion de dialyse péritonéale assistée. La DP assistée est recommandée par les référentiels européens et internationaux qui s'inspirent du modèle français. L'épisode récent survenu à la Clinique Bouchard à Marseille illustre la fragilité administrative actuelle de la dialyse péritonéale assistée par des infirmières libérales, et les risques d'une interprétation restrictive des circulaires administratives par certaines caisses primaires d'assurance maladie. La défense de cet acquis médical et culturel apparaît essentielle, il a conduit les parties prenantes de la communauté néphrologique, du monde infirmier, des associations de malades et des fédérations hospitalières à écrire un courrier commun d'alerte, le 6 octobre 2025, à la Directrice de l'offre de soins du ministère de la Santé.

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Mots-clés : dialyse péritonéale assistée, infirmières libérales, Caisses primaires d'assurance maladie



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Free opinion communication

Since the 1970s, France has been at the forefront of peritoneal dialysis (PD) development, particularly assisted peritoneal dialysis, which involves nurses providing home care for elderly or frail patients [1]. France was thus a pioneer in the implementation of assisted peritoneal dialysis, with its first institutional programs launched in the late 1970s by the nation's pioneering teams [2].

Initially, assistance was mainly provided by a family member (spouse and/or child), but the French model of assisted peritoneal dialysis quickly shifted towards professional care, with the intervention of private nurses at home (unlike other European countries and those of the Organisation for Economic Co-operation and Development (OECD)), where this role is almost exclusively assigned to family carers [2].

According to data from the French-Language Peritoneal Dialysis Registry (RDPLF), approximately 35% of patients in France treated with PD receive assistance, placing France among the European and OECD countries with the highest proportion of assisted peritoneal dialysis [3].

In France, assisted peritoneal dialysis is predominantly performed through continuous ambulatory peritoneal dialysis (CAPD), with automated peritoneal dialysis (APD) being less prevalent [4]. An economic incentive for private nurses, introduced in 2011, has promoted the expansion of assisted peritoneal dialysis in France, with a notable increase in the number of patients receiving this modality of treatment after 2011, following a period of stagnation in the growth of this practice [5].

Assisted peritoneal dialysis is a PD modality intended for patients who are unable to perform their treatment at home on their own. This innovative solution enables the elderly or frail patients who would often otherwise be referred for hemodialysis in a center due to physical disabilities, cognitive disorders or an unfavorable environment to continue to have access to dialysis at home. It facilitates personalized, incremental PD and is endorsed by European [6] and international [7] guidelines, which draw inspiration from the French model due to its proven success, organizational flexibility, utilization of private nurses and long-term sustainability [6,7].

A recent episode at the Bouchard Clinic in Marseille, summarized in the vignette below, illustrates the current administrative fragility of peritoneal dialysis assisted by independent nurses in France, as well as the risks of a restrictive interpretation of administrative policies by certain primary health insurance funds (CPAM). It is vital to defend the medical and cultural achievements of assisted peritoneal dialysis, as this experience is universally regarded in Europe and around the world as a flagship of French nephrological success, and the French approach is seen as a model to be followed. Considering the Ministry of Health's strategic initiative to advance home dialysis, it is imperative that adequate funding be secured to protect this practice. This is crucial to prevent hindering the advancement of this public health goal and averting the potential deterioration of the established home dialysis infrastructures within public, private and ESPIC (private healthcare establishments of collective interest) settings. Furthermore, the perpetuation of assisted PD is vital to preserve the expertise of dedicated private nurses and ensure the continuity of dialysis services for elderly and/or vulnerable patients as well as the incomprehension of patients currently being treated with this method, who are now forced to abandon it in favor of hemodialysis, as recently reported in a post published on LinkedIn by one patient [8]. Finally, on October 6, 2025, the

event in Marseille led stakeholders from the nephrology community, the nursing world, patient associations and hospital federations to write a joint letter of alert on this topic to the Director of Healthcare Provision at the French Ministry of Health on this issue [9].

It is interesting to note that in certain regions of Belgium, there is a specific flat rate for nurses who visit the homes of non-autonomous patients, which is paid by the hospital. This is facilitated by favorable incentive and reimbursement measures that are provided based on the home dialysis activity of hospitals. It is recommended that these reimbursement arrangements for nurses working in patients' homes should be extended to the federal level.

The active caseload of PD patients at the Bouchard Clinic (a private for-profit establishment in Marseille) currently fluctuates between 25 and 30 patients.

The average age of this group is high; most of the clinic's patients are therefore on assisted peritoneal dialysis, carried out at home by a team of private nurses who have acquired expertise in assisted PD.

Contrary to all expectations, since the beginning of 2025, the Bouches-du-Rhône CPAM (French social security office) has been claiming back payments from the Bouchard Clinic for the financial remuneration of these private nurses.

According to the CPAM, the clinic is obliged to remunerate private nurses working at home based on the flat rate allocated for peritoneal dialysis and it is not the responsibility of the CPAM to pay the nurses directly.

Under those conditions, there would be insufficient funds to cover the clinic's expenses related to the operation of the home dialysis unit. Consequently, assisted PD would no longer be a viable option in the short term in that setting, and the clinic's patients would have no choice but to be referred to hemodialysis centers.

VIGNETTE

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Conflicts of interest

Dr. Rostoker reports receiving consultancy fees from Astellas (board on Roxadustat, 2019-2021, 2023), GlaxoSmithKline (board on Daprodustat, 2022-2023), Vifor (board on Difelikefalin, 2021-2023), and reports research funding for scientific presentations from Amgen, Astellas, Baxter, Hemotech, Gambro Hospital, Nipro, Physidia et Theradial. He also reports receiving honoraria from Amgen, Roche, Sanofi. Additionally, he currently serves on Astellas's and Baxter's boards of speakers.

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Authors' contributions

Conceptualization: GR, BI, JPM, HF. Writing – original draft: GR. Writing-revision and editing: BI, JPM, HF. Visualization: GR. Supervision: GR.

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