Editorial Comment

Editor's Note: The editorial this issue is written by Mr. William Cohen of Teaneck, New Jersey. Mr. Cohen is a home dialysis patient using the Drake-Willock system. He has been a lawyer since 1930, is a partner in the firm of Cohen and Cohen, and is active in such organizations as the National Association of Patients on Hemodialysis and the Artificial Kidney Machine League.

Hemodialysis, in order to reach the greatest number of chronic patients, will have to be treated at home. At present, the problems facing the home patient fall into broad categories that need immediate relief. Some of the problems are as follows:

1) **Cost of Supplies.** The home dialysis patient is faced with a ridiculous cost of maintaining the machine, which runs as high as $90 to $100 a week. It is clear that unless the government subsidizes the program for the chronic patient, the average middle-class person will be priced out of the market as far as relief through the artificial kidney machine is concerned.

2) **The Cost of Maintenance.** A repairman came to my home last week and I just received his bill for $40 for consultation; no parts were involved. This of course may be perfectly proper from the standpoint of the company that services the machine, but it gets ridiculous from the standpoint of the home patient in maintaining the machine. The problem again is one that the home patient must face.

3) **Advanced Technology.** A system must be developed whereby the home patient may be immediately advised of advances made in the science so that they may take advantage of same as quickly as possible.

4) **Publicity.** A public relations program must be developed alerting the public to the needs of the home Ambulance Corps available for emergency traveling to the hospital and the local fire department with emergency generators in the event of power failure. In addition, we have coordinated with the local blood banks to assure us of an adequate supply of blood when necessary.

5) **The Patient Should Have a Right to Travel.** All over the country, in fact, in many parts of the world, kidney centers are being established and programs are being initiated to allow for treatment by transient hemodialysis patients. This program is a necessary one from the psychological standpoint of the patient’s morale.

The artificial kidney machine is a medical breakthrough and should not be limited to the very poor or the very rich. It should be available to every person with a chronic disease for which the machine can be utilized. As a result of the use of the machine, I personally have been 100 percent rehabilitated in the practice of law and certainly it is a very important intermediate step for transplant. Every hemodialysis patient should be encouraged to join a national, regional or local organization for persons interested in hemodialysis patients. Only through cooperative effort will the public and the government assist us in these matters.

*William Cohen*