which requires access to modern contraception and safe abortion services, is fundamental for gender equality, economic development, and progress for all. Without family planning, the opportunity for girls to obtain a rounded education is restricted. Women’s economic empowerment and equality relies on the bodily autonomy that access to family planning provides, and with that comes economic prosperity, security, and prosperity for all. The absence of comprehensive sexual and reproductive health services, such as family planning, will place women’s health and lives at risk. The Global Gag Rule will considerably increase both the number of unplanned pregnancies and, inevitably and ironically, the number of abortions it aims to prevent.

Delegates at the global Family Planning Summit held in London on July 11, 2017, spoke loudly and strongly to remind the world of what is at stake and what is right. Gender equality and access to family planning is not just a women’s issue, it is a health issue, economic issue, and prerequisite for development, and it is everybody’s business. When girls and women are able to make choices about their own lives, including reproduction, they are empowered to create a better economic future for themselves, their families, their communities and their societies, which is something we can all benefit from and celebrate.

I declare no competing interests.

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Life-sustaining technologies in resource-limited settings

Vivekanand Jha and colleagues (Feb 23, p 1851) highlighted several issues on global dialysis. As stated in their Health Policy paper, more than 2 million people died in 2010 because of insufficient access to dialysis, most of whom were from resource-limited settings. However, several issues remain unaddressed, particularly factors related to dialysis in resource-limited settings, where more than 80% of people affected by kidney diseases live.1,4

Jha and colleagues inadequately distinguish between dialysis for acute kidney injury and chronic kidney disease. In resource-limited settings, acute kidney injury mostly affects younger, economically productive individuals, whereas chronic kidney disease mostly affects older, chronically ill individuals.3,5 As such, these two diseases have vastly different economic, social, and health consequences. Recognition of these differences is crucial for the incorporation of dialysis into broader discussions on the provision of life-sustaining medical technologies in resource-limited settings.

In resource-limited settings, regulation of medical care is necessary, and physicians have crucial roles in the distribution of life-sustaining technologies. Such technologies can be acutely life-saving (eg, reversible acute kidney injury), chronically life-extending (eg, end-stage kidney disease), or both (eg, irreversible acute kidney injury), and ethical frameworks should expand to meet the demands faced by physicians when distributing advanced life-sustaining technologies. Similar considerations apply to technologies in other diseases, such as ventilator assist devices, extracorporeal liver assist devices, and extracorporeal membrane oxygenation, among others. Such therapies in resource-limited settings are as much an economic, social, and cultural enterprise as they are medical; therefore, we further stress, as part of broader discussions, the absolute importance of the Jha and colleagues’ call for collaboration with other health professionals facing similar challenges.

We declare no competing interests.

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Authors’ reply

The achievement of equity in the distribution of renal replacement therapies and nephrology care for patients with end-stage kidney disease in resource-limited settings is a complex ethical and clinical problem.1 John W Stanifer and Abhinav Sharma draw attention to the substantial burden of mortality associated with acute kidney injury in such settings, the demographic factors that can distinguish between populations requiring dialysis for acute or chronic kidney failure, and the consequences of the non-availability of dialysis for the two groups. Such details are indeed essential in the evaluation of potential burdens and benefits of treatment in any given population, and hence in the estimation of potential outcomes when specific