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Renalism: A Scoping Review of Clinician-Level Barriers to Evidence-Based Care in Chronic Kidney Disease

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ADMINISTRATIVE INFORMATION

Support - No support.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202680109

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 31 August 2026 and was last updated on 31 August 2026.

INTRODUCTION

Review question / Objective Patients with chronic kidney disease (CKD) are undertreated, underdiagnosed, and excluded from the trials that define their care. “Renalism” names this therapeutic nihilism, but the evidence is dispersed, the construct loosely bounded, and its diagnostic dimension largely unexamined. We aimed to map the evidence rather than estimate a single effect.

Background Patients with chronic kidney disease (CKD) are undertreated, underdiagnosed, and excluded from the trials that define their care. “Renalism” names this therapeutic nihilism, but the evidence is dispersed, the construct loosely bounded, and its diagnostic dimension largely unexamined. We aimed to map the evidence rather than estimate a single effect.

Rationale Patients with chronic kidney disease (CKD) are undertreated, underdiagnosed, and excluded from the trials that define their care. “Renalism” names this therapeutic nihilism, but the evidence is dispersed, the construct loosely bounded, and its diagnostic dimension largely unexamined. We aimed to map the evidence rather than estimate a single effect.

METHODS

Strategy of data synthesis We followed the Arksey and O’Malley framework with Levac and JBI refinements, reporting with PRISMA-ScR. PubMed/MEDLINE, Embase, the Cochrane Library, and ClinicalTrials.gov were searched from inception to 30 June 2026, with citation and guideline-website searching. Eligibility followed a Population–Concept–Context framework: adults with CKD stages 1–5 or kidney failure; renalism, defined as withholding or underuse of evidence-based diagnostics, therapeutics, or trial enrolment attributable to kidney status, including diagnostic anchoring; any setting. Two reviewers screened and charted independently; findings were mapped descriptively without critical appraisal or meta-analysis.

Eligibility criteria Adults with CKD.

Source of evidence screening and selection We followed the Arksey and O'Malley framework with Levac and JBI refinements, reporting with PRISMA-ScR. PubMed/MEDLINE, Embase, the Cochrane Library, and ClinicalTrials.gov were searched from inception to 30 June 2026, with citation and guideline-website searching. Eligibility followed a Population–Concept–Context framework: adults with CKD stages 1–5 or kidney failure; renalism, defined as withholding or underuse of evidence-based diagnostics, therapeutics, or trial enrolment attributable to kidney status, including diagnostic anchoring; any setting. Two reviewers screened and charted independently; findings were mapped descriptively without critical appraisal or meta-analysis.

Data management We followed the Arksey and O'Malley framework with Levac and JBI refinements, reporting with PRISMA-ScR. PubMed/MEDLINE, Embase, the Cochrane Library, and ClinicalTrials.gov were searched from inception to 30 June 2026, with citation and guideline-website searching. Eligibility followed a Population–Concept–Context framework: adults with CKD stages 1–5 or kidney failure; renalism, defined as withholding or underuse of evidence-based diagnostics, therapeutics, or trial enrolment attributable to kidney status, including diagnostic anchoring; any setting. Two reviewers screened and charted independently; findings were mapped descriptively without critical appraisal or meta-analysis.

Reporting results / Analysis of the evidence Not applicable.

Presentation of the results Not applicable.

Language restriction English.

Country(ies) involved United States.

Keywords Renalism; chronic kidney disease; therapeutic nihilism; anchoring bias; diagnostic error; clinical trial eligibility; guideline-directed medical therapy; health equity; scoping review.

Contributions of each author

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