
**Abstract**
Moral concerns and distress can surround the decision to initiate, withhold, or withdraw renal replacement therapy (RRT) in those ages 65 and older with multiple co-morbidities. The nurse’s moral responsibility of caring is often overlooked when healthcare decisions are made regarding RRT. One remedy is shared decision making in which the nurse acts as patient advocate. This article discusses two guidelines for shared decision making that have been used successfully and presents a case study on shared decision making regarding withholding or withdrawing RRT.