

## **Liverpool Care Pathway: response to media reporting**

Negative stories about the Liverpool Care Pathway have led some health professionals to call the National End of Life Care Programme with concerns about the impact on staff morale and wider confidence in this valuable tool.

There is one over-arching message which the National End of Life Care Programme wants to emphasise to clinicians and to those with a relative who might be placed on the pathway: the LCP has improved and continues to improve care of the patient in the last days or hours of life. This is our unambiguous position.

The LCP provides an evidence based framework for the delivery of appropriate care for dying patients and their relatives in a variety of care settings. Its use has recently been endorsed by Strategic Health Authority End of Life Care Clinical Leads at a meeting with Professor Mike Richards, National Clinical Director for Cancer and End of Life Care.

The LCP must, however, be followed correctly. Training, skilled assessment and regular review of individual patients' condition, effective communication with family members and participation in audit are all essential to the optimal use of LCP.

Two national audits, the latest of which reported just last month (September), support the use of the LCP.

In its press statement on the second audit, the Royal College of Physicians, which took part in the audit, said: "The audit results are as impressive as those of the first audit, published in 2007. This shows that standards of patient care remain high and underlines the value of the LCP in providing a framework in which clinical judgement can be exercised for the benefit of individual patients."

Addressing the issue of the use of sedatives, which has been questioned or criticised in the media, the Royal College examined the figures.

Its verdict? "These findings indicate that dying patients receive good clinical care, tailored to the individual and their distress, when supported by the LCP....In the last 24 hours of life the vast majority of patients are reported to be comfortable."

The audits were the first of their type in the world. The second audit collected information from 155 NHS hospitals – nearly three-quarters of those in England.

The pathway requires senior doctors and nurses involved in the patient's care to agree that death is very likely to be imminent and that being placed on the pathway would reduce patient discomfort and pain.

That decision should involve the patient, where possible, and certainly the family. Clinicians should explain why certain medication is being withdrawn and – in some cases – nutrition and fluid reduced if and when those decisions are taken.

Ward staff should ensure that the patient is comfortable and their symptoms managed according to their individual needs.

The patient must be re-assessed at least every four hours. Those re-assessments do, in around 3% of cases, lead to the patient being removed from the pathway. In one of the recent stories condemning the pathway's use this is exactly what happened.

Diagnosing dying has never been – and probably never will be – an exact science.

We know that staff have to be trained and educated in the proper use of the pathway. Our own contacts with NHS trusts suggest that the importance of education and training in the use of the LCP and in wider end of life care issues is well recognised.

Many Trusts already appear to have extensive programmes in place while others are planning to expand education and training. The national audit found, however, that only four in ten trusts have an LCP facilitator. We would like to see that figure increase significantly to ensure the expansion of LCP from its origins largely in cancer units to other parts of the hospital, so that staff on all relevant wards are properly trained and educated. The facilitator would ensure that latter condition was met. Advice and support should also be available from, specialist palliative care teams when necessary.

The importance of prior and on-going communication with the family is emphasised by the recent media coverage. In several cases highlighted in the media, the patient was not even on the pathway – with some cases predating the adoption of the pathway.

We know that some trusts are developing their own leaflet for patients and/or relatives to explain the LCP. A local leaflet can be useful but all trusts should ensure that the relatives leaflet written by the LCP Central Team at the Marie Curie Palliative Care Institute Liverpool is made available. Staff should talk to the family and allow them the time to absorb information from the leaflet and in the vast majority of cases there is a sad acceptance that the pathway offers their loved one the best prospect of a peaceful death.

If you follow the pathway – and that includes talking to the family and regular checks on the patient – the LCP will help you and your colleagues as you seek to ensure dying patients die comfortable deaths.

The institute's leaflet and more information is available on its website at [www.liv.ac.uk/mcpci](http://www.liv.ac.uk/mcpci)

Professor Mike Richards  
National Clinical Director for Cancer and End of Life Care

Claire Henry  
National Programme Director