

The Liverpool Care Pathway: what is the furore in the press about?

In September 2009 the Liverpool Care Pathway first hit the headlines following a letter to the *Daily Telegraph* from a group of correspondents, including a geriatrician and a palliative physician, who were concerned that there was inadequate review after a decision that someone was thought to be dying and that there was an implicit instruction to withdraw assisted nutrition and hydration (Millard et al, 2009). A flutter of articles followed.

Those who developed the Liverpool Care Pathway helpfully responded with a new version, stating that 'the patient will be assessed regularly and a formal full MDT [multidisciplinary team] review must be undertaken every 3 days', followed by clear guidance about withdrawing and withholding treatments:

'The Liverpool Care Pathway does not preclude the use of clinically assisted nutrition or hydration or antibiotics. All clinical decisions must be made in the patient's best interest. A blanket policy of clinically assisted (artificial) nutrition or hydration, or of no clinically assisted (artificial) hydration, is ethically indefensible and in the case of patients lacking capacity prohibited under the Mental Capacity Act (2005)' (Marie Curie Palliative Care Institute Liverpool, 2009).

In July 2010 the General Medical Council published its guidance 'Treatment and care towards the end of life: good practice in decision making' which made clear doctors' responsibilities for assessing and managing hydration and nutrition needs at the end of life, and set out a clear framework for communication and decision making about withholding and withdrawing treatments (General Medical Council, 2010).

The press was silent about the Liverpool Care Pathway for some time. In June 2012, in a lecture at the Royal

Society of Medicine entitled 'Can we predict impending death: the scientific evidence', Professor Patrick Pullicino, a consultant neurologist from Kent, described a case where a patient under his care was put on the Liverpool Care Pathway at a weekend and, following a clinical review after the weekend, was taken off the Liverpool Care Pathway and went on to live for 14 months. He went on to allege that 'the LCP [Liverpool Care Pathway] is an assisted death pathway' (Pullicino, 2012).

This was reported in the *Daily Mail* as 'Top doctor's chilling claim: The NHS kills off 130,000 elderly patients every year' (Doughty, 2012a). Media interest in the Liverpool Care Pathway was refuelled and a number of stories followed which increasingly suggested that the Liverpool Care Pathway was a form of euthanasia.

By September, a consensus statement, coordinated by the National End of Life Care Programme, was issued by several key organizations and professional bodies outlining their support for the Liverpool Care Pathway (Liverpool Care Pathway Consensus Statement, 2012). These organizations agreed to work together to identify specific issues which cause concern, explore the underlying reasons for these concerns and collectively work towards improving practice. When one of the authors (BW) described the plan to assist in this work to members of the Association for Palliative Medicine, this was leaked to the media and misrepresented as 'Association for Palliative Medicine breaks ranks with the public stand of other medical bodies' (Doughty, 2012b).

It soon became clear that these stories were just the trailer for a bigger story. Apparently, some journalists had been seeking information from hospitals for some months using the Freedom of Information Act. This resulted in the headline 'Hospitals bribed to put patients on pathway to death' (Doughty, 2012c).

By now the story had developed such momentum that the Minister of State for Care and Support responded by promising changes to the NHS constitution regarding end of life care and appointing an independent chair to lead a review of integrated care pathways for patients in the last days of life.

What has emerged from all of this are stories that demonstrate that in some situations the NHS has not provided good communication or adequate care to some patients thought to be close to death and their families. How widespread this is will hopefully become clear as a result of the Minister's review. This review includes a survey of professionals, focus groups with families, a rapid review of evidence and a review of complaints over the next few months. Members of the Royal College of Physicians should have received an invitation to participate in the survey through the President's Bulletin.

Unfortunately in early December the link to the survey of professionals was posted on Facebook even though it was only being sent to professionals by their professional organizations. Because some lay people completed the survey, this invalidated the whole survey, so it was suspended at once. As the appointment of the independent Chair for the review was then imminent, the survey remained suspended until this was in place. However, for those professionals who had completed the survey, the analysis of their responses would be passed on to the Chair so that their effort would not be wasted.

Conclusions

However limited or widespread, it is unlikely that all problems of inadequate care are the fault of the Liverpool Care Pathway alone. What should emerge from the review is a clearer picture of where the problems lie, and where the shortfalls are in training, support and resources. It is imperative that clinicians, managers and govern-

ment work together to get this right. After all a health-care system is judged not only by how efficiently and effectively it cures the sick but how compassionately and competently it cares for the dying. **BJHM**

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Doughty S (2012b) Doctors to act on Care Pathway: After Mail campaign, investigation is launched

into controversial guidelines on 'hastening death'. *Daily Mail* **24 October** (www.dailymail.co.uk/news/article-2222702/Liverpool-Care-Pathway-Investigation-launched-controversial-guidelines-hastening-death.html#ixzz2EAYjQMxi accessed 10 December 2012)

Doughty S (2012c) Hospitals bribed to put patients on pathway to death: Cash incentive for NHS trusts that meet targets on Liverpool Care Pathway. *Daily Mail* **25 October** (www.dailymail.co.uk/news/article-2223286/Hospitals-bribed-patients-pathway-death-Cash-incentive-NHS-trusts-meet-targets-Liverpool-Care-Pathway.html#ixzz2EByiQDOO accessed 10 December 2012)

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Liverpool Care Pathway Consensus Statement

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KEY POINTS

- Concerns expressed in the media about the Liverpool Care Pathway have resulted in the Minister of State for Care and Support announcing an independent review.
- It is unlikely that all problems of inadequate care are the fault of the Liverpool Care Pathway alone.
- We need to identify and resolve problems of inadequate training, support and resources to ensure that patients get the best possible care at the end of their lives.

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