

## Best Care for the Dying Person Continuous Quality Improvement Programme

Research at the Marie Curie Palliative Care Institute Liverpool (MCPCIL) has a significant impact on the care of the dying patients and their families. In the late 1990's, Professor John Ellershaw (Professor of Palliative Medicine, University of Liverpool; Director, Marie Curie Palliative Care Institute Liverpool;) and Ms Deborah Murphy (Associate Director of MCPCIL) designed and strategically pioneered the development, implementation and dissemination of the Liverpool Care Pathway for the Dying Patient (LCP) Continuous Quality Improvement Programme. The LCP integrates best practice evidence within a framework to support clinical care, and the team at the MCPCIL have been instrumental in developing and continuing to contribute to evidence which underpins care in the last hours or days of life. For example, the management of pain, through detailed critical case study analysis (Makin et al 1998) conducting a systematic review on the role of nutrition and hydration (Rajimakers et al 2011) and through a large comparative study on the effect of the LCP on care (Mayland et al 2013)

As Dame Cicely Saunders remarked in the foreword to the first edition of the supporting text book (Ellershaw & Wilkinson, 2003), "All the careful details of the pathway discussed in this book are a salute to the enduring worth of an individual life ... Specialist expertise and general challenge meet here in the dimension of our common humanity" (page iv).

The development of Liverpool Care Pathway for the Dying Patient (LCP) Continuous Quality Improvement Programme in 1998, has supported innovation and the development of enhanced practice, as evidenced through research outputs. The LCP was underpinned by the GMC recommendations regarding best care at the end of life. (GMC 2010) Additionally, the LCP was integrated into national end of life care policy, and prompted the largest governmental public engagement on the care delivered to dying patients which identifies that "when the LCP is operated by well trained, well-resourced and sensitive clinical teams, it works well". (Neuberger Review 2013)

The LCP was recognised nationally through the End of Life Care Programme (2004-2007) and represented within the End of Life Care Strategy (2008).

The model of Best Care for the Dying Person based on the LCP has been adopted in more than 23 countries and translated into 6 languages; it continues to be implemented and supports the care of dying patients internationally. An LCP International Reference Group was set up to formally represent these countries in the continued development of the LCP and this group met regularly up to 2013. The Institute held annual meetings at the RSM in collaboration with the RSM palliative medicine section that were attended by over 200 people each year.

In 2012 the LCP became the focus of a societal debate across print and broadcast media, as well as in academia. Despite a recent finding from a RCT in Italy which, although underpowered, found an overall improvement for patients who were cared for in wards where the LCP was used (Costantini et al, 2013), and the finding of the National Review into the LCP (Neuberger 2013) which highlighted the efficacy of the LCP when used appropriately, the LCP was withdrawn from use from July 2014 in England.

The Leadership Alliance for the Care of Dying People (LACDP) a coalition of 21 organisations was formed to respond to the 44 recommendations highlighted by the Neuberger Review. The report from the Alliance was published "One Chance to get it Right" in June 2014.

The learning from the MCPCIL Quality Assurance work stream is one of the cornerstones of the International Collaborative for Best Care for the Dying Person (ICBCDP), details of which can be found [here](#).

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