

CARE IN THE LAST HOURS / DAYS OF LIFE

The LCP Central Team UK at MCPCIL is aware that some of you will have seen the article in the Telegraph 03.09.09 and there was also a short piece referencing the work of the LCP in the Daily Mail.

Following the media reports:

- Professor John Ellershaw contributed by telephone to the ITV news programme, "This Morning", also taking part was Dr. Peter Carter RCN CEO who fully supported the implementation of the LCP and highlighted the issues regarding adequate Education & Training. The overall message that came out of the interview was focussed on improving Palliative Care Services and Education of the staff.
- National Palliative Care Organisations are responding in a positive way in support of the LCP.
- Professor John Ellershaw was interviewed by Roger Phillips on BBC Radio Merseyside 03.09.09.
- It is recognised by the Department of Health that the LCP is an established and recommended tool that provides Clinicians with an evidence based framework to help delivery of high quality care for people at the end of their lives.

The key message to be taken forward from this episode is:

We need to ensure that education and training is part of the implementation of the LCP and we believe training in care of the dying should be mandatory for all health care workers caring for people and their relatives / carers in the last hours / days of life.

The following information sheet should support you in any queries you have. If you have any further concerns regarding the article or queries that have been put to you please do not hesitate to contact us.

Email: lcp.enquiries@rlbuht.nhs.uk

The Liverpool Care Pathway for the Dying Patient (LCP)

We believe that recognition of dying is a complex decision making process which should not be undertaken by one discipline - we would recommend it is a discussion with the multidisciplinary team in conjunction with the patient where possible and their relative / carer.

Recognition of dying is not in itself a decision that automatically leads to withdrawal or withholding of care, treatment or interventions. Recognition of dying does require a review of the current situation and current care, treatment, & interventions - you need to stop, think, assess and change care accordingly for the individual needs of the patient

Care at this time is considered urgent - with only one opportunity to get it right to make a potential positive lasting memory for relatives and carers. Changes in care at this complex uncertain time are made in the best interests of the patient and relative / carer for a moment in time - this needs to be reviewed regularly and all decisions leading to a change in care delivery should be communicated clearly to the patient where possible and to the relative / carer and the views of all concerned listened to and documented. All of us are entitled to the best care at the end of our lives including the last hours and days of life up to including and after death.

Good clear Communication is pivotal to this process. All care must be considered in the patient's best interest.

What is the LCP?

The LCP provides a useful template to guide the delivery of care for the dying to complement the skill and expertise of the practitioner using it. Once commenced the goals of care prompt staff to consider the continued need for invasive procedures and whether current medications really are conferring benefit.

The health care professional is free to use their own clinical judgment in this process. If a goal on the LCP is not achieved then this is coded as a variance - this is not a negative process but demonstrates the true individual patient story based on their individual needs, your clinical judgment and the needs of the relative / carer.

The use of the LCP does not preclude use of antibiotics or artificial nutrition or hydration but it does ask the professional to consider an appropriate decision for that moment in time and the health professional is asked to document the reason for decisions made.

Using the LCP in any environment requires regular assessment and involves continuous reflection, challenge, critical decision-making and clinical skill underpinned by a learning and teaching programme.

The LCP provides guidance on key aspects of care including:

- Symptom Control
- Comfort measures
- Anticipatory prescribing of medication
- Discontinuation of inappropriate interventions
- Psychological and spiritual care
- Care of the family (both before and after the death of the patient)

The LCP has been recommended for use as a template of best practice in the last hours and days of life in UK National policy (DH 2006, 2008) and more recently in the End of Life Care Strategy: Quality Markers and Measures for End of Life Care (2009).

How do you know when to use the LCP?

The LCP is used when the multidisciplinary team has agreed that the patient is dying and all reversible causes for the current situation have been considered. The focus of care now changes to care of the dying, this includes discussion with the relative / carer and when possible the patient, and they should be fully understand the reasons why decisions have been made. The current plans of care need to be reviewed and inappropriate interventions stopped when the burden of an intervention or treatment outweighs the benefits.

The LCP includes a regular assessment process and if the patient improves and is reviewed by the multidisciplinary team then the LCP can be stopped and an appropriate plan of care put into place for that moment in time.

The National Care of the Dying Audit – Hospitals (NCDHAH)

The first National Care of the Dying Audit in Hospitals (NCDHAH) was undertaken in 2006/2007 based on the standards of care within the LCP. The results from the first round provided a picture of care of the dying in our acute hospitals in England for the 2672 patients from 118 acute hospitals that were included in the audit (MCPCIL, 2007).

The second round of the audit has been completed, coordinated by the Marie Curie Palliative Care Institute Liverpool (MCPCIL) in collaboration of the Royal College of Physicians and supported by the Department of Health and Marie Curie Cancer Care. Individual participating hospitals have received their individual data compared with the national benchmark and the report of the generic results for the sample as a whole will be available from 14th September 2009.

The LCP is a vehicle through which best quality of care for the dying is made measurable, explicit, and visible. It is valued because of the positive impact on the patient, carer and staff and it can therefore bring about a change in the culture of an organisation.

The LCP is only as good as the person using it. It is without doubt a step in the right direction to promote equitable care for the dying irrespective of diagnosis or location of care. We need

to continue to build on the success of the LCP as a vehicle to drive up sustainable and measurable quality care, to deliver excellence in care of the dying.

We believe that training in care of the dying should be mandatory for all those health and social care staff who provide care in the last hours and days of life.

Deborah Murphy
Associate Director Marie Curie Palliative Care Institute Liverpool (MCPCIL)
National Lead Nurse – LCP

John Ellershaw
Professor of Palliative Medicine
Director MCPCIL
Clinical Lead – LCP

Maria Bolger
National LCP Facilitator

LCP Central Team UK
Marie Curie Palliative Care Institute Liverpool (MCPCIL)

Email: lcp.enquiries@rlbuht.nhs.uk

Website: www.mcpcil.org.uk