Daily Telegraph November 4th 2013

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Back to the old days of patients dying in agony

Every doctor makes mistakes, and I am no exception. It's the mistakes you make that are often the things that stay with you for your entire career, far more so than the dramatic, adrenalin-fuelled emergencies when you save someone's life.

One mistake that still haunts me happened when I was a junior working in general medicine. This was before the days of the Liverpool Care Pathway (LCP) and it was a mistake that has ever after made me defend the LCP. Having been a doctor for just over six months, I was beginning to feel more confident in what I was doing. Late one night, while on-call covering the geriatrics ward, I was asked by the nursing staff to review an elderly woman, who had terminal cancer and was dying.

She lay, motionless in the dark side-room, breathing sporadically, her mouth open. I noticed that she was very dehydrated. I took bloods and prescribed an IV drip. At the time, this made perfect sense. The fluid would rehydrate her and, I concluded, make her comfortable.

What I had failed to take account of was that care appropriate for regular patients is not always appropriate for those who are dying. A few hours later, I was paged by a frantic nurse. The elderly woman was in considerable distress. The level of oxygen in her blood had dropped and she was struggling to breathe. She was crying out and making a horrendous gurgling sound.

The woman was in renal failure and as a result the fluid I had prescribed had gone on to her lungs. She was drowning. Because her kidneys and heart were so damaged, the body was unable to remove the fluid that had accumulated on her lungs. I stood there, horrified at what I had just done. Far from easing the end of her life, I had made it infinitely worse.

The LCP set out a pathway that ensured mistakes like this were not made. But, amid a media furore earlier this year, the Government scrapped it. At the time, doctors warned that this could lead to a return of the bad old days when dying patients were routinely mismanaged and over-treated.

And now, a leading nurse has had the courage to speak out and confirm our worst fears. Margaret Kendall, a consultant nurse in palliative care at Warrington and Halton Hospitals, said that in some places it felt like standards had "gone backwards 10 to 15 years", and that patients were once again dying in agony.

Mrs Kendall, who has drafted national guidance on end-of-life care and chairs an advisory group of specialist nurses, also raised concerns that in some hospitals doses of medication were not being prepared in advance as there was no longer a protocol in place to speed up or pre-empt decision-making, meaning that patients were left to suffer unnecessarily.

Of course, many of the concerns raised about the LCP are valid. An independent review published this year found it had been used inappropriately, sometimes without consultation with families. But the concerns were not about the LCP itself, but its implementation. Now we are in a position where something that had the potential for good has been replaced with fear, anxiety and uncertainty.

The answer to the problems with the LCP was for staff to be trained in how to use it appropriately, to improve access to advice from palliative care clinicians, and for better communication with families. Regardless of the time of day, or where patients were being cared for or who was caring for them, the LCP provided a clear, concise set of guidelines to ensure that people did not suffer. Now that has gone.

And because of the way the controversy around the LCP has been reported, doctors and nurses today shy away from discussing death. That is the worst outcome for patients.

When I trained as a doctor we did not get one day's worth of teaching in palliative care. Despite death being a universal affliction, not once were we taught about it. The prevailing attitude was that medicine was about saving lives, so death was considered to be a failure on the part of doctors and therefore ignored.

For years campaigners worked to improve the teaching around death and dying by encouraging a clear and compassionate approach. The LCP was the crystallisation of this, but now it has been shattered. In its absence, I fear we have gone back to that time of uncertainty and fear when too many may die in discomfort or pain.