

End-of-life care worse for dementia patients

By Laura Donnelly, Health Editor

PATIENTS dying from dementia and heart disease are not treated as well as cancer sufferers, the chief inspector of hospitals said as he announced a national review of end-of-life care.

Prof Mike Richards said too many patients were being subjected to an "unacceptable" lottery in care, with "a huge number of inequalities" in standards of treatment depending on their geographical location, their disease, and where they spend their final days.

The Care Quality Commission review

will address increasing concerns that patients are being denied correct pain relief, end up being treated without dignity, or are dying in hospital despite clear wishes to die in their own homes.

Prof Richards said it appeared that "cancer sufferers were getting a better deal" than those with other conditions, such as dementia, and heart disease.

Research has found that families whose relations died from cancer, rather than other illnesses, were far more likely to feel their loved ones had received good care, the right pain relief, and died in the place of their choosing, he said. Prof

Richards said he was also concerned by significant geographical variations in the care received by patients, regardless of their disease.

In addition, studies suggest that people who spent their dying weeks in their own homes or in hospices and care homes tended to have better experiences of care than those who spent much of their time in hospital.

Prof Richards, who was national clinical director for cancer and end-of-life care before being appointed to the CQC last year, said: "In general, we see those in hospices getting the best care; when it

comes to those who died in care homes, or in their own home, its about neck and neck, but hospitals, I regret, are some way behind."

Plans for the national review cite recent studies which have found poor end-of-life care among dementia sufferers in care homes.

Last year, a report by the think tank Demos found that those with dementia or other complex conditions received worse care than those with cancer.

Prof Richards said that cancer care tended to be better at providing "hospice-style" help because charities and

pioneers in the field had founded the practices decades ago.

He said changes to improve the care of all dying patients were likely to require better use of patient records, with more sharing of information, so that the right help could be provided at all times. He said ambulance crews should be told if patients had said they did not want to be sent to hospital in their dying hours.

Prof Richards said the national review, which is due to report by next March, will try to identify any "barriers to care" affecting those suffering from particular diseases, as well as those from different

ethnic backgrounds, or with mental health conditions or learning disabilities. "This is not just about geographical variation," he said. "It's about examining what the barriers to good care are for all types of patients with all sorts of backgrounds or diagnoses."

A national survey of 50,000 people found that bereaved relations in the South West rated the care provided for their loved ones most highly.

There were also high scores in the North West, while the lowest scores were found in London and the east of England in the survey made in 2012.