

New NHS rules for end of life 'a disaster'

By Laura Donnelly
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NEW NHS guidelines on "end of life" care are worse than the controversial Liverpool Care Pathway and may push more patients to an early grave, a leading doctor warns today.

Prof Patrick Pullicino - one of the first experts to raise concerns over the pathway - said the latest proposals from the National Institute of Health and Care Excellence (Nice) include a section on the crucial issue of hydration that is "a disaster".

He warned that Nice's 32-page guidance document would encourage hospital staff to guess who was dying, in the absence of any clear evidence, and to take steps that could hasten a patient's death.

The LCP - which meant fluids and treatment could be withdrawn, and sedation given to the dying - was officially phased out last year on the orders of ministers.

It followed concerns that thirsty patients had been denied water and left desperately sucking at sponges.

Writing in *The Daily Telegraph*, Prof Pullicino said the Nice plans repeated features of the pathway that made it so dangerous, and compounded them with even more lethal errors.

The proposals call on hospital staff to identify a list of "signs" and "changes" - such as agitation or fatigue which could suggest a person is entering the last days of their life - before drawing up a plan for their care, which could see fluids withdrawn.

Prof Pullicino, professor of clinical neuroscience at the University of Kent, said such signals were not reliable evidence on which to forecast imminent death, and that it was risky to base treatment decisions on a turn for the worse.

He added: "Diagnosis of who was imminently dying was the core problem of the Liverpool Care Pathway and is no better in the Nice document.

"It includes a 'cookbook list' of features that may suggest someone is dying but is totally inadequate to make a diagnosis and is not evidence-based.

So we are back at the LCP in terms of the risk of putting patients who are not dying on to inappropriate and potentially lethal treatment."

The LCP was axed following a review led by Baroness Neuberger, which said patients "should be supported with hydration and nutrition unless there is a strong reason not to do so".

Prof Pullicino said the section on hydration in the Nice document, published last week, is "a disaster of misinformation, distortion and ambiguity".

The guidance says "death is unlikely to be hastened by not having clinically assisted hydration", such as a drip.

This claim is "completely untrue", the professor said. "Not giving hydration is certain to kill someone if they can't take hydration by mouth," he added.

The professor also pointed out: "There is no mention of nutrition in the Nice document."

Prof Pullicino, who had a patient survive 14 months after being taken off the LCP, said all patients should be given adequate nutrition and hydration regardless of their prognosis.

The guidelines also encourage the use of "anticipatory prescribing" as early as possible, giving hospital staff access to pain relief and sedatives without having to call for a doctor.

Prof Pullicino said the practice was one of the most risky aspects of the LCP, allowing nurses to increase the dose of medication and hasten death.

Although the pathway was officially withdrawn last year, he still hears of people desperately trying to obtain "active" care for patients who are "being treated in an LCP-fashion" because they are deemed to be dying.

Earlier this year the Royal College of Nursing and Macmillan Cancer Support said some hospitals had not changed their practices.

A Nice spokesman said: "The draft guideline is open for public consultation and we welcome any comments from healthcare professionals and stakeholders, as well members of the public, as they help inform the final guidance."