

Lack of training blamed as doctors fail dying patients

Oliver Moody Science Correspondent

Patients dying in hospitals often receive inadequate end-of-life care because doctors are scared of asking them about their needs and discussing death, experts have said.

Basic “Florence Nightingale” touches such as helping patients to drink tea or consoling relatives after a bereavement have been neglected as the medical profession focuses on “heroic war-on-disease stuff”, the academics warned.

About half of the 500,000 people who die in Britain each year spend their last days in hospital. This proportion is expected to grow as we live longer and patients become more likely to die from longterm illnesses.

The Liverpool Care Pathway, which became standard practice in the NHS and was exported to many other health services around the world, is being phased out after widespread complaints from bereaved families. A government-backed review concluded that it was not based on rigorous clinical evidence.

The National Institute for Health

and Clinical Excellence (Nice) is consulting on new guidelines, which are expected to be released within months.

In its current form the 266-page document is a detailed summary of the scientific literature, with little focus on patients such as whether they are depressed or in pain. Academics described the guidance yesterday as a “reference manual for death”.

Experts at King’s College London’s Cicely Saunders Institute said that chronic underinvestment in palliative care had left the NHS struggling to meet the needs of dying patients.

Doctors, in particular, receive minimal training in end-of-life care, they said, with only 20 hours of the typical five-year medical degree given over to the subject, according to a survey in 2002. One in five NHS trusts requires its doctors to be trained in the area.

Katherine Sleeman, clinical lecturer in palliative medicine at King’s College, said: “The trouble is [end-of-life care] eclipsed by life-saving and all this heroic war-on-disease stuff that takes up so much of the budgets, education and training for doctors.

“We’ve become much better as

doctors at saving lives. In fact, that has become our remit, that’s what we’re trained to do.”

Jonathan Koffman, also of King’s College, said death was “one of the last great taboos” in British society and doctors were frequently uncomfortable in its presence. Many young doctors entered the profession with no personal experience of bereavement and did not know how to deal with it, he added.

The government-backed Choice review, published this year, called for a further £130 million to be put into palliative care. The NHS spends 10p of every £100 in its budget on the area.

Three recent studies have suggested that when carried out properly the medical strategy can extend the lives of patients with advanced cancers and other terminal conditions by as much as a quarter after diagnosis.

“Let’s get back to Florence Nightingale’s example—the basic thing, which was to be with the patient, to accompany that patient through the critical moments of their illness,” Dr Koffman said. “We know there’s not enough palliative care, we know we need more of it, and we need to do it now.”