

Give water to the dying,

doctors told

Kat Lay Health Correspondent

Dying patients must be treated with respect, dignity and a regular supply of water in hospital as part of an overhaul of end-of-life NHS care.

In the biggest shake-up of palliative care in two decades, doctors and nurses have been told to end a "tick-box" culture during their last few days of life.

Doctors must not rush to declare that someone is dying and must check at least daily to see if a terminally ill patient is recovering, according to the first national guidelines on end-of-life care, which replace the discredited Liverpool Care Pathway (LCP).

Medics are urged to discuss what is happening with patients and their families, and no single doctor should decide alone that a patient is dying.

About 500,000 people die each year in England, with three quarters of the deaths expected.

Gillian Leng, the deputy chief executive of Nice, the National Institute for Health and Care Excellence, said: "We need to get this right... we only have one chance."

Hospitals were paid millions to reach targets for the number of patients dying on the LCP, launched in the 1990s in an

The horrors of the Liverpool Care Pathway

The pathway was introduced out of a desire to replicate in hospitals the standards of care for the dying found in hospices.

However, it became a "tick-box exercise" on busy wards where staff were overstretched, leading to stories reminiscent of the poor care given at Mid Staffs hospital.

In many cases, relatives or carers visited patients to discover that all

treatment had apparently been withdrawn without any warning or discussion with them.

Some hospitals misinterpreted the LCP's recommendations and imposed a blanket ban on giving dying patients drinks.

Nurses shouted at relatives who tried to give their loved ones a drink of water, a government review discovered. Some patients sucked water

from sponges used to wipe their mouths.

There were also accusations that drugs were used as a "chemical cosh" to sedate dying patients and make them easier for medics to deal with, diminishing the patient's desire and ability to eat and drink.

Some patients were given painkillers intravenously even though they were not in paid, probably hastening their deaths.

attempt to ensure people had a dignified and comfortable death. It was scrapped last year after a government review recommended replacing it with individualised care plans for the dying. Families criticised decisions that led to loved ones having nutrition and fluid withdrawn, or receiving such heavy sedation they could not be roused for a drink.

The new guidelines say the dying person should be checked for dehydration at least daily, and supported to drink, should they wish, or provided with medically assisted hydration.

Sam Ahmedzai, chairman of the committee that developed the guidelines, said the LCP had become "a tick-box exercise and a one-size-fits-all

approach". Under the new blueprint, he said: "If the person who thinks someone is dying — it could be a junior doctor in a hospital in the middle of the night with no one to turn to — they should seek advice from a more experienced colleague... There is no excuse for individuals making decisions [alone] about whether someone is dying."

There were teams that had buried their heads in the sand and continued to treat patients according to the Liverpool Care Pathway, Professor Ahmedzai said, adding: "Woe betide them."

Bill Noble, medical director at Marie Curie, said: "Without implementation, including effective training for staff, these latest guidelines will fail to deliver a genuine shift in attitudes and care."

Patrick Pulicino, professor of clinical neuroscience at the University of Kent and a critic of the LCP, said the guidelines were dangerous as they encouraged medics to label patients as "dying". He said: "If a doctor or nurse makes this diagnosis and so gives "end-of-life" treatment, they unwittingly ensure their diagnosis of 'dying' is correct. It is... self-fulfilling and has resulted in many inappropriate deaths and continues to do so."

Matthew Paris, page 24

Times 16 December 2015