

Thousands die thirsty and in pain due to poor quality care

Chris Smyth Health Editor

Thousands of people are still dying thirsty and in pain because doctors and nurses are “terrified” of talking about death, a review by the Royal College of Physicians has found.

End-of-life care has improved since the abolition of a controversial death checklist freed staff to act like human beings, the audit concludes.

However, there is still “unacceptable variation” in care, with many hospitals not taking care for the dying seriously enough. Only one in ten has full palliative care services available 24/7.

The audit is the first since the scrapping of the Liverpool Care Pathway (LCP), which an official investigation found led to dying patients being refused food and drink by staff acting on “tick box” protocols.

Sam Ahmedzai, who led the review, said that it was heartening to see improvement after staff were urged to listen more to their patients.

“Many people felt that when the LCP was withdrawn that would lead to a breakdown of end of life care. Far from it: in almost every area there has been improvement,” he said. “Doctors and

nurses are paying more attention to individual needs rather than blanket prescribing.”

However, the review of 9,300 patient records across 142 hospitals found that in 21 per cent of deaths there was no evidence of pain relief.

Half of dying patients had not been helped to drink in the last day of their lives and a third had not been checked to see if they needed fluids.

One hospital failed to check whether 90 per cent of dying patients needed water and many checked fewer than half. “That’s not acceptable, we need to do better,” Professor Ahmedzai said.

Many families appear to have been left in the dark, with a fifth not told that a “do not resuscitate” order had been placed on a dying relative and a third not consulted about “nil by mouth” orders.

Tony Bonsor, a patient representative on the review, said: “Too often relatives’ first sense [that someone is about to die] was a nil by mouth above the bed. That is not the way to communicate.”

Almost half the 500,000 deaths in England every year take place in hospital but Mr Bonsor argued that hospitals still see care for the dying as

an afterthought. “We have to understand that one of the functions of the health service is to give people good end of life care,” he said.

Amanda Chesley of the Royal College of Nursing said that failings often stemmed from a deep-seated desire to avoid an uncomfortable topic. “People are terrified. People would cross the road to avoid talking to somebody who is actually dying or bereaved. We mustn’t do that in hospitals. We need to be there and if somebody is distressed, we need to find out why,” she said.

The audit also expressed concern about a shortage of trained staff to help patients at the end of their lives, with only 37 per cent of hospitals having face-to-face palliative care services from 9 to 5 and just 11 per cent providing them around the clock. “If there is one consultant across a thousand beds, how can that consultant deliver the best care?” Professor Ahmedzai said.

● Millions of older people are stuck on too many tablets that could be doing them harm, the NHS treatments adviser has warned. The National Institute of Health and Care Excellence wants doctors to try to replace drugs with alternatives such as exercise or therapy.