

Consensus Statement: Liverpool Care Pathway for the Dying Patient (LCP)

Published misconceptions and often inaccurate information about the Liverpool Care Pathway risk detracting from the substantial benefits it can bring to people who are dying and to their families. In response to this we are publishing this consensus statement to provide clarity about what the Liverpool Care Pathway is - and what it is not.

The hospice movement in the UK is famous around the world for looking after dying people with dignity and skill. Since the late 1990s, the Liverpool Care Pathway has been helping to spread elements of the hospice model of care into other healthcare settings, such as hospitals, care homes and people's own homes.

The Liverpool Care Pathway:

- Requires staff ensure all decisions to either continue or to stop a treatment are taken in the best interest of each patient. It is not always easy to tell whether someone is very close to death – a decision to consider using the Liverpool Care Pathway should always be made by the most senior doctor available, with help from all the other staff involved in a person's care. It should be countersigned as soon as possible by the doctor responsible for the person's care.
- Emphasises that people should be involved in decisions about their care if possible and that carers and families should always be included in the decision-making process. Of those who responded as part of the evaluation, 94% said that they had been involved (National Care of the Dying Audit – Hospitals, MCPCIL/RCP, 2011).
- Relies on staff being trained to have a thorough understanding of how to care for people who are in their last days or hours of life.
- Is continually evaluated in all the places where it is in use.

The Liverpool Care Pathway does not:

- Replace clinical judgement and is not a treatment, but a framework for good practice.
- Hasten or delay death, but ensures that the right type of care is available for people in the last days or hours of life when all of the possible reversible causes for their condition have been considered.
- Preclude the use of clinically assisted nutrition or hydration - it prompts clinicians to consider whether it is needed and is in the person's best interest. GMC guidance (2010) provides specific information regarding this issue.

In response to a question asked in the House of Lords on 20th June 2012 the Parliamentary Under Secretary of State for Health, Earl Howe, said "The Liverpool Care Pathway has sometimes been accused of being a way of withholding treatment, including hydration and nutrition. That is not the case. It is used to prevent dying patients from having the distress of receiving treatment or tests that are not beneficial and that may in fact cause harm rather than good."

The Liverpool Care Pathway has been suggested as a model of good practice in the last hours and days of life by successive national policy frameworks (DH, 2003 and 2006), the national End of Life Care Strategy (DH, 2008), Quality Markers and Measures for End of Life Care (DH, 2009), General Medical Council guidance (2010) and the NICE quality standard for end of life care for adults (2011).

We support the appropriate use of the Liverpool Care Pathway and make clear that it is not in any way about ending life, but rather about supporting the delivery of excellent end of life care.

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