After the Liverpool Care Pathway clear guidance and support on end-of-life care is needed

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Qualitative study—other

Findings
Stopping the LCP led to a variety of uncertainties and inconsistencies in the delivery of end-of-life care, especially for less-experienced practitioners. The LCP had been useful to structure clinical care but it often led to less individualised care and reduced involvement of the family. Nevertheless, practitioners reported that they still used some of the approaches and practices learned from using the LCP to improve end-of-life care.

Commentary
The study is timely and methodologically sound. However, the findings and the implications for practice could be presented in a more nuanced way. What stands out from the data as reported is that the LCP was associated with helpful (structured, logical, consistent care; mutual goal setting and communicating with the family) as well as unhelpful (depersonalised care; lack of family involvement) practices. Similarly, stopping the LCP had beneficial (reduced paperwork) and deleterious (de-skilling of junior critical care staff; inconsistency in care; uncertainty for patients and relatives) effects. This mix of good and bad consequences is acknowledged in the conclusions but not fully discussed. Interestingly, the authors see greater involvement of specialist palliative care services post-LCP negatively as ‘over-reliance’, when this could also be seen as a positive development.

The authors recommend that future end-of-life care planning approaches should ensure patient and family involvement; that guidance should be issued around key palliative care decisions; and that education and mentorship should be available to critical care practitioners. It would be hard to disagree with these proposals but they may not be enough to produce the desired changes. After all, the LCP documentation and surrounding processes were designed to provide for all these, so it seems unlikely that the problems experienced stem principally from the nature of the pathway itself. In fact, the evidence is that the NHS has struggled to provide high-quality end-of-life care before, during and after the implementation of the LCP – a reality reflected in this paper. Present herculean efforts to improve on the LCP are unlikely to succeed as hoped without attention to hindering cultural, professional and organisational issues that are endemic to the NHS.

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Competing interests None declared.

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