Understanding the Liverpool Care Pathway

The Liverpool Care Pathway (LCP), was an end of life pathway that was disbanded in 2014 after reports of people being placed on it inappropriately.

The LCP was replaced with an expectation that health professionals focus their attention on 5 key priorities. These priorities were highlighted by the Leadership Alliance for the Care of Dying People (LACDP), a coalition of 21 national organisations, including NICE.

The 5 priorities:

1. The possibility that a person may die within the next few days or hours should be recognised and communicated clearly. Decisions about care should be made in accordance with the person's needs and wishes. Regular reviews and revisions should occur.

2. Sensitive communication should take place at the earliest moment between staff, the dying person and those important to them.

3. Decisions regarding treatment and care should be made with the involvement of the patient and those important to them.

4. People who are important to the patient should be listened to and their needs respected and addressed.

5. An individual care plan, which includes food and drink, symptom control, and psychological, social and spiritual support, should be agreed, coordinated and delivered with compassion.

The 5 priorities for care were put in place to ensure that the dying person was the focus of any care plan.

The LACDP also stated that although medicines used in end-of-life care could remain the same, changes surrounding the *initiation of medicines and information that should be provided were to be clarified.*

Initiation of new medicines and what to look for

Communication was highlighted as an area of concern by the LCP review, with the lack of involvement of patients and their families regarding medicines. Consequently, information must now be given to the dying person and delivered in a way they understand to enable them to make an informed decision regarding their own care.

Crucially, medicines and syringe drivers, were also highlighted by the review and it was noted that under the LCP, medicines for pain and anxiety were prescribed as required in many cases because the patient was receiving palliative care, rather than in response to symptoms. As a result, such medicines are now only supposed to be *prescribed in response to specific symptoms*, with a clinical rationale for the starting dose. Medication should be regularly reviewed and adjusted according to the patient's response.

A discussion should always take place with the patient and relatives before starting a new medicine and should only occur afterwards in exceptional circumstances.

Even more crucially, the decision to start a syringe driver should be made in discussion with the patient and relatives, and the rationale documented.

The review made clear that the role of medicines should be to ensure that the patient does not experience pain or distress and that *it should not be accepted that the patient is dying and therefore no further treatment or care will take place.*

The review also stated that side effects should be discussed with patients and those important to them, especially when drowsiness from medications could occur as patients may wish to remain lucid, for example for religious or other reasons, and can decide against taking medicines that may render them drowsy, by making an informed decision.

Unfortunately the above priorities do not seem to be followed in many cases. A recent report commissioned by MP's and Peers suggests the LCP is still in operation. End-of-life medications are in fact often given with no information on what they may do. Syringe drivers are often started without patient and family discussion. Doctors who block the involvement of family and friends breach their Best Interests obligations for those patients that lack mental capacity. Fluids are also regularly withdrawn without discussion.

What to do next

If you are unsure if your relative was placed on the LCP or a similar end of life protocol without their consent or yours, you can request their medical notes. Note if fluids were stopped and if benzodiazepines (such as midazolam) and morphine were administered.