Making Practice Visible

Using The Liverpool Care Pathway in a Hospice Setting

The Philosophy of Care

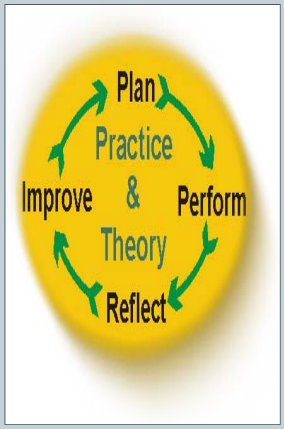
The modern hospice movement emerged in the UK during the 1960s. Established within a framework of clinical excellence, research and education it improved the care and symptom management of cancer patients in the terminal phase of life by promoting the shift from a curative to a palliative perspective. [1, 2]

The Challenge

- The focus and scope of palliative care is changing. [3]
- Provision of quality end-of-life care is a global public health issue. [4]
- Higher rates of cancer, chronic organ failure, frailty and dementia [5] are associated with an aging population. [4, 6]
- Those with chronic, progressive non-cancer disease receive fragmented care, poorly-anticipated symptom control, and limited access to palliative care services in the terminal phase of their illness. [7]
- The majority die in hospital, often following an acute unplanned admission. [8]
- Hospices are considered centres of excellence, [9, 10] yet most end-of-life care is provided by generalist staff in hospitals, care homes or patients' own homes. [11]
- Generalists 'need increased skills, confidence and support from specialists to improve the palliative care they give.' [11 (p. 2)]
- UK policy documents support the achievement of equitable, quality end-of-life care. [12, 13]

The Response

As part of its palliative and end-of-life care strategy, Scottish Government has included the Liverpool Care Pathway (LCP) in its policy framework. [13] The literature supports its use as a tool which both improves and promotes best practice in end-of-life care, and provides a transferable, evidence-based model of care across all healthcare settings. [9, 14, 15, 16, 17]



The Liverpool Care Pathway

- Affirms the diagnosis of dying. [14, 16, 18]
- Enables the focus of care to change. [14, 16]
- Creates opportunities for open discussion with the family. [14, 16, 18]
- Provides a focused and anticipatory approach to care. [14, 15, 16, 19]
- Promotes consistent multidisciplinary working. [9, 14, 15, 19]
- Improves confidence and empowers generic staff. [14, 15, 16, 18, 19]
- Reduces referral rates to specialist practitioners. [19]
- Minimises and improves documentation. [9, 14]
- Acts as an aide-memoir and evidence-based teaching tool. [9]
- Facilitates formal reflective practice, audit and research. [9, 15, 17, 18]
- Demonstrates measurable outcomes of care. [1, 14, 17]
- Acts as a catalyst for organisational change. [10, 16]
- Generates discussion at local, national and international levels. [10, 13, 17, 20]

Critical Reflection

Diagnosing dying and consequent palliative care interventions can be difficult, [16, 18] and the use of a standardised approach risks reducing care of the dying to 'a series of boxes to be ticked by professional caregivers.' [21 (p. 39)] Guided, critical reflection allows the complex realities of care to be acknowledged, and values the contribution of experiential knowledge to the scientific evidence base. [22] It promotes self-awareness and identifies learning needs, [23] creating opportunities for growth, development, and improved quality of care.

1. Ellershaw, J.E., Smith, C., Overill, S., Walker, S.E. and Aldridge, J. 2001. Care of the dying: setting standards for symptom control in the last 48 hours of life. *Journal of Pain and Symptom Management*, 21(1) pp.12-17.
2. Clark, D., Small, N., Wright, M., Winslow, M. and Hughes, N. 2005. *A Bit of Heaven for the Few: An oral history of the modern hospice movement in the United Kingdom*. Lancaster: Observatory Publications.
3. Pastrana, T., Junger, S., Ostgathe, C., Elsner, F. and Radbruch, L. 2008. A matter of definition – key elements identified in a discourse analysis of definitions of palliative care. *Palliative Medicine*, 22 pp.222-232.
4. Singer, P.A. and Bowman, K. 2002. Quality end-of-life care: a global perspective. *British Medical Journal*, 324(7349) pp.1291-1292.
5. Clarke, D., Flanagan, J. and Kendrick, K. (eds) 2002. *Advancing Nursing Practice in Cancer and Palliative Care*. Basingstoke: Palgrave Macmillan.
6. Main, J., Treml, J., Woolley, J. and Main, A. 2006. The development of an Integrated Care Pathway for all patients with advanced life-limiting illness - the Supportive Care Pathway. *Journal of Nursing Management,* 14 pp.521-528.
7. Skilbeck, J. and Payne, S. 2005. End of life care: a discursive analysis of specialist palliative care nursing. *Journal of Advanced Nursing*, 51(4) pp.325-334.
8. Gomes, B. and Higginson, I. 2008. Where people die (1974-2030): past trends, future projections and implications for care. *Palliative Medicine*, 22(1) pp.33-41.
9. Gambles, M., Stirzaker, S., Jack, B.A. and Ellershaw, J.E. 2006. The Liverpool Care Pathway in hospices: an exploratory study of doctor and nurse perceptions. *International Journal of Palliative Nursing,* 12(9) pp.414-421.
10. Ellershaw, J.E. 2007. Care of the dying: What a difference an LCP makes! *Palliative Medicine*, 21 pp.365-368.
11. Audit Scotland. 2008. *Review of Palliative Care Services in Scotland*. [online] Available from: http://www.audit-scotland.gov.uk/docs/health/2008. [Accessed February 20 2009].
12. Department of Health. 2003. *Building on the Best: Choice, Responsiveness and Equity in the NHS – Response Document*. [online] Available from: http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_4068391 [Accessed February 20 2009].
13. Scottish Government. 2008. *Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland*. [online] Available from: http://www.scotland.gov.uk/Resource/Doc/239823 [Accessed February 20 2009].
14. Jack, B.A., Gambles, M., Murphy, D. and Ellershaw, J.E. 2003. Nurses' perceptions of the Liverpool Care Pathway for the dying patient in the acute hospital setting. *International Journal of Palliative Nursing*, 9(9) pp.375-381.
15. Pooler, J., McCrory, F., Steadman, Y., Westwell, H. and Peers, S. 2003. Dying at home: a care pathway for the last days of life in a community setting. *International Journal of Palliative Nursing*, 9(6) pp.258-264.
16. Hockley, J., Dewar, B. and Watson, J. 2005. Promoting end-of-life care in nursing homes using an 'integrated care pathway for the last days of life'. *Journal of Research in Nursing,* 10(2) pp.135-152.
17. Veerbeek, L., van Zuylen, L., Swart, S.J., van der Maas, P.J., de Vogel-Voogt, E., van der Rijt, C.C. and van der Heide, A. 2008. The effect of the Liverpool Care Pathway for the dying: a multi-centre study. *Palliative Medicine*, 22(2) pp.145-151.
18. Mellor, F., Foley, T., Connolly, M., Mercer, V. and Spanswick, M. 2004. Role of a clinical facilitator in introducing an integrated care pathway for the care of the dying. *International Journal of Palliative Nursing*, 10(10) pp.497-501.
19. Mirando, S., Davies, P.D. and Lipp, A. 2005. Introducing an integrated care pathway for the last days of life. *Palliative Medicine*, 19 pp.33-39.
20. Ellershaw, J.E. and Murphy, D. 2005. The Liverpool Care Pathway (LCP): influencing the UK national agenda on care of the dying. *International Journal of Palliative Nursing*, 11(3) pp.132-134.
21. Kelly, D. 2003. A commentary on 'An integrated care pathway for the last two days of life'. *International Journal of Palliative Nursing*, 9(1) p.3p.
22. Rolfe, G., Freshwater, D. and Jasper, M. 2001. *Critical Reflection for Nursing and the Helping Professions: A User's Guide*. Basingstoke: Palgrave Macmillan.
23. Kenny, L. 2003. Edward de Bono's six hats game to aid critical thinking and reflection in palliative care. *International Journal of Palliative Nursing*, 9(3) pp.105-111.

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