More than 20 organisations, including the Royal College of Nursing, recently signed a statement seeking to rectify misconceptions and inaccurate information about the Liverpool Care Pathway for dying patients.

The aim of the LCP is to help professionals, in partnership with their patients and families, clarify what care and support individuals want at the end of life. This includes conversations about treatment to alleviate distressing symptoms, as well as nutrition and continence care.

Yet claims by a doctor earlier this year that the LCP was an "assisted death pathway rather than a "care pathway" received extensive media coverage. It was suggested that older people were placed on the pathway early in a bid to relieve pressure on hospital beds.

The consensus statement makes it clear that the LCP should never be seen as a means to ration treatment or withhold care. The tool was developed to support best practice, and should be used only when the multidisciplinary team has agreed their patient is dying and there are no interventions that would reverse this.

It aims to clarify the decision of the team and, if possible, the wishes of the individual and records all the information in an integrated care plan. This should not be confused with other palliative care documentation such as Preferred Priorities for Care and advanced decisions to refuse treatment.

Most of the misconceptions and poor experiences during end-of-life care can be traced to poor communication. The LCP can be used to improve this as it focuses not only on diagnosis and treatment but also the spiritual, religious and cultural needs of the patient and their families. By identifying the changes that might be expected as the end of life approaches, information can be shared and communicated to ensure there are no surprises or misunderstandings.

Nurses are usually the people who have the most contact with patients and families so need a clear understanding of the LCP, when it can be used and its benefits. They need to ensure that patients and their families understand their role in developing care plans. Nurses need to develop and use their skills in communication, decision making, assessment and compassion as well as their clinical skills, to support the best possible end-of-life care.

Critical to the successful use of the LCP is training so staff understand its purpose, are confident to have complex conversation with patients and their families about care, and have the skills to record this accurately.

The use and implementation of the LCP should not be viewed as something that is only used in specialist areas by specialist teams. It can be used by any professional in any area. If it is used as it should be, the lasting memories of those who have been bereaved will be positive.

It is not in any way about ending life but about supporting the delivery of the best possible end-of-life care. NT

Amanda Cheesley is long-term conditions adviser at the Royal College of Nursing

Calculation of drug dosage is a critical stage

Safe administration of medicines by health professionals – giving the right drug, in the right dose, at the right time and by the right route – is something patients should take for granted.

Yet medication errors are all too common, and can result in serious harm or even death. While errors can occur during prescribing or administration, dose calculation is a critical stage. It is the stage most often completed by nurses, who need a range of numeracy skills to do this safely.

Our review on page 12 discusses drug calculations. In addition, our newest Nursing Times Learning unit enables nurses to develop or refresh these skills, using case scenarios that apply theory to practice.

Reading the article and working through the unit – free to subscribers – should help to ensure your medication practice is safe.

Ann Shuttleworth is practice and learning editor of Nursing Times.

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