The Liverpool Care Pathway was never meant to be the answer to the question “how do we start difficult conversations?”.

It was developed to enable staff to have more time to talk to patients and relatives about dying and, according to an independent review of it, More Care, Less Pathway, which was published last month, it aimed “to replace the contemporary medical records written by the clinical staff”. How ironic, then, that the very tool that was meant to improve communication has had the opposite effect.

The LCP has endured its own death by media, but if this tool is causing “horrifying widespread abuse” – as suggested by the Daily Mail – then shouldn’t it be withdrawn immediately?

If we are to believe that, according to the crossbench peer Baroness Julia Neuberger and her panel, who carried out the review, it is the LCP that is causing “frequent cases of relatives to be shouted at by nurses for giving dying loved ones the water they crave”, then we need to abolish it now.

But let’s look at the facts. A chronic nurse shortage is imminent with the Royal College of Nursing calling for urgent action. Research commissioned by the government predicted that the NHS is likely to have 47,500 fewer nurses than it needs by 2016. This hasn’t happened overnight; there are around 7,000 fewer nurse training places available now compared with June 2009. Surely the issues that have helped to kill the LCP aren’t so clear cut?

If we are to regain the public’s trust in nurses, we need to have time to explain to people what is happening with their relative or friend and why we are stopping treatment. Until that happens “replacing the LCP with end-of-life care packages tailored to patients’ individual needs”, as vaunted by the Daily Mail, will become an urban myth. Another failed promise to everyone with a life-limiting illness and their families.

As the RCN makes clear in its response to the review, getting end-of-life care right is crucial:

“There is only one chance to get care right at the end of any person’s life. It is at the heart of all caring professions that patients must be treated with dignity, and that means that all treatment has to be properly communicated.”

But how are we going to achieve this without experienced nurses to help and support new nurses?

Is the criticism of the LCP justified? It seems this depends on who you speak to, what you read and to whom you listen. If we as a profession are confused, what hope do patients and relatives have?

I understand that for us to give equity of care we need a universal tool that everyone feels happy using, which can be translated into a format everyone understands. But I wonder whether our whole approach needs to be reviewed – after all, any tool is only as good as the person using it.

With the looming shortage of nurses and too few to cover the shortfall, the new end-of-life care package will likely become the new elephant in the room and suffer the same fate as the LCP. NT