

National Liverpool Care Pathway for the Dying Patient (LCP) Office - New Zealand: Response to UK media coverage of the LCP.

The Liverpool Care Pathway for the Dying Patient (LCP) is an evidence-based, integrated care pathway that was developed in the mid 1990's by a team of UK experts in palliative care to transfer the hospice model of best practice care of dying patients and their families/whānau to other care settings.

The National LCP Office NZ considers the recent headlines and media coverage about the LCP in the UK (and USA) as highly emotive and irresponsible. Our work in New Zealand has the full support of the Ministry of Health. The blanket references to the LCP as 'tick-box medicine', and suggestions of contiguous 'continuous terminal sedation' that were quoted using statistics unrelated to the LCP, are unjustified and cause of great consternation to the many members of the international palliative care community who recognize the value of the LCP as a framework to improve the care of dying patients and their families/whānau, regardless of diagnosis or care setting. The media coverage has undoubtedly also been distressing and confusing for those patients and family/whānau members who are currently dealing with life-limiting illness or bereavement.

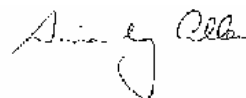
The prompt response from credible palliative care organizations in the UK such as the National Council for Palliative Care and the Association for Palliative Medicine of Great Britain and Ireland have been strongly supportive of the Department of Health's End of Life Care Strategy, the integrity of the LCP, and the work of the Director of Palliative Care at the Marie Curie Palliative Care Institute, Lead Nurse – LCP and National LCP Facilitator towards driving up quality care for dying patients and their families/whānau locally, nationally and internationally. The call for a national debate to enable people to talk about death and dying in a more confident and well-informed way by the Marie Curie Cancer Centre along with the National Council for Palliative Care and the Association for Palliative Medicine of Great Britain and Ireland is commendable.



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