

2.8 Senator S.C. Ferguson of the Minister for Health and Social Services regarding the introduction of Liverpool care pathway by the End of Life Group:

Is the End of Life Group planning to introduce the Liverpool Care Pathway which is used at the bedside to drive up sustained quality of the dying in the last hours and days of life and, if so, why?

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

The Liverpool Care Pathway is already used within my department, Jersey Hospice Care, Family Nursing and Homecare and in nursing and residential homes across the Island. It is the recognised integrated model of best care and to support consistent patient centred symptom management during the final stages of life, which is considered to be the last 72 hours, whether they are dying at home, hospice or care homes and is promoted as such by N.I.C.E. (National Institute of Clinical Excellence), royal colleges and other palliative care organisations. Our doctors, nurses and care staff use the Liverpool Care Pathway as a guide to make professional judgments in partnership with our patients and their families and friends. They do so in order to help to ensure that Islanders at the end of their life can die with dignity and without unnecessary suffering. The dying process is unique to each person but in some cases a plan of care can be put into place to support patients, relatives, doctors and nurses to achieve the best quality of care at the end of life.

2.8.1 Senator S.C. Ferguson:

Supplementary, Sir. Given the current unease and heated discussions within the medical profession regarding utilisation of this procedure and the unhappiness of some of the families to whom it has been applied, what checks and balances has the Minister got in place and will she come back to this Assembly and confirm them to us?

The Deputy of Trinity:

I can understand the concerns raised about the Liverpool Care Pathway in the U.K. but they relate not to the Pathway itself but how it may be applied in some circumstances. Particular cases considered it may have been used as a device to hasten death but these concerns may have arisen because staff have not been properly trained in how or when to apply the Liverpool Care Pathway and has been compounded by some disquiet about U.K. hospitals being paid to use that pathway. The situation here is very different. There is no suggestion that we are driven by targets, nobody is paying us to use the pathway and we have a strong focus on training. For the last 2 months Health and Social Services had in place a specialist Liverpool Care Pathway nurse funded by Macmillan who provides training across local palliative care settings.

Senator S.C. Ferguson:

I asked about detailed checks and balances. How will the Minister prevent this from becoming a charter for euthanasia?

The Deputy of Trinity:

This end of life process is one of the most difficult processes that patients and families go through and it is stressed that it is not euthanasia. It is trying to make the best quality of care at the very end of one's life and the hospice movement have been pioneers in achieving that and they should be congratulated. **[Approbation]** As I said, it is difficult and it makes sure that the best quality of care for everybody, not only patients with cancer and motor neuron disease. Everyone should be able to have access to that end of life quality and this is what the Liverpool Care Pathway can achieve with communication with patients, families and relatives. To achieve that training is vital and that is why I said that there is a nurse specialist funded by Macmillan, and I would like to thank them for that funding, in place to ensure that that pathway is right and proper training, not only to the nurses, but across Jersey in care homes and residential homes.