Christian doctors call for ban on NHS 'bribing' hospitals to put more patients on controversial death pathway

- Christian Medical Fellowship said financial incentives should be 'eradicated'
- Urged ministers to tighten controls on Liverpool Care Pathway system
- Cash should be reinvested in better training for staff

By Jason Groves



Praise: Health Secretary Jeremy Hunt described the pathway as 'a fantastic step forward'

An influential group of Christian doctors yesterday called for an end to financial 'bribes' that encourage hospitals to place dying patients on the controversial Liverpool Care Pathway.

The Christian Medical Fellowship said judgments about whether to withdraw treatment from terminally-ill patients should be made solely on clinical grounds.

The CMF, which represents more than 4,000 doctors, said financial incentives for hospitals to use the system – thought to run at more than \pounds 10million a year in total – should be 'eradicated' immediately.

It also urged ministers to tighten controls to end the 'undoubted abuses' of a system designed to ensure patients die with dignity.

Dr Jeff Stephenson, a Devon-based consultant in palliative care, said the care pathway could help ease suffering if used properly.

But he added: 'It remains a tool, and it is only as good as those who use it. There is always potential for misuse and abuse and there are undoubtedly instances where this occurs.

Where these arise by intention then those involved should be held to account, but more often they occur through poor understanding and inadequate training.

'We owe it to patients to not only furnish the means to better care, but also to equip adequately those who provide it.'



Charles and Hilda Futcher died within ten days of one another after being put on sedatives while on Liverpool Care Pathway 'without family consent'

The LCP was developed in a Liverpool hospital and has been in use across the NHS for the past four years.

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Payments to hospitals to introduce it are made through a system called Commissioning for Quality and Innovation, which channels money to hospital trusts through NHS 'commissioners'.

But ministers were forced to launch an independent review of the pathway in November following a public outcry about a string of disturbing cases in which people's loved ones had their treatment, including food, fluids and medication, withdrawn without their knowledge or consent.

They include a war veteran and his wife who died within days of each other after being put on the Liverpool Care Pathway without consent.

Charles Futcher, 90, who fought in the battle of El Alamein, died alone in a care home after he was put on the controversial end-of-life process.

Ten days later his wife Hilda, 89, died in the same home after she too was given sedatives and had vital food and fluids withdrawn under pathway procedures.

Their son, Charlie, said his parents had been treated 'like animals who needed to be put down' by doctors who 'seemed to take it upon themselves to get rid of them'.

In some cases, patients have survived for months or even years after their relatives fought to have their treatment restored.

In a provocative intervention at the weekend, the Health Secretary Jeremy Hunt appeared to pre-judge his own inquiry by hailing the LCP as a 'fantastic step forward' for the dying.

Mr Hunt said it should not be 'discredited' because of events 'going wrong in one or two cases'. But the CMF said a number of urgent steps were needed to restore public confidence in a system used in around 130,000 cases a year.

Hospitals are thought to have been rewarded with an extra £30million over the past three years for increasing their use of the LCP.

The CMF said these payments should be ended, with the cash diverted into better training for staff.

It said: 'Non-clinical priorities in the use of the pathway, especially financial priorities, must be eradicated and every patient treated solely according to their need.'

The organisation also said no patient should be placed on the LCP unless they were 'imminently dying'.

Assessments should only be made by senior doctors and the decision should be discussed with patients and their families.

Anyone placed on the pathway who shows signs of improvement should be taken off it immediately.

A shocking national audit recently revealed that up to 60,000 people die on the LCP every year without ever being told their treatment is being withdrawn, despite being conscious when doctors make the decision. The CMF also called for an annual audit of the care pathway to ensure it is being used properly.

Cases of abuse should be reported to the appropriate medical body, such as the General Medical Council, for possible disciplinary action.