



The 11th Palliative Care Congress Glasgow 2016

Session Abstract

NICE guidelines for care of adults in the last days of life: back to the future of palliative care

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1730 - 1825

The dominant model in the UK of delivering high quality care to people in their last days of life was influenced, in the latter part of the 20th century and the first decade of the 21st, by a concept of a 'good death' emanating from the hospice model which had been formulated almost exclusively for cancer patients. This led to the introduction of the 'Liverpool Care Pathway' (LCP) which was an attempt to transpose this model to the wider reaches of the NHS. After initial acceptance, Department of Health (DH) endorsement and widespread adoption, serious failings in its implementation and its fundamental lack of research evidence led to its abolition by the DH in 2014.

The National Institute for Health and Care Excellence (NICE) was commissioned to produce guidelines to give an evidence-based framework for caring for adults in the last few days of life. This was developed by a multi-professional committee representing acute and chronic care in the NHS, community and hospice services and was published as NG31 in December 2015. A large number of co-optees provided expert perspectives on management of dying in specific diseases and diverse aspects such as swallowing assessment, pain management and cultural/religious influences.

The NICE guidance is primarily aimed at 'generalists' but also applies to specialists in palliative care. It provides recommendations on: Recognising dying, but also the potential for recovery and the uncertainties surrounding these; Communication; Shared decision-making and individualised care planning; Maintaining hydration; Pharmacological interventions including the management of pain, breathlessness, nausea and vomiting, anxiety, delirium and agitation, noisy respiratory secretions; and Anticipatory prescribing.

In many of these topics the evidence base was severely lacking and the guideline committee made expert consensus clinical recommendations. Research recommendations were also made to fill the most urgent gaps in the evidence base.

The new NICE guidelines provide a structure for holistic and individualised care for the dying person and those important to them. It will help services move away from an idealised and dogmatic concept of a good cancer death from the 20th century to a customisable model which responds to modern modes of dying, regardless of the underlying condition, and wherever NHS care is given.

There will be numerous challenges and potential barriers to its implementation. These include the 24/7 availability of specialised palliative care, wherever people are dying; re-training of staff to embrace uncertainties and to share them honestly to patients and families; making clinical interventions such as assisted hydration available in all settings; an increased emphasis on individualised care planning and avoiding the 'blanket' approach to prescribing.

This session will be led by medical and nursing members of the NICE guideline committee, who between them represent the acute and community sectors. We will encourage questions about the evidence base – or lack of it; and discussion about how the recommendations can be put into practice given the current multiplicity of post-LCP locally developed solutions. Opportunities to re-discover the holistic roots of palliative care, through the NICE guidance, will be explored.