



Open Research Online

Citation

Borgstrom, Erica (2013). What's in a name? From pathways to plans in end of life care. British Medical Journal; 347.

URL

<https://oro.open.ac.uk/46832/>

License

None Specified

Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding

LETTERS

SCRAPPING OF LIVERPOOL CARE PATHWAY

What's in a name? From pathways to plans in end of life care

Erica Borgstrom *researcher*

Institute of Public Health, University of Cambridge, Cambridge CB2 0SR, UK

It is not surprising that the independent reviewers of the Liverpool care pathway suggested removing the term “pathway” from discussions about end of life care.^{1 2} Language influences the way people perceive the world and shapes the way we live.³ The term pathway metaphorically appeals to an irreversible journey of decline. Yet, as the Liverpool care pathway recognises, death is not easy to predict and improvements may occur.⁴ Being “placed on” a pathway alludes to exertion of medical control and swallows the patient’s voice when individual choice in healthcare is overtly promoted. The notion of a pathway does not reflect the way death can occur or how people expect to experience death.

Such terminology can in practice become a protocol—a literal pathway to follow. Instead of representing advice, it became a tool that was enacted as care. Health professionals were seen to be interacting with forms rather than people. The review recommends that the Liverpool care pathway is phased out and replaced by personalised end of life care plans. For such plans to be put into operation on a large scale, intensive training and guidelines will be needed. Ignoring cost implications, I am sceptical that the linguistic shift will achieve the changes in practices the review seeks. Plans can become equally as prescriptive and task-like.

Pathways are useful for structuring clinical care but do not reflect people’s expectations about dying. Without meaningful engagement between professionals, patients, and families about what dying looks like and what can be done, the fears around hastened deaths and poor care will continue. Individualised plans may begin this process, but without due attention to how people view the relationship between the medical profession and care—let alone death—they may not greatly improve the way people remember the deaths of their loved ones.

Competing interests: None declared.

Full response at: www.bmj.com/content/347/bmj.f4568/rr/655035.

- 1 Hawkes N. Liverpool care pathway is scrapped after review finds it was not well used. *BMJ* 2013;347:f4568. (16 July.)
- 2 Department of Health. More care, less pathway: a review of the Liverpool care pathway. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf.
- 3 Foucault M. *The archaeology of knowledge*. Routledge, 1972.
- 4 National End of Life Programme, Marie Curie Cancer Care, and Marie Curie Palliative Care Institute Liverpool. Liverpool care pathway for the dying patient (LCP)—FAQ. 2012. www.liv.ac.uk/media/livacuk/mcpil/documents/LCP_FAQ_August_2012.pdf.

Cite this as: *BMJ* 2013;347:f4957

© BMJ Publishing Group Ltd 2013