

'If only someone had told me...' A review of the care of patients dying in hospital

Editor – Edmonds and Rogers's recent paper on the review of the care of patients dying in hospitals (*Clin Med* March/April 2003, pp 149–152) referred to the Liverpool Care of the Dying Pathway¹ as a strategy to enhance the care of dying patients. However, they also state that there is no evidence at present that the use of the pathway in the hospital setting improves the exchange of information and communication between patients, carers and healthcare professionals at the end of life.

We would like to clarify that an evaluation of the impact of the Liverpool Care of the Dying Pathway is underway and that there is a growing body of evidence to suggest that the pathway does promote communication and information exchange. It has now been adopted in over 120 settings in the UK and has been incorporated into the National Cancer Services Collaborative Improvement Programme. Informal feedback from doctors and nurses using the pathway has been positive, with enhanced communication being regularly cited.

A recent evaluation of the views of healthcare professionals using a focus group methodology has indicated that the pathway promotes an openness and honesty in communication between patients, relatives and healthcare professionals. This enhanced communication is reported as being beneficial for patients, relatives and the doctors and nurses. Additionally the pathway documentation emphasises a continuity of care that follows evidence-based guidelines. The findings also indicated that the prescribing guidelines and after death local information contained in the pathway were an invaluable source of information for doctors and nurses.²

The findings to date suggest that the Liverpool Care of the Dying Pathway has a positive impact on helping to provide optimal care for dying patients in the hospital setting. Further evaluation of the impact of the pathway on doctors, nurses, patients and carers is underway.

References

- 1 Ellershaw J, Wilkinson S. *Care of the dying: A pathway to excellence*. Oxford: Oxford University Press, 2003

- 2 Jack BA, Gambles M, Murphy D, Ellershaw JE. Does the Liverpool Care of the Dying Pathway make a difference? Nurses' perceptions of its impact in the acute hospital setting. *Int J Palliat Nurs* (submitted).

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The impact of the two-week wait scheme for suspected gastrointestinal cancers

The two-week wait referral scheme, whereby patients with suspected cancer must be seen by an appropriate specialist within two weeks of referral by their GP, was introduced in April 2000. We report here our experience from the first year of the scheme.

A total of 701 patients were referred to our unit via the scheme (405 colorectal, 280 upper gastrointestinal (GI), 26 hepatobiliary referrals). Of these, 96% of patients were seen within two weeks and in 3% the delay was at the patient's request. Malignancy was detected in 48 (17%) of upper gastrointestinal referrals and in 64 (16%) of colorectal referrals. The pick-up rate for malignancy varied widely by referral indication. Malignancy was found in 20 of 79 (25%) patients with dysphagia but only one in 33 (3%) patients with less than 12 months of dyspepsia aged over 55. Similarly, 23 of 33 (70%) patients with a

palpable rectal or abdominal mass compared to two of 32 (7%) patients with persistent rectal bleeding without anal symptoms aged over 60 had cancer. No patients were referred with dyspepsia or known Barretts, pernicious anaemia, previous gastric surgery or family history of cancer.

During the initial clinic visit, the appropriateness of the referral according to current guidelines was documented: 63 (22%) upper GI and 114 (28%) lower GI referrals were deemed to be inappropriate. Cancer was detected in five (8%) and three patients (3%) respectively. A further 28 (10%) upper GI and 33 (8%) lower GI referrals were outwith guidelines but were appropriate suspected cancer referrals. Malignancy was diagnosed in 10 (36%) and seven (21%) respectively.

During the year, 77 upper GI cancers were diagnosed, of whom 49 (64%) presented outwith the scheme. Similarly, 124 lower GI cancers were detected, of whom 77 (62%) presented outwith the scheme.

During the year of operation of the