Sentenced to death on the NHS

Patients with terminal illnesses are being made to die prematurely under an NHS scheme to help end their lives, leading doctors have warned.

By Kate Devlin, Medical Correspondent
10:00PM BST 02 Sep 2009

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In a letter to The Daily Telegraph, a group of experts who care for the terminally ill claim that some patients are being wrongly judged as close to death.

Under NHS guidance introduced across England to help doctors and medical staff deal with dying patients, they can then have fluid and drugs withdrawn and many are put on continuous sedation until they pass away.

But this approach can also mask the signs that their condition is improving, the experts warn.

As a result the scheme is causing a "national crisis" in patient care, the letter states. It has been signed palliative care experts including Professor Peter Millard, Emeritus Professor of Geriatrics, University of London, Dr Peter Hargreaves, a consultant in Palliative Medicine at St Luke’s cancer centre in Guildford, and four others.

“Forecasting death is an inexact science,” they say. Patients are being diagnosed as being close to death “without regard to the fact that the diagnosis could be wrong.”

"As a result a national wave of discontent is building up, as family and friends witness the denial of fluids and food to patients."

The warning comes just a week after a report by the Patients Association estimated that up to one million patients had received poor
or cruel care on the NHS.

The scheme, called the Liverpool Care Pathway (LCP), was designed to reduce patient suffering in their final hours.

Developed by Marie Curie, the cancer charity, in a Liverpool hospice it was initially developed for cancer patients but now includes other life threatening conditions.

It was recommended as a model by the National Institute for Health and Clinical Excellence (Nice), the Government’s health scrutiny body, in 2004.

It has been gradually adopted nationwide and more than 300 hospitals, 130 hospices and 560 care homes in England currently use the system.

Under the guidelines the decision to diagnose that a patient is close to death is made by the entire medical team treating them, including a senior doctor.

They look for signs that a patient is approaching their final hours, which can include if patients have lost consciousness or whether they are having difficulty swallowing medication.

However, doctors warn that these signs can point to other medical problems.

Patients can become semi-conscious and confused as a side effect of pain-killing drugs such as morphine if they are also dehydrated, for instance.

When a decision has been made to place a patient on the pathway doctors are then recommended to consider removing medication or invasive procedures, such as intravenous drips, which are no longer of benefit.

If a patient is judged to still be able to eat or drink food and water will still be offered to them, as this is considered nursing care rather than medical intervention.

Dr Hargreaves said that this depended, however, on constant assessment of a patient’s condition.
He added that some patients were being "wrongly" put on the pathway, which created a "self-fulfilling prophecy" that they would die.

He said: "I have been practising palliative medicine for more than 20 years and I am getting more concerned about this "death pathway" that is coming in.

"It is supposed to let people die with dignity but it can become a self-fulfilling prophecy.

"Patients who are allowed to become dehydrated and then become confused can be wrongly put on this pathway."

He added: "What they are trying to do is stop people being overtreated as they are dying.

"It is a very laudable idea. But the concern is that it is tick box medicine that stops people thinking."

He said that he had personally taken patients off the pathway who went on to live for "significant" amounts of time and warned that many doctors were not checking the progress of patients enough to notice improvement in their condition.

Prof Millard said that it was "worrying" that patients were being "terminally" sedated, using syringe drivers, which continually empty their contents into a patient over the course of 24 hours.

In 2007-08 16.5 per cent of deaths in Britain came about after continuous deep sedation, according to researchers at the Barts and the London School of Medicine and Dentistry, twice as many as in Belgium and the Netherlands.

"If they are sedated it is much harder to see that a patient is getting better," Prof Millard said.

Katherine Murphy, director of the Patients Association, said: "Even the tiniest things that happen towards the end of a patient's life can have a huge and lasting affect on patients and their families feelings about their care.

"Guidelines like the LCP can be very helpful but healthcare professionals always need to keep in mind the individual needs of patients."
"There is no one size fits all approach."

A spokesman for Marie Curie said: "The letter highlights some complex issues related to care of the dying.

"The Liverpool Care Pathway for the Dying Patient was developed in response to a societal need to transfer best practice of care of the dying from the hospice to other care settings.

"The LCP is not the answer to all the complex elements of this area of health care but we believe it is a step in the right direction."

The pathway also includes advice on the spiritual care of the patient and their family both before and after the death.

It has also been used in 800 instances outside care homes, hospices and hospitals, including for people who have died in their own homes.

The letter has also been signed by Dr Anthony Cole, the chairman of the Medical Ethics Alliance, Dr David Hill, an anaesthetist, Dowager Lady Salisbury, chairman of the Choose Life campaign and Dr Elizabeth Negus a lecturer in English at Barking University.

A spokesman for the Department of Health said: "People coming to the end of their lives should have a right to high quality, compassionate and dignified care.

"The Liverpool Care Pathway (LCP) is an established and recommended tool that provides clinicians with an evidence-based framework to help delivery of high quality care for people at the end of their lives.

"Many people receive excellent care at the end of their lives. We are investing £286 million over the two years to 2011 to support implementation of the End of Life Care Strategy to help improve end of life care for all adults, regardless of where they live."
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Marie McManus Muir, you state:

*beginning to suspect that the doctors and nurses are actually harming a nuisance who was upsetting everybody.*

Les Doe, you state:

All her medication was withdrawn, without our knowledge, and the only medical intervention was via oral morphine, commenced also without our knowledge. There was one very big difference, however.
I agree with Munazza and Ed that life should never be taken away from anyone. I am horrified at what happened to my sister less than two months ago. Life is so precious and to shorten it is something that I find completely abhorrent.

When I said that doctors and medical teams should have to announce to family that they want to use Euthanasia to end the life of their loved one I thought that having to actually say, 'We intend to end your loved one's life' would make them realise what they are proposing to do and perhaps discourage them from so doing. Perhaps I'm still just too naive.

Certainly it would make it clear to the family what the intention of the doctors really was, and of course there would have to be a law that would allow the family to refuse to allow that treatment. As things are at the moment euphemisms, such as, 'she can't digest anything any more so she can't have food', 'she can't be given water because she has fluid on her lungs', 'she must have morphine because she has pain', are all phrases used to cover up what I witnessed recently in our family.

And, as I said before, when you're in that situation you are not in the best of condition to understand what they really are doing. You're just left with the horror of knowing what was done and your own inability to save that person from such a horrible end.

(I cannot however not mention the fact that friends of mine who lost loved ones to cancer have told me that in their last few hours.

Ed • 6 years ago
Investing 286 million pounds over two years to 2011 to support implementation of the End of Life Care Strategy sounds impressive and creates hope things will improve.

That is, until the realization hits that most of the money will be spent paying multiple council members in many districts to act as executioners. I notice the article above states money will continue to be invested in murdering the sick, while I cannot find any reference to money being earmarked for extending lives. Providing extra funding to implement End of Life Care will ensure an unsatisfactory death system is deeply entrenched over the next two years, with many people hired and involved, meaning lots of sick people will be killed off before their natural time.
Great...forget the cold, callous British medical system. It is more appealing to try to get treatment in another country if affordable. Otherwise, going to a British hospital is a huge gamble. The other choice is to avoid medical treatment within Britain and stay home, which seems to be the way to live longest.

Ed
6 years ago
munazza: Well said.

I want to add my condolences for those who have suffered unnecessary loss and premature grief. Survivors are not comforted by the knowledge that everything was done for the deceased because everything is not done to keep patients alive and extend their lives. In the name of mercy, the parliamentary representatives last elected have structured a law that makes murder legal. Of special concern is that loved ones die while hysterical family members are powerless to stop the process. No one should be forced to die when they do not consent and no crime has been committed.

The practice of putting to death ill people should be stopped at once.

Voters are very wrong to accept and allow this legislation to continue.

munazza
6 years ago
There needs to be a ban put on any form of assisted suicide forever! Life are being given unnecessary authority. By carrying out such an act, the doctors and nurses should be declared as acting ultra vires. Since when are humans allowed to take away a patient's life just because they assume that the person is near to dying!
When it comes to saving money these things SUDDENLY seem RIGHT and ACCEPTABLE...so much for ethics. What about the psychological toll on staff who know what they are doing (and morally don’t agree, but need the job) they will know what to expect when their time comes whether they are ready or not. People lose their rights when they get old – the right to BASIC medical care and are suddenly a drain and a burden. Not the alcoholics, drug users etc., they are not a drain they deserve all care...until they get old.

The Justice system in Canada says it will let nine criminals free rather than jail one innocent man – more regard for the criminals’ standards of life today. Courts put Dr. Kavorkian in jail, at least he gave patients a choice.

I am familiar with the Liverpool Care of the Dying Pathway (LCP).

The criteria for use is that ALL possible causes for current condition have been considered.

The LCP recommends that, recognition that the patient is dying is not the decision of one person but of the whole health care team, responsible for the care of the patient, and their family. If there are objections, the pathway should not be instigated.

The patient's condition should be monitored closely. If it is felt that their condition has improved and death is not imminent, the pathway should be withdrawn and previously discontinued treatments and interventions reintroduced.

The LCP is not a tool for euthanasia. It is merely a tool to help people die with dignity and without the discomforts usually associated with...
Dr Dave,

Respectfully, it seems like with a government-run system, problems with red tape would become even worse than they usually do when government is involved. In fact, I don't think it has really hasn't been allowed to work without intervention as it should.

I also disagree that Economics 101 says that a profit-driven system can't be good for people's rights and healthcare.

Drug companies would make the most money from making the most effective drugs, thereby helping more people. Doctors will make more money in a market-driven system.

Finally, your statement that "Medicare has been very successful even though government has spent money from the trust funds. Obama takes over and back on care! And who uses 70% of the health care budget? Senior citizens."

Senior citizens are going to bankrupt our nation if we aren't careful. They have become tremendous unfunded obligations....
Dear Editor,

In response to the comments on the Sentenced to death on the NHS, please could you advice me were I can find the original letter which started this debated. As yet I have been unable to find it.

Many thanks

Kay Parmiter

Les Doe.....Your story, sadly, reflects my own. Although currently investigating the euthanasia (or rather murder) of my dear Father in Law, 'courtesy of' misdiagnosis of cancer, followed by neglect, administration of the 'favoured drugs of choice' morphine and midazolam, horror stories of the ESH...including one where they wrongly diagnosed organs for transplant, following a road traffic accident. Huge battles ensued t.v. to deter the harvest, and kept vigil until I could get her out of there today. Imagine my fear when I was diagnosed with breat cancer in 2002...decided to take my chances elsewhere and refused treatment at the East Surrey Hospital, where I also lost my Mother, and that you write to the Panorama program, as I have done, and ask that the 'Sentence of Death' being served upon our elderly. My fear is that this story will not be fully informed of what actually happens to the elderly on admission, and read so many horror stories like ours in recent days....but getting the real issues exposed is not easy unless you happen to be a specialist in the subject who writes to the Telegraph. Also, check out the websites: NHS Exposed and Dr Rita Pal. Dr Pal is a doctor who whistlebowed on her hospital, and refused to give morphine when she considered it unnecessary/wrong...and was proved right. Meanwhile, I empathise with you, I understand what you are/have been going through and I hope people like us will get justice for out loved ones....and maybe spare others from the same fate.

New laws� New guidelines� These only serve to put more easy power into the hard hands of the unscrupulous, the uncaring and the misguided. There is already a culture of 'letting them go' and an
set in place. That is, in anyone's terms, euthanasia!

Lest we forget The holocaust grew its roots in the hospitals and the asylums of Hitler's Reich. The humane ending of a worthless life had its admirers worldwide in the 30's. Its protagonists hailed these bold new approaches, as do those of euthanasia today. Extraordinary, but it was out of that darkness of mercy killing grew the death camps. A slippery slope is ever a slippery and dangerous slope to tread.

Les Doe  •  6 years ago
Sentenced to death on the NHS

I write in regard to your leader article of 3rd September 2009, Sentenced to death on the NHS, what you cite as happening to patients with terminal illness happened also to my mother at Caterham. All her medication was withdrawn, without our knowledge, and the only medical intervention was via oral morphine, commenced also without our knowledge. There was one very big difference, however. Mum was not terminally or seriously ill!

It is not only the terminally ill who are helped on their way but the elderly, also. Perhaps the elderly naturally fall within this category of the terminally ill in that, life expectancy being considerably less by comparison, old age may, in effect, be looked upon as a terminal illness!

It is a duty incumbent upon every medical person to protect life and to do no harm. And yet, there is already a culture of letting them go and an unwritten policy of actually helping them on their way. Care Not Killing has warned that we are witnessing a very dangerous, slippery slope.
Elaine  ·  6 years ago
I'm with Jon Hoyer: Why didn't the UK use this lovely little program with the Libyan terrorist. Cruel? Too cruel for a terrorist but just fine for the general public. Hmmm.

jstan442  ·  6 years ago
@ alan kovin you are an arsehole- it's ppl like you who want to destroy America with a utopia that only exists in your mind proving beyond a shadow of a doubt that you are mentally insane and need to go to the UK for treatment!!

karela  ·  6 years ago
A loved one of mine suffered excruciating pain for an extended period of time that was not relieved any longer with drugs and by the end his family members were sickened and heart broken. We have become so afraid of death for ourselves and for others that we think we have to cling to a broken and worn out body until we reach a very bitter end. When an elder in the tribe reached a certain point, they simply said goodbye to their loved ones and walked away into the wilderness to make their peace and die. We have become so afraid of death that we can’t even imagine this. When a situation occurred: A ninety year old woman whose body was worn out and causing her pain, decided to stop eating and drinking and spend her last days praying. A behavioral psychologist was consulted. Her intravenous feedings three times a day---reinserting the needle for each feeding as she cried and begged them not to because of the pain. After three days, she surrendered and began to eat and drink again. Who has the right to say that her more peaceful and natural choice was wrong and that forcing her to do it their way was right? If a person is terrified of dying and choose to suffer, they have a right------to do it themselves----but not to force it on someone else because they believe that they and they alone have a corner on what is morally right. Many worse ways to die than to simply stop eating and drinking near the end and to be given the grace of staying asleep as the body ceases to function.
Alex • 6 years ago

The decision to remove food and fluids from my brother, who was perfectly lucid at the time, and to put him on a morphine driver caused his kidneys to gradually fail and an acutely painful kidney infection and high fever to set in. He had asked that his life should not be artificially prolonged and that he should be given only palliative care. Following extended periods as carers of the dying in our own family and hospice work, my sister and I were horrified at the condition our brother was reduced to by inadequate explanation and starts. His medical care was inconsistent with seven different doctors considered next of kin and so not allowed any input into the discussion to another brother who also died of cancer but in France. His treatment was a different level. One died with dignity, kindness and superb medical care and distress through what I now recognise to be the Liverpool Care Pathway.

E Bradshaw • 6 years ago

My sister contracted cidif while in hospital she was treated for three weeks and decided to stop all fluids it took three days for her to die a very painful and still painful to the family

Marie McManus Muir • 6 years ago

When I first read about Liverpool Pathways I was appalled.

My sister who had MS was going into a nursing home whose only boast seemed to be that all of their staff had been on a course called Liverpool Pathways, which was why I had looked for information about it on the internet. Unfortunately that nursing home was put forward by Social Work Department looked good to me but long before she went there I had serious misgivings yet I would never have believed how bad it would all be.

She was not given any positive, decent treatment during the few months she was there, physically her health deteriorated. I had hoped I might manage to get her dispatched using ever increasing doses of morphine, both in a syringe driver and taken off food and water for some days before.
I was there because her review of care was to take place that week but I live quite some distance away.

The nursing staff and the local GPs were the only 'experts' involved.

Dr. Jillian T. Weiss • 6 years ago
This is indeed a difficult issue. I am surprised, however, that people would believe that such things only occur under the British NHS. Doctors and hospitals (and families) routinely must make such decisions, though they do not have a name for the policy. I myself had a similar experience with my own mother at the end of her life. We believe we made the best decision, but can never know for sure.

Patricia Cooksley • 6 years ago
My uncle aged 81 years was admitted to hospital with abdominal pain for ambulance on a Sunday afternoon. For a week he was given I.V. fluids and subcutaneous syringe driver over 24 hours and was conscious and talking. The medication in the syringe driver continued. I asked about him having subcutaneous saline 500mls overnight and was told that was outdated and he was now on the Liverpool Care Pathways. 11 days later he died dehydrated and still on the syringe driver. Up until 2 days before he died he was responding by squeezing our hands or raising his eyebrows. Having been a nurse for 50 years I can honestly say that I have never starved a patient to death and my specialist job was Clinical Nurse Specialist in Neurology. I have great expertise in terminal nursing care and I was appalled at this cavalier approach to dying taken by people who have only met the patient in the last weeks of life. The families have to live with their decision for the rest of their lives. I have spoken to my medical and nursing colleagues throughout the country it is known to them as 'A Licence To Kill'.

Pat Cooksley RGN. Dip. N(Lon) C.M.B.1

john camilleri • 6 years ago
after reading this report i now know what killed my mum. LCP!!
not the cancer. i was told she had about 6 months to live, then they put
without being able to say her goodbyes. NHS i can NEVER forgive you for that, you took my mum away before she was ready. what kind of monsters are you to decide who lives and how long for.

one day it will be your turn lets just hope none of my family have a say

LOVE YOU MUM XXXXX

Alan Kovin  •  6 years ago
As an American currently paying over $1000/month for myself and my wife for a state HMO (because my wife and I have a pre-existing condition), I am appalled to hear the comments of supporters of our insane insurance system. If I want to change primary physicians I oftentimes wade through literally hundreds of doctors who are not taking new patients. The treatment received by the average patient here in the U.S. usually consists of a 5-10 minute interview. I would definitely prefer a single payer system, then the crap we find here.

Robert B Russell  •  6 years ago
I am certain that the Patients' Association is correct. In fact, my reaction to their claim was "what, only one million?"

And note the response:

"The Liverpool Care Pathway (LCP) is an established and recommended tool that provides clinicians with an evidence-based framework to help delivery of high quality care for people at the end of life."

Even in this context, we get the bloodless newspeak of the government bureaucrat.
Do they talk to their own loved ones like that, I wonder?

Jeff • 6 years ago
This is exactly why we Americans do not need to be emulating the UK form of health care! While the NHS may have its good points (as do many other associations) there are many questionable practices when it comes to medical care. The end result is the national health care plan merely takes over where private health care left off... RATION HEALTH CARE AND LEAVE THE ELDERLY AND TERMINALLY ILL TO DIE... We don't need nor want that form of health care in the US...... All we have to do is simply reign in the costs private insurers charge.

Jenny Saxelby • 6 years ago
In July 2008 I wrote about my father who had recently died at home. I still think his death was as "good" as it could have been; but one thing has worried me since. Four weeks before he died, he became almost comatose, though we could still rouse him. The doctor advised that he was near the end and we should withhold food and water as his body was shutting down. I couldn't bear the thought that he might be suffering from thirst and hunger and not able to communicate, so we continued to offer him sustenance. He continued to take fluids until a few days before he died, but was in a lot of discomfort in spite of being on morphine. Three months before, we had been in the same dilemma; we continued encouraging him to take food and drink and he rallied and had a few more weeks with a reasonable quality of life.

But was I right? Without the first intervention he would have died, possibly in great distress. The second time, his life was extended but who knows how much he suffered. Any of us could find ourselves playing God, and it's a burden I wouldn't wish on anyone.

Maggie Willmore • 6 years ago
Diana..... here here, couldn't have put it better myself!

Diana Zachau • 6 years ago
This is a crime against all medical ethics. On one hand assisted suicide, unlawful on the other hand, assisted suicide where the patient did not agree.
The NHS should be sued for all the short falls and faillures to provide for what we pay for each month.

The NHS is a terrible risk to health and life of the very people that finances it.

What do we expect from a health system that has to teach trained doctors that washing hands in between patients can save lifes?

To those Americans who are interested in some facts about the NHS, this letter has just been sent to US politicians, signed by 100 + doctors and health care workers.

Dear ..., your concerns about the costs, viability and long term implications of the current health reform debate. With respect, we - doctors and health professionals - trust that the following information about the British NHS may enlighten and reassure those for whom universal coverage may appear dangerous or frightening. Likewise, we look forward to new initiatives that you and your colleagues will implement and that may be applicable to our long-running health service.
Jeff • 6 years ago

I was born and raised in Canada. Spent the mid 80's living in the UK (and return there frequently), and now live in the US. I have personally experienced 3 of the world's healthcare systems, and wouldn't buy my healthcare privately, and pay a lot for it, but it is still cheaper than what I was paying in TAXES for FREE healthcare in Canada or the UK. Plus the added bonus of being a customer (in the US right, it is a privilege.

John S. • 6 years ago

Dr. Dave,

You point out the fallacies of insurance companies as the reason why free market's can't solve this one. The reason we have an unnatural tendency to use insurance companies is because of government interventions that promote the use of insurance instead of money from personal savings and/or income.

Get government out of insurance, let insurance companies do what free companies can do. The use of government insurance will be less useful as MOST people will choose to pay for their own medical care.
Dr Steve  ·  6 years ago
This type of question really does bring home to me how much Americans are influenced by their own appalling media. It is hard to believe that so many people really do swallow this sensationalist rubbish. For someone to mention to hold up FOX as some kind of voice of the people is truly astonishing, the constant and complete American supremacy diatribe this channel spouts is astounding. Do the majority of American viewers really accept this type of news as factual and objective?

Anyway, I find this whole scaremongering episode very depressing even more so from British and find our NHS to be first class, I have never had a poor service and have found the care afforded by the medical and nursing staff to have been excellent. I do not believe that standard of health care provision should be dependant on ability to pay as I believe that good quality healthcare is might right as a citizen and taxpayer.

MiBu  ·  6 years ago
OK. I understand how people who don't know any better, like the Americans, could be lulled into flirting with nationalized health care because it may seem like something worth trying. But if nationalized health care is not working in Britain, and it's as serious as what I'm hearing, why don't the British people just get rid of it?

Maggie Willmore  ·  6 years ago
Jamie....and anyone else who wants the truth from a UK doctor.....google Dr Rita Pal....and also NHS Exposed....

marty  ·  6 years ago
this healthcare they are trying to push down peoples throat is a death sentance . but i guess they want have to answer to it people its time we wake up and take this country back if we dont may god have mercy on us all..

Paul E Smith  ·  6 years ago
Follow the money. There is no way that the next generation can support the prior generation. It just can't happen. the only question is whether the government bureaucrats in their infinite wisdom will make these decisions. As a physician who often deals with critically ill people I have been wrong often enough to be humbled more than anyone in power in DC.
Haley Blackwel  6 years ago
I am not very familiar with Britain's system of healthcare. Does the family get a say? What about the patient in what we call in the US a "living will." What if the family or ill adult has moral/religious objections to these "pathways" do they get a say? Honestly, I just want these questions answered. I would not want the government making the decision. It is a VERY personal and private issue. When it comes to healthcare, each individual has a right to decide for themselves, regardless of who is paying for it.

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jamie  6 years ago
I'm a junior doctor from Manchester England and this site is scary. The people here really believe this?

Dr. Dave  6 years ago
Baab-- in answer to your request for specifics: (1) Why do I need to check a formulary to see which drug each patient's insurer will allow me to prescribe? (2) Why are our patients sometimes forced to change doctors when their insurance switches to a carrier whose system we don't belong to? (3) How can you allow the drugs and treatments when it is in their best interest to deny (Ethics 101)? (4) Can you name 3 insurers other than Medicare that welcome new members who are chronically ill or elderly? (5) Data shows that administrative costs under care-type system are higher than under any other kind. Don't get me wrong--I love living in a free peoples' rights like accessible, high-quality, compassionate healthcare, be(Economics 101). Don't right off a role for the government in administering though it is government-run.

G B King  6 years ago
Lisa • 6 years ago
I have read with interest many of your comments but I am afraid that many of you have little knowledge of this thing called an LCP.

My grandmother was placed on it before I was consulted after being refused any CT scan to determine the extent of her stroke. After being told she would slip comfortably away and never be in pain again, I was stunned by the fact that the hospital removed all medication and fluids. She survived for another 5 days unconscious until available she had been on the pathway for too long and too much organ damage had occurred to start feeding her. For over 10 days with no fluids or medication and only after a fight did I get some pain medication for her. The stroke and I then had to endure a Coroner's post mortem to determine that not just a story to feed the American frenzy on the NHS but a very very real issue that is affecting families across this country.

David • 6 years ago
What people here are overlooking is that here we are talking about care provided by a government program called Medicare. There is no way that private insurance would pay huge sums of money to care for the elderly at the end of their life unless premiums were charged which few could afford. The socialist UK system kills people off (even if one were to accept the ludicrous exaggerations of some posts) and then suggest the US has some sort of non-socialist system (for the elderly at least). The elderly get better care in the US than the UK for one reason only, the government spends more on them than the UK does. Personally as a 44 year old father of a 3 year old, I am concerned at the projected cost of Medicare when I retire and do not want my daughter paying huge taxes to keep me on my deathbed for a few months. The default position of American conservatives is to believe that maintaining a system which will require our kids to pay vastly higher taxes is akin to Nazi Germany, and for the most part are emphatically against tax increases. It doesn't make sense. If you believe so strongly in the rights of the elderly that you are willing to pay the necessary higher taxes, fine, but otherwise don't damn the UK for trying to keep its health care budget under control.

Kathy • 6 years ago

to DR. MORTON N CHALEF
Please don’t force your religious or personal opinions on anyone else or decide for yourself and having it decided for you.

Thelma Lovett • 6 years ago
It should be your choice and not the governments.

Have a living will if you are unable to make that decision. It should be between you family member or members and doctor.
Thanks, Thelma

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Brent Jones • 6 years ago
But will the government be making Soyulent Green to feed us? It is such a slippery slope to recycling human protein as food from actively killing the aged.

Patricia K • 6 years ago
I have been a physician/surgeon for 28 years. This article disturbs me as it is inflammatory and biased. Professionals are successful in keeping people alive much longer, but with a price...