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Letters to the Editor

The scandal of 'appalling' end-of-life care

Sir, Your article "Scandal of 'appalling' end-of-life NHS care" (May 20) highlights the harrowing experiences of dying people and their families due to unacceptable failures in end-of-life care in hospitals. Some hospices are already working in partnership with their local hospital to tackle many of the issues in the report. However, we need to strengthen that partnership to improve care and to reduce the number of people spending their final days in a hospital bed unnecessarily.

Too many dying people are in hospital with no clinical need to be there: they would be better supported in a hospice or at home. Hospices can help to provide a long-term solution to prevent their unnecessary admission to hospital, and many are working with hospitals to provide alternative care options. We have asked the government to expand this work by backing a national programme to help to reduce the number of people in hospital beds at the end of life by 50,000 each year. This is about a fifth of the number of people in hospital when they die. Our initiative could deliver better targeted care and could generate an estimated £80 million in annual savings for the NHS.

Dying people deserve compassionate care that allows them to spend their final moments in peace and dignity with their families. It should not be so hard to get this right.
 LORD HOWARD OF LYMPNE
 Chairman, Hospice UK

Sir, Your leader ("Quality of death", May 21) is absolutely right that how we die is a measure of our civilisation and has a profound impact on those left

behind. This week's report from the health service ombudsman into end-of-life care makes for harrowing reading, not least as it's just the latest in a series of powerful critiques of how we care for people who are dying.

Britain has some of the world's best palliative care services, but this is not the case in all parts of the country. We know that we are capable of getting care of dying people right and there must be no excuse for not making this a reality everywhere. To make this happen we need round-the-clock palliative care services and support in the community as well as in hospitals, training for healthcare professionals and for the NHS and local authorities to commission the end-of-life care services that it is so clear we need.

In addition, as a society we need to become better at talking about how we and our loved ones would want to be cared for as we near the end of our life.
 PROFESSOR MAYUR LAKHANI, FRCGP
 Chairman, National Council for Palliative Care and Dying Matters Coalition

Sir, It was painful to read your excoriating headline "Scandal of 'appalling' end-of-life NHS care". What the ombudsman's report leaves out is the opinions of the numerous families who feel that their dying relatives received good care, and had no need to complain.

I worked for ten years on the acute medical service at John Radcliffe Hospital, Oxford. This entailed taking on end-of-life care of acutely ill patients. The nursing and medical staff took a particular pride in this aspect of our work, and we were well supported

by the palliative care team. We felt rewarded on the frequent occasions when dying patients opted to remain on our acute medical wards rather than move to specialist units when those beds became available. It is disturbing to think that well motivated, skilled and compassionate nurses, doctors and support workers are taking yet another body blow to their morale as they read this article.

Of course there are lapses of care within the NHS, and we must learn from every case. However it is a gross injustice to suggest, as the health ombudsman's report does, that the average standard of care for dying patients in the NHS is "appalling".
 PROFESSOR ALAIN TOWNSEND, FRCP
 John Radcliffe Hospital, Oxford

Sir, My husband died in February. His decline was far more rapid than we expected and he didn't have much chance to express his wishes, but he told me he would prefer to be in a local hospice. In the end there was no space for him there so he died at home, with hospice nurses calling in but never able to stay for too long. They were wonderful but the long days and nights were down to me and my daughters.

The effect that someone dying at home has on the family should not be underestimated. We were novices, we were devastated, and we felt so inept. And after my husband died, we had a small house full of hospital equipment, for which we had to arrange removal.

So yes, home is kinder for the dying person, but it is desperately hard for the family. The carers, too, need care.
 PAT RATCLIFFE
 Skelton, York