The press, the terminal care pathway, the politician, and the hubris

As I write this, I am looking at a tabloid photograph of Jeremy Hunt, Secretary of State for Health, wearing his best beatific smile. He has just announced that in order to protect patients and their relatives from (implicitly) trigger-happy doctors and those unfeeling faceless bureaucrats who dared incentivise the Liverpool Care Pathway, he plans to 'enshrine the "basic right" of patients to be involved in decisions when they are mortally sick'.¹ The article is the latest in an escalating series of 'revelations' by the *Daily Mail*, pithily summarised by Margaret McCartney.² Hospitals, it was claimed, were being 'bribed to put patients on pathway to death'.³

Coincidentally, I am about to examine a 360-page PhD thesis for which someone has spent 3 years researching the implementation of the Liverpool Care Pathway and — by their own admission — barely scratched the surface of the clinical, social, and organisational complexities involved.

A recently published theoretical paper examined the decision to enter a patient on the Liverpool Care Pathway and concluded that while there is guidance in abundance:

*'... this may not overcome the complexities of the decision-making process, which must be viewed in context, namely: marking the transition to terminal care, dealing with ambiguity, reaching professional consensus and engaging patients and families.'*⁴

As Watts points out, all care pathways (a form of standardised management) turn the spotlight on the tension between [particular] individual patient needs and [general] organisational processes. No patient ever fits the protocol. Judgement and common sense are always needed. Furthermore, the transition from 'cure' to 'care' is an anthropological rite of passage with huge symbolic meaning. It sits smack bang in the liminal no-man's land between medical and nursing jurisdictions. Awkward.

The real shock-horror story here is how a politician — who, despite his stratospheric

rise is widely described as wet behind the ears, especially in relation to his new health portfolio — managed to take a complex and inherently ambiguous topic on which there are hundreds of research studies in the literature, reduce it to a simple caricature of villains (doctors, NHS managers), victims (patients, relatives), a fast-acting hero (his Right Honorable self), and a readily-implemented legal fix, and mobilise the press in an attempt to gain political mileage from this fiction.

Politicians and policymakers necessarily work to the principle of bounded rationality: they simplify the world in order to make it manageable, and ignore whatever fails to fit their model of reality.⁵ A greater or lesser proportion of key detail can be retained, depending on the skill and motivation of the politician. In the case of the 'Killer Pathway Scandal', the essential, devil-ridden detail of that most sensitive of social practices (withdrawing active, life-prolonging management) has all ended up on the cutting-room floor.

Watch this space for case studies of the human suffering that will inevitably result.

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