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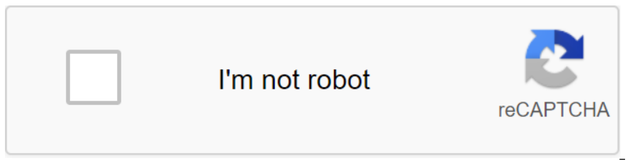

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 Decisions on when patients reach the end of their lives should be taken by a number of health experts rather than relying on the medical opinion of just one doctor, according to new guidance from health officials. Draft guidelines from the National Institute of Health and Care Excellence (Nice) follow the repeal of the controversial Liverpool Care Way - a regime that recommended withdrawal of treatment, food and water from some patients with food in the final hours or days - which was discontinued last year after a government review found serious flaws in the way it is carried out. Nice said its guidelines address the problems that fluids have been kept under the path, and its recommendations include that people in the last days of life should be encouraged to drink if they want and can and receive hydration assistance if necessary, but this will be reduced or stopped if there are any signs of harm or no benefit signs. They also emphasize the importance of recognizing when patients actually have a chance of recovery in light of cases where elderly patients have been left to die when they could have been better off. Nice said about half a million people die each year in England, and while about three-quarters of deaths are expected, acknowledging when death is inevitable can be challenging. He said the new guidelines aim to help doctors and nurses determine when someone enters their last few days of life and puts a person and their loved ones at the centre of decisions about their care. People who die and those important to them should be fully involved in decisions about medications to manage symptoms in the last days of life, he said. Nice chief executive Sir Andrew Dillon said: Recognizing when we are close to death and helping us stay comfortable is difficult for everyone involved. Liverpool Care Way was originally designed to help doctors and nurses provide quality care at the end of life. Although this helped many to escape with dignity, over time it became clear that it was not always used as intended. Some families, for example, believe that elderly relatives have been placed on the path without their knowledge or consent. Once tested, the path is no longer used. Earlier this year, the Parliamentary Ombudsman and the Health Ombudsman said that in England it was possible to improve life care to 335,000 people each year. The guidelines we are developing will ensure that people who are nearing the end of their lives are treated with respect and receive excellent care. The draft guidance is open for consultation until September 9. Professor Bill Noble, Medical Director of Marie Curie, said: Nice project guide to help doctors and nurses determine when someone dies to improve the care they receive in the last few days of life. We know from our own research that around 92,000 people a year in England miss out on palliative care, often because health professionals do not recognise that they are at the end of life. We also welcome Nice's focus on research that highlights serious gaps in available research into understanding when people die and the medications and care they need. Only 10p out of every 100 pounds spent on research goes to palliative and end life care research. This study is important because it can help health care providers who care for dying patients but who are not palliative care professionals to provide the high-quality care their patients need. Rob George, professor of palliative care at King's College London and president of the Association of Palliative Medicine, told BBC Radio 4's Today programme: One of the challenges we've had over the years is understanding what happens to people as they die. One of the things that is of particular concern is if we give people fluids when they can't swallow properly, the fluid goes into the lungs. If we give fluids by injection or infusion as the body dies, we can treat it differently, and often not, you end up with a patient with water registered lungs and all that. The problem is in some ways with the industrialized approach to managing dying people everyone gets pre-busy ticking boxes rather than looking at the person in front of them. He added: Let's not forget that we are dealing with people who are dying and people who are distressed. It's not about diagnosis and pathology, it's about trouble and people. Assessing the side of the bed and communication, the milk of human kindness, all these things that matter. It's very difficult in today's health service, often, with pressure on staff and all the near fatigue of compassion sometimes that people deal with these individual needs. Liverpool Care Way was such a wake-up call for us that we had to deal with it differently. Tony Bonser, one of two non-professional members of the Liverpool Care Way review, told BBC Radio 4's Today programme about his son's death in line with the practice. He said: We as his parents did not know what was going on, no one told us Neil was terminally ill, the word dying was never used and he never suggested to us his life could be very short. Towards the end of his life we didn't know that death was coming, so when it happened, death was a shock. He added: 'Some people don't want to be informed but I campaign and we're campaigning for a lot more openness. I'm agitating for people to be free to speak openly about death and and be aware of how much they want and can handle it. This will vary for different people people it is important to treat everyone, whether patient or carers, as individuals and give them what they need at the time. Mark Baker, director of clinical practice at the National Institute of Health and Care Excellence, said in the same program: We carefully care about bringing people to life, we need to take both careful care, helping them leave life comfortable and especially for the experience to be good for them and for those close to them. There is a widespread belief in the profession that does not resuscitate orders clinical decision, but they are a decision that must be made in conjunction with the patient and their families. He added: There is the art and science of medicine. The science of medicine helps us live longer, but art makes its delivery convenient and appropriate. Perhaps in some places and sometimes we focus too much on science and have lost art. The guidelines aim to put the dying man at the centre of decision-making decisions about their care so that it can be maintained in the last days of life in accordance with their wishes. Around 500,000 people die every year in the UK. Of these deaths, 75% are not sudden, but expected. While a recent report of end-of-life care in the UK as the best in the world, there are areas where care can be improved and made more consistent. Until recently, Liverpool Care Way (LCP) was used to provide good end-of-life care. However, it was withdrawn after widespread criticism and a subsequent government review which found flaws in a number of areas. Among the criticisms were: There were no ways to reliably determine whether a person was in the last days of life Drinking water and essential medicines may have been withheld or withdrawn Examples of treatment changes were carried out without warning As a result, NICE was asked to develop evidence-based guidelines for the care of dying adults. The new guidance aims to address these and other issues by providing advice on the care of a person who is nearing death no matter where they are. Recognizing when a person can enter the last days of life it can be difficult to be sure whether a person is dying, how the ways in which people deteriorate at the end of life can vary and depend on the person's condition. To help determine the last days of life, the guide recommends that health care providers should evaluate changes in certain signs and symptoms. These include arousal, a deterioration in consciousness and increased fatigue and loss of appetite. Health professionals should be aware that the appearance of these signs and symptoms may suggest that a person is dying, but improvements can occur suggesting that the person may be stabilizing. People need to for further changes at least every 24 hours, and the human care plan should be updated To ensure good communication and joint decision-making Earlier this year, the Parliamentary Health Ombudsman stressed that poor communication is an important aspect in complaints about end-of-life care. The report states that health professionals do not always have open and honest conversations with family members and carers that are necessary for them to understand the seriousness of the situation and the choices they will have to make. Consequently, NICE recommends the dying, and important to them should be provided with accurate information about their prognosis, the ability to speak through fears and anxieties, information on how to contact members of their care team, and opportunities for further discussion. Health professionals should be actively involved in making common decisions about the end of a person's life, and the named lead medical professional should be held accountable. Further recommendations include individual care, providing individual care plans, and ensuring that collaborative decision-making is supported by experienced staff supporting people with end-of-life drinking if they want the criticism levelled at LCP was that too often it has been poorly implemented, leading to people becoming dehydrated. NICE recommends that a dying person should be supported by a drink if they want and are able to. In addition, they should be informed that while providing fluids in this way can alleviate some problems, they can cause others, and that a person already close to death has medical uncertainty whether providing hydration assistance prolongs or shortens a person's life. Individualised rather than empty approach to care, Professor Sam Ahmedzai, emeritus professor of palliative medicine and chair of the group's guidelines, said: Until now we have never had guidelines in this country on how to care for people at the end of life. This evidence-based guide provides a good overview of how to give a good end-of-life care to any setting in the NHS. He added: The main way this guide differs from LCP is that it emphasizes an individual approach rather than an empty method of using LCP in a thoughtless way. The guide also emphasizes that the patient should be considered daily and the person should always be accepted as an individual. Annette Ferley, a member of the guidelines group, which supports both people nearing the end of their lives and people who care for them, said: Together, as health and social care professionals, we all need to offer the best possible care - whether clinical or practical - to support people's experiences of a good death. The people that I and my colleagues have supported share die peacefully, without pain and without unnecessary discomfort, with control and with dignity. I believe, I believe, this guide will help people do it. Professor Gillian Leng, deputy chief executive of NICE, said: Death is what happens to all of us and how we are cared for can make a big difference to our last days. We know that the vast majority of people in this country get very good end-of-life care, but that's not always the case. Caring for dying people can be challenging, and our new evidence-based guidance will support doctors, nurses and other health professionals to provide the best possible care for every patient. water pollution information in marathi pdf download. water pollution information in marathi language pdf download. water pollution information pdf download

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