Written by **Michael Tennant** on November 1, 2012

British Hospitals Make Millions Euthanizing Patients

Who says crime doesn't pay? According to London's *Daily Telegraph*, British hospitals are euthanizing patients at ever-increasing rates — and raking in big bucks as a result.

Documents obtained by the newspaper under the Freedom of Information Act reveal that nearly two-thirds of National Health Service (NHS) trusts, regional authorities that administer hospitals, "have received millions of pounds for hitting targets related to" the use of the Liverpool Care Pathway (LCP), a controversial end-of-life care program.

Developed by a Liverpool hospice to relieve the suffering of terminally ill cancer patients during their final days, the LCP is essentially a death sentence meted out by doctors. A physician who considers a patient to be near death may put the patient on the pathway, after which the patient will be heavily sedated and may have food and water withheld. On average, patients die within 33 hours of being put on the LCP.

Use of the LCP has expanded far beyond its creators' intentions. As *The New American* reported in June, 29 percent of all patients who die under NHS care are on the LCP, leading British neurologist Patrick Pullicino to declare that the LCP has become an "assisted death pathway rather than a care pathway."

A survey of 72 NHS trusts obtained by the *Telegraph* reveals that about 85 percent of trusts have adopted the LCP. Over six in 10 of those trusts have received at least $20 million in the past two to three years for "hit[ting] targets associated with the pathway," though that number could end up being more than $32 million by the time all payments are issued, the paper says.

> Under a system known as "Commissioning for Quality and Innovation" (CQUIN), local NHS commissioners pay trusts for meeting targets to "reward excellence" in care.

These can range from simply recruiting a set number of people to classes to help them stop smoking to providing specialist end-of-life services on wards — such as LCP.

As the goals are set locally, they vary from area to area but in some cases trusts are given specific targets to ensure that a set number of people who die in their hospital are on the LCP.

Elsewhere the targets relate to how the pathway is operated or monitored.

Central Manchester University Hospitals received $130,000 in 2010 for meeting LCP-related targets. The trust "said the proportion of patients whose deaths were expected and had been placed on the pathway more than doubled to 87.7 per cent in the past year," according to the *Telegraph*.

A trust in Berkshire received more than $1.6 million over two years for meeting its LCP goals. While no specific target for LCP deaths was included, auditing the number of deaths among LCP patients and having a "meaningful conversation" with each patient were among the trust's objectives.

A trust in Bradford "has seen the number of patients dying on the pathway more than double to 51 per cent over the last three years," the newspaper observes. Coincidentally, the trust has received over $790,000 during the past three years for reaching its LCP objectives.

The paper also reports that a Birmingham trust that received $973,000 in CQUIN funds in fiscal year 2010-11 "disclosed that 38 per cent of patient deaths occurred on the LCP in 2010 and 27 per cent in 2011."

"A handful of trusts," the broadsheet adds, "openly spoke of either hitting or missing targets connected to the LCP in their responses."

The survey results have provoked outrage among some observers, according to the *Telegraph*:

> Dr. Gillian Craig, a consultant geriatrician who was among the first doctors to raise the concerns over the possible flaws of the LCP, described the use of the incentives as "absolutely shocking."
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> "I think there should be questions in Parliament as to who instigated this policy and I think the cash payments should be stopped forthwith," she said.

"You can't pay people to use a certain protocol that everybody knows to be lethal."

As might be expected, the government, including at least one Conservative Member of Parliament, is defending the policy.

Tory MP Dr. Phillip Lee, a former general practitioner, "insisted that the pathway did not amount to 'euthanasia by the back door,'" the *Telegraph* reports.

"This is about trying to provide appropriate care to someone who is dying," he told the newspaper.

The Department of Health, too, "has consistently stood by the LCP," says the *Telegraph*. A spokesman told the paper that while the department itself does not fund payments for the LCP, "local areas may choose to do so in order to improve the care and support given to people in their last days."

Of course, paying hospitals to ensure that a certain percentage of patients who die were on the LCP at the time of death only encourages them to put more patients on the LCP — patients who may not wish to be put on the pathway and who may well have lived much longer had they not been put on it.

Palliative-care consultant Dr. Peter Hargreaves told the *Telegraph* in 2009 that "he had personally taken patients off the pathway who went on to live for 'significant' amounts of time." Pullicino said likewise.

Several individuals have also charged recently that they were neither consulted nor informed that their now-deceased loved ones were being put on the LCP.

Such abuses have created enough of an outcry in the media that the NHS said earlier this week that it is beginning a review of the LCP.

Her Majesty's subjects ought not get their hopes up. As large as the LCP rewards to local trusts have been, they almost certainly pale in comparison to the long-term costs of treating the individuals who have been euthanized. It is, therefore, in the interest of the NHS to continue rewarding hospitals that exterminate budget-busting patients. Some surface reforms may be enacted, but a fundamental change in policy is unlikely.

Meanwhile, this news should serve as a wake-up call to Americans. ObamaCare includes a number of

provisions that could have similar consequences, particularly for the elderly, who are also the predominant victims of the LCP. Under a regulation removed from the ObamaCare bill but reinstituted by bureaucratic fiat, Medicare will pay doctors to advise patients on end-of-life planning. The Independent Payment Advisory Board will directly ration care for Medicare recipients, and Accountable Care Organizations will reward healthcare providers for reducing Medicare costs, thereby encouraging them to hasten the demise of those with chronic conditions requiring expensive treatment.

"If we accept the Liverpool Care Pathway we accept that euthanasia is part of the standard way of dying," Pullicino told the Royal Society of Medicine.

If Americans do not want euthanasia to become the standard way of dying on this side of the Atlantic, they had better insist on repeal or nullification of ObamaCare.

Photo: The new Royal London Hospital building