Clinically-assisted
Nutrition and Hydration
Supporting Decision Making:
Ensuring Best Practice

Friday 10th May 2019 De Vere West One Conference Centre, London

Chair and Speakers include:

Dr John Chisholm CBE
Medical Ethics Committe Chair
British Medical Association

Dr Chris Danbury
Consultant in Anaesthetics and Intensive Care Medicine Royal Berkshire Hospital, Visiting Fellow in Health Law University of Reading & Chair Legal and Ethical Policy Unit Faculty of Intensive Care Medicine
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“The Supreme Court confirmed in the summer that decisions about CANH (clinically assisted nutrition and hydration) did not have to be routinely referred to the courts. Previously, as a result of a judgment 25 years ago it had been recommended ‘as a matter of good practice’ that reference be made to the courts where doctors withdrew CANH from a patient in a persistent vegetative state, but neither this judgment nor the Mental Capacity Act imposed a strict duty to do so. The recent ruling is one reason why it is particularly important for doctors to be given comprehensive guidance on decisions around CANH.”

British Medical Association December 2018

“While the starting point is a strong presumption that CANH should be provided, prolonging life, at the centre of any decision is whether beginning or continuing treatment is in the best interests of the individual patient.”

British Medical Association December 2018

‘Decisions surrounding the withdrawal of CANH pose clinical, ethical and legal challenges for doctors, and can be needed at an incredibly difficult time for patients’ families and loved ones. The law is clear that CANH is a form of medical treatment, much like artificial ventilation, and while there should be a strong presumption that starting or continuing this treatment is in the patient’s best interests, this will not always be the case.’ John Chisholm  BMA medical ethics committee chair December 2018

“Health professionals must find out as much as possible about the patient from family and friends, in order to determine what the individual would want to happen in the situation that has arisen. If it is clear that the patient would, or would not, want CANH provided, this will usually determine their best interests.” Royal College of Physicians, December 2018

This conference focuses on recent developments and implementing the December 2018 BMA/RCP guidance on Clinically Assisted Nutrition and Hydration. The guidance provides ‘the most up-to-date statement of doctors’ professional and legal obligations, and provides in-depth advice about the process to be followed and the different factors for doctors to consider in making these decisions.’ (RCP Dec 2018). In the Summer of 2018 it was decided by the supreme court that decisions regarding clinically assisted nutrition and hydration no longer had to be routinely referred to the court which puts decision making about this important and often ethically charged decision making in the hands of doctors.

This conference will enable you to:
- Network with colleagues who are working to improve best practice in decision making around Clinically Assisted Nutrition and Hydration
- Reflect on national developments and learning including implementation of the December 2018 BMA/RCP Guidance, and Legal Developments and Principles
- Improve the way patients and families are involved in decision making to ensure individually patient focused outcomes
- Develop your skills in best interests care planning
- Reflect on the perspective of a patient
- Understand how you can implement the guideline effectively in practice
- Identify key strategies for decisions around clinically assisted nutrition and hydration within the dying phase
- Understand who should make decisions, when, and when a second opinion is needed
- Ensure you are up to date with the latest best practice with regard to patients in prolonged disorders of consciousness
- Enable regular best interests assessments for patients who are stable on CANH
- Self assess and reflect on your own practice
- Gain cpd accreditation points contributing to professional development and revalidation evidence
10.00 Chair’s Welcome & Introduction
Dr John Chisholm CBE
Medical Ethics Committee Chair
British Medical Association

10.10 Putting personal experience first
Lucy Watts MBE
Ambassador & Young Avenger Together for Short Lives
People in Partnership Steering Group Member Hospice UK

- a personal journey – my experience of long-term dependence on IV nutrition/ fluid
- ensuring engaged, informed individuals and carers
- improving information about what to expect and decision making at the end of life
- how can we help ensure all care is personalised?

10.40 Decision making and best interests: Reaching the decision that is right for the patient
Dr Chris Danbury
Consultant in Anaesthetics and Intensive Care Medicine
Royal Berkshire Hospital
Visiting Fellow in Health Law University of Reading
& Chair Legal and Ethical Policy Unit Faculty of Intensive Care Medicine

- decision making and best interests
- putting yourself in the position’ of an individual through speaking to those close to them

11.10 Question and answers, followed by tea & coffee at 11.20

11.50 EXTENDED SESSION
Legal Principles

Alex Ruck Keene
Barrister
39 Essex Chambers

- when should decisions about clinically assisted nutrition and hydration be referred to the court following the 2018 ruling?
- decision making in accordance with the Mental Capacity Act
- who should be making decisions, and when?
- when do you need a second opinion?
- legal principles and practicalities

13.00 Question and answers, followed by lunch at 13.10

14.00 EXTENDED SESSION
Implementing the BMA/RCP Guideline in Clinical Practice

Dr Shuli Levy
Consultant Geriatrician and General Physician
Imperial College Healthcare NHS Trust

- decisions about CANH in clinical practice
- degenerative and declining conditions
- using the framework to make decisions
- dealing with conflict in decision making
- ensuring regular best interests assessments for patients who are stable on CANH

14.45 EXTENDED SESSION: Best Interests Care Planning
Starting conversations around best interests and care planning at an early stage

Speaker to be announced

- ensuring conversations start at an early stage
- dealing with uncertainty in diagnosis and prognosis
- developing and monitoring care plans for every patient and communicating with family and carers
- documenting and recording decision making
- best interests assessment meetings
- patient-centred care – involving families in difficult conversations
- adapting conversations to reflect different conditions

15.30 Question and answers, followed by tea & coffee at 15.40

15.45 EXTENDED SESSION
Clinically Assisted Nutrition and Hydration within the Dying Phase

Dr Amy Proffitt
Consultant in Palliative Medicine Barts Health NHS Trust
Honorary Secretary The Association for Palliative Medicine
Professional standards and Quality Improvement Representative
JSC for palliative medicine

- clinical management and symptom control in the last day of life
- ensuring adults in the last days of life have their hydration status assessed daily, and a discussion about the risks and benefits of clinically assisted hydration
- doing what’s right for the patient in the last days of life

16.40 Patients in prolonged disorders of consciousness
Speaker to be announced

- ethical issues about withholding and withdrawing CANH for people with PDOC
- assessment of prospect of recovery
- making decisions in practice

17.10 Question and answers, followed by close
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Date
Friday 10th May 2019

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