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**BSRM response to GMC draft consultation document
“End of life treatment and care: Good practice in decision making”**

The British Society for Rehabilitation Medicine (BSRM) represents doctors practising in Rehabilitation Medicine. The issues covered in this document are very pertinent to the specialty, where doctors are frequently involved in decision making in this very emotive and difficult area of clinical practice. Many of the patients cared for by consultants in Rehabilitation Medicine are younger adults with ages ranging from age 16 to older than 65 years.

People with progressive conditions, which ultimately result in shortened life expectancy, are often cared for by doctors specialising in neurological rehabilitation in particular, examples include multiple sclerosis, motor neurone disease and muscular dystrophy. Rehabilitation Medicine services also care for people with conditions of sudden onset, which may be due to accident or disease. Examples of these include people with spinal cord injury (a proportion of whom will require long term ventilation) and acquired brain injury (including those who are in a permanent vegetative state). Decisions about end of life treatment and care in these situations are always difficult, complex and emotive; patients tend to be younger adults who may have sustained their neurological impairments in tragic circumstances.

The BSRM fully supports this document, which gives a very clear framework for decision-making at a very sensitive time in the care of individual patients and in the support we offer to their families. It covers the ethical and legal aspects concisely and logically, so will be invaluable in supporting the process of decision-making.

Many of our patients lack capacity; the guidance given with regards to these situations will prove very useful particularly in the management of issues around advance care planning, nutrition and hydration.

More emphasis should be given to use of the legal system in facilitating difficult decisions. It should be made clear that the doctor's duty is to the patient and not to the organisation they are working for. Accessing appropriate legal advice is costly and very time consuming to the doctors involved, especially if the case has to go to Court. Some NHS Trusts are resistant to doctors directly approaching their legal advisors on the grounds of cost. Doctors should be encouraged to ensure that the appropriate processes are followed, and that failure to bring this to the attention of the relevant healthcare organisation would be in breach of GMC principles for providing good medical care.

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