

## The Truth Will Out: Britain's Euthanasia Scandal

by Nancy Spannaus and William Wertz

Sept. 5—On April 11, 2009, Democratic statesman Lyndon LaRouche shocked the world with his charge that President Barack Obama, surrounded by a gaggle of fascist behavioral economists, was playing the part of a British-run Nero, fanatically determined to ram through a murderous set of policies which would destroy the United States. Shortly thereafter, LaRouche and his political action committee, LaRouche PAC, zeroed in on the President's health-care policy, as the signature example of Hitlerian cost-cutting, a precise copy of the Führer's dictum that those considered to have "lives unworthy of life" be granted a "mercy death."

As the LaRouche PAC campaign escalated, including with the now world-famous Obama-Mustache poster, the Obama plan ran into a political upheaval of opposition unseen in the United States for decades—a mass strike which has driven the President, his advisors, and his controllers into a virtual panic, to try to save the health reform bill that has become anathema to the majority of the American people, *precisely* on the grounds that it will condemn helpless citizens to death.

In the course of the fight, LaRouche PAC has been denounced and even violently attacked for exposing Obama's policy as both Nazi, and copied from Britain's own Nazi-modelled health-care system, put in place by former Prime Minister Tony Blair, and devilishly dubbed NICE (National Institute for Health and Clinical Excellence).

Throughout the entire battle, the evidence—much of which has been published in this magazine—has been irrefutable: The Obama health plan is "Hitler health," a means of killing millions of Americans in the name of "cost efficiency." "Death panels" are not only planned, in the form of a Medicare Policy Advisory Committee (MedPAC) "on steroids" (the President's formulation), or as the Independent Medicare Advisory Council (IMAC), demanded by the ghoulish Budget Director Peter Orszag, but they *already exist*, in the form of the various committees on "Comparative Effectiveness," which were put in place by the misnamed Recovery Act, in February. The pending legislation would consolidate the new Hitler system, and must be killed.

As the battle escalates from both sides, now comes a political bombshell from Great Britain itself—a bombshell which dramatizes the reality of LaRouche's charges: *The British NICE policy, which was rammed through by the same cast of characters steering the Obama health plan, is committing mass euthanasia!*

### 'Sentenced to Death on the NHS'

On Sept. 3, Britain's *Daily Telegraph* published a lead article featuring a Letter to the Editor from six prominent British doctors and health-care professionals, charging that large numbers of patients in the U.K. are being "sentenced to death," by means of involuntary euthanasia. The numbers were stunning: Accord-



*A group of leading physicians and health-care professionals are warning that millions of elderly and sick Britons are being “sentenced to death on the NHS,” the British National Health Service.*

ing to a report from a researcher at Barts and the London School of Medicine and Dentistry, *one out of six* people who died in the United Kingdom in 2007-08, died of continuous deep sedation, the mode of euthanasia which the doctors describe.

As we present the evidence, you will see precisely what the Obama Administration has in store for the United States—in its full Nazi form.

The *Daily Telegraph* report takes off from the doctors' Letter to the Editor, denouncing the NICE program called Liverpool Care Pathway (LCP), which was designed by the Marie Curie Hospice in Liverpool, working with a team at the Royal Liverpool and Broadgreen University Hospitals Trust. It was originally developed as a way to care for cancer patients towards the end of their lives, but has been adapted to apply to all patients, *no matter what their illness*.

The signers of the letter condemn the program as imposing premature death sentences on patients by denying them fluids, nutrition, medicine, and treatment, after making a determination that they are close to death, a determination that is often wrong. This program was recommended as a model by NICE in 2004. It has been adopted nationwide, and today, more than 300 hospitals, 130 hospices, and 540 care homes in England use the system.

The date 2004 is significant, because it means that the program was put into effect by NICE during the regime of Tony Blair. Blair's health-care advisor from 2000-04 was Simon Stevens, who is now the CEO of the U.S. company Ovations, United Healthcare's sub-

sidiary that insures older Americans; United-Healthcare holds the exclusive franchise to provide insurance for AARP (American Association of Retired Persons) members; Stevens is also a strong supporter of the Obama health-care plan.

The doctors oppose the program because patients are wrongly put on a pathway that creates a self-fulfilling prophecy that they would die. In 2007-08, fully 16.5% of the deaths in Britain came about after continuous deep sedation, according to researchers at Barts and the London School of Medicine and Dentistry—twice as many as in Belgium and the Netherlands.

### **Death Sentences**

Criticism of the Liverpool Care Pathway has long been simmering beneath the surface in the U.K. Back in December 1999, even before the LCP program was formally recommended by NICE, Dr. Adrian Treloar, now a psycho-geriatrician and senior lecturer at the Greenwich Hospital and the Guys, Kings, and St. Thomas's Hospitals in London, attacked the British NHS for involuntary euthanasia. At that time, the British Medical Association (BMA) had issued guidelines that said that doctors should be allowed to authorize withdrawal of food and water by tube, for victims of severe stroke and dementia who could no longer express their wishes. The guidance said: “Doctors should have the final say over whether treatment including feeding and giving water is in the patient's best interest. It is not always appropriate to prolong life.”

More recently, on April 26, 2008, Dr. Treloar warned, in a letter to the *British Medical Journal*, that the Liverpool Pathway is a blueprint for systematic euthanasia of disabled patients. “Combined with withdrawal of fluids, deep sedation leads quickly to death,” Treloar wrote. “The LCP threatens patients because its eligibility criteria do not ensure that only people who are about to die are allowed on the pathway. They allow people who are thought to be dying, are bed-bound, and are unable to take tablets, onto the pathway. In chronic disease such as dementia, dying may take years, but such patients may be eligible. GPs often put patients on to such a pathway without palliative care advice.”

Treloar expressed concern that “sedation is being used as an inexpensive alternative to assessment and specialist treatment. The LCP recommends sedatives



EIRNS/Tiffany Wamsley

*The LaRouche Political Action Committee has made the “Obamastache” poster famous the world over. Here, LPAC organizers engage citizens at a town hall meeting for Rep. Gary Peters (D-Mich.), in Bloomfield, Sept. 1.*

and opiates for all patients on an ‘as required’ basis, even when they are not agitated, in pain, or distressed. An automatic pathway towards prescribing heavy sedatives incurs risks. Moreover, the LCP recommends setting up a syringe driver within four hours of a doctor’s order. This is laudable, if it is needed. But the pathway encourages the use of syringe drivers even when symptoms can be managed without them. The pathway doesn’t mention the need for food and fluids.”

In his letter, Treloar cites a Dutch study of the Liverpool Care Pathway: “Reitjens et al. show that withholding artificial nutrition and hydration is the norm. The LCP’s omission of prompts to reconsider nutrition and hydration may allow serious errors in the care of dying patients. It is not acceptable, as Murray et al. suggest, that assessing nutrition and hydration are not part of the pathway. Sedation is right in some situations. But as Murray et al. point out, the anticipated outcome of continuous deep sedation is death. We must learn from Reitjens et al.’s observation that continuous deep sedation may replace euthanasia.”

On Aug. 13, 2009, Adam Brimelow, BBC news health correspondent, warned that there is evidence that some clinicians may already be using continuous deep sedation (CDS), as a form of slow euthanasia. Prof. Clive Seale, at Barts and the London School of Medicine and Dentistry, reports that, in the U.K., the prevalence of continuous deep sedation until death is very high indeed, 16.5% of all deaths.

## British Doctors Oppose NICE Murder Policy

*This Letter to the Editor of the London Daily Telegraph was published Sept. 3.*

Sir

The Patients Association has done well to expose the poor treatment of elderly patients in some parts of the NHS (report, August 27). We would like to draw attention to the new gold standard treatment of those categorised as dying. Forecasting death is an inexact science.

Just as, in the financial world, so-called algorithmic banking has caused problems by blindly following a computer model, so a similar tick-box approach to the management of death is causing a national crisis in care.

The Government is rolling out a new treatment pattern of palliative care into hospitals, nursing and residential homes. It is based on experience in a Liverpool hospice. If you tick all the right boxes in the Liverpool Care Pathway, the inevitable outcome of the consequent treatment is death.

As a result, a nationwide wave of discontent is building up, as family and friends witness the denial of fluids and food to patients. Syringe drivers are being used to give continuous terminal sedation, without regard to the fact that the diagnosis could be wrong.

It is disturbing that in the year 2007-2008, 16.5 per cent of deaths came about after terminal sedation. Experienced doctors know that sometimes, when all but essential drugs are stopped, dying patients get better.

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