

# Culture Change

By Craig Paardekooper

**2001** introduced a culture change in hospitals throughout the UK. This date marked the end of patient care and patient advocacy, and the beginning of a “cull”. Involuntary Euthanasia was introduced in Hospital Trusts as part of the ‘NHS Plan’ established by Labour Health Secretary, Alan Milburn and Simon Stevens in **2000**.

Involuntary euthanasia is euthanasia without the consent of the patient.

## The End of Patient Advocacy

The vital role of doctors and nurses is to be the ‘patient’s advocate’. Until the **1997** New Labour election victory this was the case. Apart from the General Manager, there were no managers and doctors and nurses worked very closely together for the benefit of the patients.

New Labour embarked on a relentless attack on doctors by introducing several levels of hospital managers, with no medical knowledge, who were empowered to suspend doctors who failed to ‘toe the line’. Managers still use this power today.

Doctors have lost their advocacy role and can no longer protect patients as managers have the final say on treatment decisions.

## The NHS Plan (2001)

The NHS Plan (**2001**) introduced 3/4 new levels of management who had authority over doctors and nurses.

The new managers were given the new power to suspend doctors and nurses. The public were told this was to ‘protect patients from “dangerous” doctors’ when in fact it was used to enforce the compliance of doctors to the political agenda.

This has been facilitated by intimidation of doctors and nurses threatened with punitive sanctions from their employing Trusts including suspension from work or being reported to the General medical council) and the desire of Trusts to save money and empty beds.

During the pandemic, doctors were banned from speaking out about problems they were experiencing in hospitals under threat of suspension or being reported to the General Medical Council which is a career limiting action.

Once a doctor is reported to the GMC, the GMC informs every hospital that the doctor works in (NHS and Private) that the doctor is ‘being investigated’. This investigation can last for several years.

Research shows that following the enforced reorganisation of the GMC in **2000** by New Labour making it hostile to doctors, doctors under investigation experienced severe mental health stress with a significant number of doctors committing suicide due to the aggressive nature of the process. 28 doctors committed suicide between 2005 - 2013 (BMJ ‘GMC has been failing doctors and patients for 30 years’ - BMJ 2022; 379:o2674) with a further 5 between 2018 - 2020.

During “investigation” doctor’s salaries are significantly reduced, 91% suffered stress and anxiety, 78% said the investigation damaged their mental health, 31% said they had suicidal thoughts.

These powers remain in place and in use today.

## **Involuntary Euthanasia**

Since 2001 there has been an increased use of involuntary euthanasia by Hospital Trusts utilising rationing and withdrawal of treatment. The vulnerable, the disabled and the elderly (especially those with dementia and Alzheimer's) are the most at risk.

## **Denial of Sanitation**

1. MRSA and Clostridium Difficile (C Diff) - these two deadly hospital infections caused the deaths of many patients coming into hospitals for even minor procedures and still do.
2. MRSA and C Diff were not a problem before the New Labour government.
3. As part of the 'modernisation' programme, the Ward Sister lost her authority over the ward and ward cleaning was outsourced by Labour.
4. Nigel Crisp (Chief Executive of the NHS and Permanent Secretary of the Department of Health - 2000 - 2006) makes a stunning confession:

*"The NHS Plan (written by Alan Milburn **2000**) set many targets but missed a vital one. The NHS Plan consultation is clear that the public were most concerned about infection control as well as clean hospitals. This extremely important aspect of the protection of patients was "missed off the list of top priorities."*

*"Infection control practices were neglected and infection rates were too high" (24 Hours to Save the NHS; Oxford Univ Press; 2011 pg 69)*

5. These two dangerous hospital infections were only brought under control in 2011
6. Patients, particularly the elderly, were petrified of going into hospital as so many died after being infected after admission to hospital

## **Withdrawal of Treatment**

New Labour tried to introduce consent to the withdrawal of treatment without the knowledge or consent of the patient as part of the NHS Plan.

'Consent' for withdrawal of treatment was gained by asking this question as a 'Tick Box' question on an admissions checklist -

*"If the doctor thinks your treatment is not working, do you want him to stop it?"*

If the patient says 'yes' the patient was then deemed to have consented to withdrawal of treatment.

## **The Bland Judgement**

Following the Bland Judgement(**1993**), feeding of patients (food [nutrition] and fluids [hydration], was changed from being a normal nursing activity to being a 'medical treatment' (to facilitate the Bland Judgement) and therefore can be withdrawn.

Consent given in this way at any time would remain active in their NHS record without the patient being aware of the significance of this question and could be used at any time.

But legal consent cannot be obtained in this way. Eventually after resistance from Conservative MPs including Iain Duncan Smith, New Labour was forced to withdraw this.

### **The Liverpool Care Pathway**

The Liverpool Care Pathway (LCP) was a protocol designed by the Royal Liverpool University Hospital and the Marie Curie Palliative Care Institute in **1998** for the care of terminally ill cancer patients for the use in Hospices. The protocol was to be authorised by Palliative Care Consultants only who were trained to use the protocol.

Alan Milburn and the NHS England decided to roll it out to **all hospitals** - extended to include patients assessed as 'dying' **including patients who were admitted to A&E**.

He did not restrict its use to palliative care wards but rolled it out to **all clinical areas** and failed to stipulate that every decision to place a patient on the LCP had to be taken by a Hospital Consultant.

Consequently, it resulted in the majority of decision being taken by untrained junior doctors usually in A&E who failed to get the patient's consent.

Alan Johnson as Health Secretary (2007 - 2009) hailed it as the 'Gold Standard' for End-of-Life care.

**Financial inducements to NHS Trusts** : 'The Labour government offered hospitals cash incentives to put patients on the LCP in order to meet government targets. Hospitals were paid millions to hit targets for the number of patients who die on the LCP.'

(<https://ridout-law.com> - Ridout Solicitors)

FOI showed that two thirds of NHS Trusts had received payments per patient for meeting 'targets' for using the LCP. Payments totalled £12million or more. These payments were authorised by Gordon Brown (Chancellor, New Labour Government)

**Isolation from Relatives** : The Royal College of Physicians report found that up to half of relatives were not informed of a clinician's decision to put a relative on the LCP.

Relatives claim that once the patient was on the LCP it could not be stopped. In addition, patients were barred from help from close relatives unless the relative had an 'enduring power of attorney over health'.

In addition, New Labour changed the law relating to 'powers of attorney' making it very complicated and difficult to obtain one.

**Neuberger Review** : The Review by Baroness Neuberger and the media found examples of extremely poor care.

The Review identified reports of withdrawal of nutrition and hydration without explanation or consultation with patient or relatives. The LCP does not include withdrawal of nutrition and hydration.

### **The Protocol :**

1. Once identified for the protocol, the patient was given sedation
2. After which food and fluids were withdrawn.

Most patients died within 5 - 7 days. Decision to place a patient on the LCP was often taken by an inexperienced junior doctor in A&E.

## Media Scrutiny

The LCP came under intense media scrutiny following harrowing reports by distressed relatives with the Daily Mail calling it -

*'a pathway to euthanasia, compromising patient autonomy, used to 'free up hospital beds', and the financial gain of NHS Trusts.'*

The incentive payments from government to hospitals to encourage use of the protocol certainly represented a 'financial gain' for Trusts. This was a highly unethical practice.

Patients over 65 were petrified of being admitted to the NHS and refused to be admitted to hospital due to fear of being placed on the LCP and used their savings to be admitted to Private Hospitals.

## How Many Were Euthanised ?

Professor Patrick Pullicino, consultant neurologist, claims 130,000 patients were subjected to legalised involuntary euthanasia per year by being placed on the LCP without consent. (<https://www.telegraph.co.uk/news> 3 Mar 2013)

## During the Covid "Pandemic"

Rationing of treatment, hospital care and access to ventilation on ITU during the Covid-19 pandemic March 2020 - July 2022

The decisions taken by Sir Simon Stevens, NHS England and the government with regard to access to care for patients over the age of 65 were and are of great concern to this age group.

## Population Triage

**Exercise Cygnus** (18 - 20 October 2016) was a command post exercise delivered by Public Health England on behalf of the Department of Health. This was designed to assess the UK's preparedness and response to a pandemic influenza outbreak.

A protocol called '**Population Triage**' was part of the response to assess who should have access to hospital beds and particularly admission to a ventilated bed in ITU. This was in place to free up hospital and ITU beds and 'Protect the NHS'.

This protocol stated that **patients over the age of 70 (65 in Manchester) and disabled patients were barred from access to hospitalisation and access to a ventilated ITU bed.**

Figures show there was never a shortage of beds or ventilated beds during the Pandemic.

Population Triage was triggered at the beginning of 2020. Over 70s were also barred from testing (I was barred)

In March 2020, Sir Simon Stevens and Matt Hancock, the Health Secretary, ordered the Trusts to **discharge 25,000 elderly patients to care homes without testing them for Covid-19** even if they had Covid to clear the hospital beds resulting in **42,341 deaths** (Civil Service World, 12 June 2020)

GPs were instructed by NHS England not to send this cohort of Covid-19 patients to hospital. This left many elderly and disabled patients dying horribly at home. without care. We have no statistics because these statistics were not collected.

## **Inappropriate use of DNR/DNARs during Covid-19**

In December 2021, the CQC published a report looking at the use of DNR/DNAR orders during the pandemic.

A DNR/DNAR Order should only be put in place in the patients notes **after consent of the patient or relatives**. Once in place the doctors and nurses will not resuscitate the patient following a cardiac arrest. This Order remains active until revoked and can be acted on at a later stage without the knowledge of the patient.

Acting on these Orders without the patient's knowledge or consent is an act of Involuntary Euthanasia.

Findings reveal an inappropriate use of these decision **from the beginning of the pandemic** notably **blanket use for patients with learning disabilities and over 70s**. (The Guardian 13 Feb 2021).

The Independent reports **blanket DNR Orders were placed on care home residents, the elderly and the disabled without as assessment of each patient**.

Findings reveal that **DNRs were automatically placed in the notes of every patient admitted during the Pandemic on admission** and remain there as the patients have not been informed they are there. As long as the DNRs are in the notes, they can be acted on.

See also

[Midazolam and Euthanasia - a paper by William Sy](#)

[Midazolam and Excess Deaths by Craig Paardekooper](#) |

[Database of Victims of Death Protocol](#)

[Dr John Campbell](#)

[Dr Chris Martenson](#)

[A "Good" Death](#)

[Dr Mike Yeadon](#)

[Teresa Tannahill](#)

[Do Not Resuscitate Orders](#)

[Matt Hancock : DNR Orders](#)

Here is a leaflet I made in 2020. I posted it in shop windows and distributed door to door in my neighbourhood in Chelsea, London.

[Removing Legal Protections](#)

It seems that the “cull” did not begin in 2020 – rather it began in 2000 with euthanasia of the sick and disabled. It was extended in 2020 to include the elderly who were not yet sick or disabled, but who resided in care homes. Then in 2021 it was extended again to include the rest of society - starting with the oldest first, many of whom were living outside of care homes. Then came the middle aged, then young adults, then children, and finally infants.

The purpose of writing this article is to impress upon you the tidal change in hospital culture since 2000. The old system of patient advocacy and care is gone – and a brutal system has replaced it. Medicine has become politicised through control of doctors by middle managers, and those managers are following orders to apply ruthless policies – they have been given the power to end life.

In the light of this cultural change, you might ask if any other countries implemented involuntary euthanasia in 2020 besides England?

Yes. In the US a drug called Remdesivir was given to people with “early stage Covid”. It was also used in Europe. Remdesivir causes liver and kidney disorder. See <https://howbad.info/rem2.pdf>

Other drugs belonging to the same family as Remdesivir include Paxlovid (Ritonavir) and Tamiflu (Oseltamivir). These experimental drugs were recommended for the treatment of “Covid” . See <https://howbad.info/ritonavirreport3.pdf>

### **What Next ?**

The WHO and UN have proposed the mandating of vaccination globally, and the surveillance and censorship of populations to silence any dissent. They plan to use control of financial transactions, movement, access to information and access to services as a way of coercing populations into compliance.

Euthanasia by persuasion may be over, but euthanasia by brute coercion may yet be attempted.