



Doctors are allowed to kill you if you can't manage your own housework and shopping

Description

UK: During the last two years doctors in the UK have become far more likely to let patients die (which is a polite way of saying 'murder' them) than at any time since the medical profession stopped using leeches.

A survey quoted in the Journal of Medical Ethics showed that although many doctors claim to oppose euthanasia they are, nevertheless failing to provide care for patients who could be kept alive.

Since the covid fraud was created in early 2020, doctors have become less likely to bother trying to save patients whose hearts stop or who have trouble breathing.

As I have revealed before, the National Institute for Health and Care Excellence in the UK, which is the official advisory body to the health care world, has produced rules which make it easy for doctors to 'kill' patients who are considered worthless.

And the NICE ruling is utterly crucial.

NICE classified people in nine categories. If you are in category 1 then you are very fit. If you are in category 9 then you are terminally ill (though, when it suits them NHS staff sometimes devise another category of 'terminally, terminally ill').

On 29th April 2020, NICE issued amended advice to NHS staff about its resuscitation guidelines, saying that doctors should 'sensitively discuss a possible DNR with all adults with CFs of 5 or more'. This was issued in response to the coronavirus hoax.

Doctors and nurses were instructed that they should review critical care treatment when a patient 'is no longer considered able to achieve desired overall goals'.

So, what the devil does this mealy mouthed nonsense mean?

And what is a CF? What does a CF of 5 mean?

Well the letters CF mean clinical frailty and there are several stages.

A CF of 5 means that a patient is mildly frail and may need help with heavy housework, shopping and preparing meals.

A CF of 6 means moderately frail – people who need help with bathing.

A CF of 7 means severely frail – people who are completely dependent for personal care.

And so on. Now you could, I suppose, argue that if a patient is clearly dying then it would be cruel and pointless to continually attempt resuscitation. That was why DNR notices were devised. They were originally for patients who had only hours to live and it was considered not fair to those patients to continue to 'strive to keep officiously alive'.

But that's not what is happening now.

Today, in the UK, in the National Health Service a patient considered unsuitable to be saved or treated is now considered to be a patient who needs help with the heavy housework and who may have difficulty preparing meals or going to the shops.

I could manage a bit of light dusting, I suppose, but more than that would require more effort than I have available to spend on such matters. I would have great difficulty in preparing a meal and I hate going to the shops. So, presumably, I'd get dumped into the CF5 category and so there is no hope for me, and the NHS would recommend that I be denied antibiotics, painkillers or surgery if I fell down and broke an arm.

The post-coronavirus hoax NHS doesn't want to save anyone who is disabled and all patients in care homes are, by definition, suitable for murder by omission.

Originally NICE told doctors that they should assess patients with autism as scoring high for frailty. I am, I confess, still rather confused about when or whether this advice was removed.

I checked around with other bodies.

I didn't find the BMA website much help, though it did have a useful commercial webinar for doctors wanting financial advice. The BMA is, after all, a trades union which exists to look after doctors not patients.

And the General Medical Council, rather bizarrely, got in on the act by defining 'approaching end of life' as patients who are likely to die within the next twelve months.

This, of course is the sort of dangerous rubbish one might expect from the overpaid bureaucratic form shufflers at the General Medical Council because it is always impossible to say that a patient is going to die within twelve months. It may be possible to say that a patient might die within twelve hours but not twelve months. Only arrogant doctors and ignorant bureaucrats claim to know that a patient might die within twelve months. When I was in general practice I knew many patients who were given months to live but who lived many, many years. Two, I remember well, had young children to look after and although they had been given only months to live they both lived for years – simply refusing to give up

and surviving on sheer willpower as much as anything else. If the GMC rule had been applied, they'd have been allowed to die. Or, the way things seem to be going, they would have been quietly euthanized in case they fell ill and needed care.

While digging around I also found this statement:

'Physicians have been empowered to grant a mercy death to patients considered incurable – the mentally ill and the handicapped.'

And then I looked a little closer and realised that the date of that policy statement was October 1939, and the author was a well-known 'medical expert' known as Adolf Hitler.

Hitler's policy, which seems to me to bear an uncomfortably close relationship to the official policy of the UK's National Health Service these days, was created in 1920 in a book written by a psychiatrist and a lawyer (what a deadly combination) who argued that the economic savings justified killing those with 'useless lives'.

The policy was to kill the incurably ill and the physically or mentally disabled and the elderly.

Hitler's policy was officially discontinued in 1941 when it seems that even the Nazis found it a bit much.

But the advice from NICE is presumably still valid. And the NHS is still prepared to refuse life-saving treatment for the elderly, the disabled or the frail.

Refusing treatment to patients solely because of their age or fitness is a form of eugenics. It seems that social cleansing is alive and well in Britain today. If you aren't saving people (when you could do so) then you are killing them. There doesn't seem to me to be all that much difference between the thinking behind the NHS policy and the policy of Adolf Hitler's Germany.

If you slap a DNR form on a patient, with or without their permission, you are condemning them to death. If you trick someone into agreeing to one then that's just as bad.

In my view, the NHS has been Nazified.

There are good doctors and nurses working for it. But there are many who are so bad they are evil.

For years now the NHS has been deliberately delivering death notices, DNR forms, to the not so very frail and the not so very elderly.

I just thought you ought to know.

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Vernon Coleman's book 'The Kick-Ass A-Z for Over 60s' is essential reading for anyone over 60 – or planning on getting there. It is available on Amazon as an eBook and a paperback.

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