



They're using Do Not Resuscitate Orders to turn Hospitals into Death Camps

Description

If you have relatives or friends in a care home or hospital of any kind, check they haven't been given a blanket DNR notice.

It is now commonplace to put DNR notices on young people with learning disorders, and the majority of care homes in the UK did not respond when asked if they had put DNR notices on all their residents. DNR notices are being handed out by junior doctors and nurses. This is genocide.

By Dr Vernon Coleman

Here's an article I first wrote in June 2020. It is now more important than ever to be aware of this danger.

Have You Been Put On A List to Be Left to Die?

What I am about to reveal is, perhaps, the most shocking evidence I have come across in 50 years of writing about health matters.

To say that I am horrified is the biggest understatement of all time.

You will be shocked too.

It started a while ago.

The internet has, for months now been full of stories of patients being asked to sign 'Do Not Resuscitate Forms or having Do Not Resuscitate forms signed on their behalf. They are known as DNR forms or DNAR forms – for Do Not Attempt Resuscitation.

GPs all over the country have been contacting their elderly patients, and those with chronic health

disorders, and asking them two questions.

Are you happy for us to put a DNR on your file?

And

Are you happy for us to put on your file a note that you won't be admitted to hospital if you become unwell?

Note the clever wording, designed to elicit a positive response. It's the sort of trickery used by crooked pollsters and insurance salesmen – knowing what answer they want and shading the question in such a way as to ensure that they get it.

One GP surgery sent out a letter to a home catering for autistic adults saying that the carers should have plans to prevent their patients being resuscitated if they became critically ill.

Other GPs sent out similar letters to establishments caring for the elderly and the disabled. Blanket decisions were made for care homes and residential homes caring for patients with learning difficulties.

This isn't entirely new, of course, and it wasn't all a result of the coronavirus nonsense.

A 51-year-old man with Down's Syndrome was given a DNR because of his disability, and instructions were left that there was to be no attempt to resuscitate in case of a cardiac arrest or a respiratory arrest.

No consent form was signed and there was no agreement with the patient or his relatives. The Medical Director for the relevant part of the NHS said that their policy complied fully with national guidelines from professional bodies.

The boss of a large charity said that they believe that DNR orders were frequently being placed on patients with learning disabilities – without the knowledge and agreement of their families.

This was, of course, illegal.

Back in 2015, the High Court in the UK ruled that carers for patients with mental illnesses should be consulted before DNR notices were applied.

But the coronavirus nonsense has resulted in a flood of such cases.

A man in his 50s, with sight loss, was issued with a DNR notice giving 'blindness and severe learning disabilities' as the reason.

A man with epilepsy was issued with a DNR notice, and at the end of March this year a GPs' surgery in Wales urged high risk patients to complete a DNR form if they contracted the coronavirus. The letter said, 'you are unlikely to receive hospital admission'.

A woman in Bristol received a phone call from her GP asking if it were OK for her medical records to be updated to say that if she contracted the coronavirus she wouldn't go to hospital or receive any medical treatment.

And on my website and in my book about the coronavirus, I have provided more evidence of this.

But is all this really legal?

Well, yes, it is if permission is obtained.

In the UK, the National Institute for Health and Care Excellence, known as NICE, is the official advisory body to the health care world.

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 a couple of centuries ago, 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 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 policy of Matt Hancock's NHS 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 many good doctors and nurses working for it. But there are many who are so bad they are evil.

Obedient souls have been witlessly clapping the NHS and all the time the NHS has been deliberately delivering death notices, DNR forms, to the frail and the elderly.

The British shouldn't have been clapping – we should have been clicking our heels and snapping off fancy Heil Hancock salutes.

Which of us gave doctors permission to behave like Nazis and to deny treatment to people considered unimportant, expensive or expendable?

In my view, every single doctor or nurse or administrator who has put a DNR notice on a patient under these regulations should be fired, arrested and imprisoned. I don't know what for. There must be something. How do these people sleep at night? Don't they feel anything for the people they are supposed to be looking after? I am prepared to believe that not everyone in health care can have a genuine vocation. But the people who were scattering these DNR notices around were paid to look after people. And they have betrayed those people. Do Not Resuscitate notices were devised to ensure that the genuinely terminally ill were allowed to die with dignity – without being dragged time and time again from wherever they were heading. DNR notices were originally a necessary part of medicine – to avoid General Franco type situation.

But now we have a thousand Dr Mengele clones working in the health service. That sounds as if I'm exaggerating but the sad thing is that I am not. Dr Mengele would have thrived in today's NHS. He'd have liked the clapping and the adulation too.

NICE should be disbanded immediately. We'd all be better off without it.

And while we are it, we should get rid of hectoring Hancock who should be hung, drawn and quartered.

Meanwhile, if you think you, or someone you know could be rated C5 or worse, it might be a good idea

to ask your GP if you've been put on the 'suitable for dying' list.

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