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Was It Really a Good Death? Or Murder?

Analysis by Dr. Joseph Mercola Fact Checked | April 29, 2023

STORY AT-A-GLANCE

- Tens of thousands of people in the U.K. have allegedly been murdered via involuntary euthanasia in hospitals and care homes run by the U.K.'s National Health Service (NHS)
- The involuntary euthanasia involves the administration of midazolam, a sedative drug often used in the U.S. for execution via lethal injection, and morphine
- Victims' families allege the NHS is responsible for the involuntary euthanasia of up to 457 people per day, without the consent of patients or their caregivers — deaths often attributed to COVID pneumonia
- The process typically begins with a do-not-resuscitate (DNR) or do-not-attempt-resuscitation (DNAR) form, which is often recommended simply based on a person's age
- The protocol stems from the Liverpool Care Pathway for the Dying Patient (LCP), a government-backed "pathway to euthanasia," during which patients were drugged and deprived of food, water and medical treatments, even in cases when recovery may have been possible
- LCP was abolished in 2014, but its practices continued and accelerated during the COVID-19 pandemic

Tens of thousands of people in the U.K. have allegedly been murdered via involuntary euthanasia in hospitals and care homes run by the U.K.'s National Health Service (NHS).[1] The process typically involves the administration of midazolam, a sedative drug often

used in the U.S. for execution via lethal injection.[2] Because it doesn't relieve pain, an opioid such as morphine is usually added in.

The scandal is ousted in "A Good Death? The Midazolam Murders," a documentary film produced by Jacqui Deevoy. She realized something was wrong when a do-not-resuscitate order, or DNR, was put on her dad while he was in a care home.

"So, I spoke to a whistleblower doctor," Deevoy said. "She told me they were being put on people who were over 60 with mental health issues, people with physical disabilities, even on children with autism."[3]

Continuing a death protocol put in place by the Liverpool Care Pathway, victims' families allege the NHS is responsible for the involuntary euthanasia of up to 457 people per day, without the consent of patients or their caregivers — deaths often attributed to COVID pneumonia.[4]

Deadly Legacy Stems From Banned Death Protocol

The Liverpool Care Pathway for the Dying Patient (LCP) was a government protocol used in England and Wales to "improve end-of-life care."[5] Developed in the 1990s, the protocol was meant to provide best practice guidelines during a patient's final days, and included guidance on symptom control, discontinuation of treatments and psychological, social and spiritual care.[6]

What occurred instead was a "pathway to euthanasia," during which patients were drugged and deprived of food, water and medical treatments, even in cases when recovery may have been possible. The LCP was abolished in 2014, following public uproar and a government-commissioned review, which criticized its practices. The Guardian reported:[7]

> *"The review listened to harrowing stories from families who had not been told their loved one was expected to die and, in some cases, were shouted at by nurses for attempting to give them a drink of water. Nursing staff had wrongly thought, under the LCP guidance, that giving fluids was wrong.*

> *Some patients were put on the pathway and treatment was withdrawn, only for them to make a recovery, albeit temporarily. Communication was very poor and medical staff sometimes dodged painful discussions with patients and families, the review found."*

Even after LCP was abolished, however, reports continued from families who said their loved ones were put on the pathway and died as a result.[8] Stuart Wilkie lost both of his parents in December 2019, six days apart in two separate care homes.[9] He believes they were murdered with involuntary euthanasia. "I have to dispel a little myth. Everybody has said that it [LCP] was abolished and finished. It hasn't stopped."[10]

It Starts With DNR, Lack of Informed Consent

The stories of the families affected follow a similar pattern, typically beginning with a DNR or do-not-attempt-resuscitation (DNAR) form, which is often recommended simply based on a person's age. "That is absolutely ageism going on here," Wilkie says. "If you're ever asked to do a DNAR, my advice would be never ever sign a DNAR. Right? Because it's misused and abused."[11]

There's supposed to be shared decision making when it comes to end-of-life care, and informed consent. But, Wilkie notes:[12]

> *"The doctors and the nurses have no concept of the word or the phrase 'informed consent.' It's their job to inform the relatives, which they're not doing. And they don't obtain consent themselves. They have to obtain that from the patient or from the patient's relative who has power of attorney. And they're not doing that either. So, what they are doing is involuntary euthanasia that is illegal. And the courts are failing to prosecute."*

Once the DNR is in place, however, it often puts the wheels of involuntary euthanasia in motion. He continues:[13]

> *"This is the fundamental problem. Doctors cannot give consent. They have to obtain consent from the patient, or somebody with power of attorney. And that's*

not happening at all, across the board, in every hospital, every day.

You've got a DNAR, you've then got a DoLS [Deprivation of Liberty Safeguards] — a deprivation of liberty. Doctors, hospitals, then think they have got total power to kill that person thereafter. And the family members then lost all rights to their relative.

They tried to make it out that it's a way of a mercy killing, or what they call a good death, which is a missed translation from what it really is, which is an easy death. It has nothing, nothing whatsoever, to do with the condition of the patient at that time. I have spoken to consultant palliative experts who said fundamentally that's wrong. You can't predict death, natural death."

The word euthanasia comes from the Greek word euthanatos, which was first used to describe the "easy death" of Augustus Caesar, who died naturally at the age of 75.

The word, however, "has been bastardized ever since," Wilkie says, "and taken over by eugenicists who want to use that word as a cover up for execution. And that could be of people with Down syndrome, with autism, or just purely age … You are branded with this. They've got the paperwork, the DNAR, the DoLS assessment put on you. And the next step is they predict your death by giving you anticipatory drugs."[14]

COVID Protocol Calls for Euthanasia Cocktail

The involuntary euthanasia protocol typically involves medazepam given with morphine. "It's wrong to give the two drugs together. Fundamentally wrong," Wilkie explains. "There is what's called a concomitant effect. So, by putting medazepam with morphine together, you've got respiratory depression, that together, slow down your breathing, slow down your breathing, slow down your breathing, and they know what they're doing."[15]

Patients and their families are told the drugs will help bring oxygen to the lungs, when it has the opposite effect. "And the worst thing is, I've also found NHS paperwork that shows you the protocol … during the pandemic, is that they're giving breathless patients

up to 30 milligrams of morphine and 60 milligrams of midazolam, which is enough to kill anybody," Wilkie says.[16]

During the COVID-19 pandemic, the National Institute for Health and Care Excellence (NICE) guideline NG163 called for "pharmacological interventions and anticipatory prescribing" for COVID-19 patients,[17] based on guidelines that were originally intended for patients with advanced cancer who were expected to die in a matter of hours or days. Writing in the BMJ, palliative care professor Sam Ahmadzai criticized the guidelines, stating:[18]

> *"The combination of opioid, benzodiazepine and/or neuroleptic is used in specialist palliative care settings for symptom control and for 'palliative sedation' to reduce agitation at the end of life. It takes great skill and experience to use palliative sedation proportionately so that extreme physical and existential distress are palliated, but death is not primarily accelerated.*
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> *NG163 states: 'Sedation and opioid use should not be withheld because of a fear of causing respiratory depression.' If COVID-19 infection were uniformly fatal, this would be an acceptable statement. But for people not previously known to be at the end of life, there is potential risk of unintended serious harm, if these medications are used incorrectly and without the benefit of specialist palliative care advice."*

Many victims' families said COVID-19 was listed on their loved one's death certificate after involuntary euthanasia took place. NHS even got supplies of midazolam from France during the pandemic as a "precaution" against potential shortages of the drug.[19]

It turns out NG163 is the updated version of the LCP. As noted by Maajid Nawaz on Substack, "So what is NG163? Readers may be surprised to know that it is in fact the same as the Liverpool "Care" Pathway, using the same drugs Midazolam and morphine, while the only thing that was banned was the name."[20]

'This Is Prolonged Torture'

The euthanasia drug combination given to patients in hospitals doesn't result in a "good" or "easy" death. Wilkie described the slow respiratory depression it causes as a form of prolonged torture:[21]

> *"If you make the comparison to the executions that take an hour or maybe two hours to die, they say this is prolonged torture. What's 29 hours of slowly taking down your breathing? And I would ask anybody that gives one of these drugs to somebody, or even thinks about giving this drug, to think how you would feel if you went down from 12 breaths a minute, to six breaths a minute, to three breaths a minute.*
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> *And you know the person who walks in with that drug — and they put it into your body — is slowly killing you, without your consent. It's involuntary euthanasia that is illegal in this country … This is another myth with the doctors, or even the pathologist, that will say, 'Oh, there's fluid on the lung.' Well, if you can't breathe, you can't respire, you can't get rid of the fluid. A lot of what we breathe out includes water.*
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> *If you slow the breathing down, you build up fluid on the lungs. That's not the same as pneumonia … So, it's like a fish out of water … the idea that this is a good death is a myth that needs to be dispelled. It's not a good death to be given these drugs. I believe that midazolam should be banned for use in the elderly, period."*

Wilkie also describes the paradoxical effect, which describes cases in which drugs induce symptoms that end up being fatal. When the doctors notice these symptoms, they give more of the same drugs causing the harm. "They're actually exacerbating the condition," Wilkie says.[22]

> *"We go back to iatrogenic, physician-caused, death. I don't think many nurses know properly what a paradoxical effect is. I think a lot of doctors don't know what the paradoxical effect is. And it's a very harsh thing to get your head around that you are trying to open your mouth to get air. But because they've given you drugs, you can't get it."*

Money and Blind Faith in Authority Make a Deadly Trap

What's the motive for killing off the elderly or infirmed? The film makes the case that money is the driving force. Involuntary euthanasia not only frees up hospital resources but also removes members of society who may have been entitled to pensions and ongoing medical care. Most of those involved, however, at the frontlines are likely just doing what they're told. Wilkie says:[23]

> *"I've come to the conclusion over this whole process that there are 5% of doctors — about 1 in 20 — who are, I would say, not only intelligent, very good doctors, but they've got empathy, and they will actually properly talk to the family. But unfortunately, that's only 1 in 20.*
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> *I believe that about 90% of the people involved are just followers that just do what they're told and lack that empathy. I think it could be restored, I think they could be retrained. And then the other end, I think there's an equivalent 5% — 1 in 20 — who … are basically eugenicists, and they want to … shorten the life of the elderly and the vulnerable and disabled."*

This is why there are many cases when it's in your best interest to avoid hospitals, particularly for elective procedures or chronic conditions. If you do need to go to the hospital due to a life-threatening emergency, be sure to have an advocate with you who can manage your care and act as a power of attorney if necessary.