

Will the Empire's Genocide Policy Now Be Overthrown?

by Franklin Bell and Nancy Spannaus

Nov. 6—If the world escapes the fate of thermonuclear destruction, to which the British-Saudi 9/11 Two is inexorably leading, the British financial empire has another genocidal program in process—one that calls for the mass murder of the world's population through austerity, and outright Hitlerian genocide. As broadly advertised everywhere, including the discussion of the so-called “fiscal cliff” in the U.S., this program is set to dramatically intensify after the U.S. elections—no matter who wins—unless there is a revolution in policy along the lines that Lyndon LaRouche and his movement have demanded.

No area makes the point more evident than health care. In the so-called economic issues debate, Romney and Obama agree that they view health-care spending as the biggest “problem” driving up the deficit. Health-care “efficiency” through “cost-effectiveness” is their goal—but they vary in how to get there. What they both refuse to admit is that the rationale behind *both* their programs is the Hitlerian concept of declaring some lives “not worthy of life”—or, in more common parlance, “not worth the money.”

Obama's program for such genocide has been broadly exposed by this news service, for its copying of former British Prime Minister Tony Blair's version of the Hitlerian T-4 program of determining who should live, and who should die. Obama has virtually broadcast this approach, by calling for the infamous Independent Payments Advisory Board (“death panels”), which, when it goes into effect in 2014, will apply

“expert” cost-effectiveness criteria to decide which treatments will be paid for, and which will not. The direction this will take is obvious in the decisions already taken by the Obama Administration's Preventive Services Task Force, in calling for the mass reduction in use of life-saving mammograms and prostate cancer screening.

While screaming against IPAB, Republican Party spokesmen have advocated the same cost-accounting approach. For example: We can't pay the benefits promised to the elderly through Medicare and Medicaid, said nationally prominent economist Allan H. Meltzer in a speech Sept. 27, 2012. “We have to reduce the amount of benefits . . . and try to do it in the most humane way.” Later, he elaborated that people in the later stages of life should have access to the care they want—without interference of a group like IPAB—but only if they are willing to pay for it. Faced with those “serious choices,” he said, patients may opt to “die in peace and have hospice care.”

In other words, it is *money*, not human life, which is important here—in both approaches. This contrasts fundamentally with LaRouche's approach of going back to the Hill-Burton principle of providing adequate facilities for all, and making health care a right.

Mass Murder in Britain

While Obamacare has been, by design, moving slowly into its deep cut period, the British model, begun in 1999, is finally provoking public outrage.



"The Liverpool Killing Pathway is driven not just by crude economic calculation, but by a wider brutalisation of our culture, at the heart of which lies the erosion of respect for the innate value of human life," wrote Daily Mail correspondent Melanie Phillips.

Resistance to an in-hospital murder program overseen by the British government's National Health Service is growing. Starting in 2009, pro-life groups began to raise an uproar about a practice, first instituted at the Marie Curie Hospice, called the Liverpool Care Pathway, a protocol for "continuous deep sedation." Britain's National Health Service, acting on the advice of Tony Blair's National Institutes for Health and Clinical Excellence (NICE, his equivalent of IPAB), adopted the program in 2004. About one-sixth of all deaths in Britain in 2008 were attributable to this program.

As health-care cuts have been put in place, under the increasingly bankrupt monetarist system—both by Labour and Conservative governments—the spread of the Liverpool Care Pathway has accelerated. According to the latest exposé, published in Britain's *Daily Telegraph* Oct. 25, some 130,000 people a year—nearly a

third of all who die in British hospitals—are now killed through a program of forced dehydration and starvation, even without the consent of their families or themselves.

This past June, a professor and consulting neurologist, Patrick Pullicino of the University of Kent, in a speech before the Royal Society of Medicine in London, said that the Liverpool Care Pathway had become a "death pathway," the equivalent to euthanasia, a contention that the Department of Health, not surprisingly, denied.

But after obtaining documents through Britain's Freedom of Information Act, the *Daily Mail* of London has run a series of articles that made Pullicino's contention undeniable.

'A Society Devoid of Humanity Itself'

What is the driving force behind the campaign to get rid of defenseless patients? Dr. Tony Cole, chairman of the Medical Ethics Alliance, says: "If death is accelerated by a single day, that will save the NHS nearly £200" (\$320)—the estimated cost for a patient each day in hospital. And hospitals also are interested in freeing up beds.

But Melanie Phillips, one of the *Mail* correspondents who has reported on the killing program, makes the point that the impetus is something more than "economics": "The fundamental driver of all this is the

belief that certain people are better off dead, because their lives are deemed worthless, a drain on the public purse, or both. The Liverpool Killing Pathway is driven not just by crude economic calculation, but by a wider brutalisation of our culture, at the heart of which lies the erosion of respect for the innate value of human life. And that way lies not just the degradation of the NHS, but a society devoid of humanity itself."

In other words, Hitler economics which decrees that there are lives "not worthy of life."

But just to make sure, the hospitals are being bribed to meet kill quotas, and are having funds withheld if they do not.

The *Mail* reported Oct. 25, "Hospitals are paid millions to hit targets for the number of patients who die on the Liverpool Care Pathway. The incentives have been paid to hospitals that ensure a set percentage of patients

who die on their wards have been put on the controversial regime. In some cases, hospitals have been set targets that between a third and two thirds of all the deaths should be on the LCP, which critics say is a way of hastening the deaths of terminally ill patients. At least £30 million [\$48 million] in extra money from taxpayers is estimated to have been handed to hospitals over the past three years to achieve these goals.”

This system of financial incentives is *precisely* what the Obama’s health-care bill is putting into effect now in certain areas, including hospital readmissions. In specific, in October of this year, according to expert Betsy McCaughey, “hospitals that spend the least on seniors will get rewarded; those that spend more will get whacked with demerits.” Guess who will lose care?

Such criteria for saving money will obviously hit the most expensive patients the hardest—the elderly, the chronically ill, and the handicapped.

The *Mail* exposés have prompted a group of mainly Roman Catholic doctors to denounce the Liverpool Pathway. They said in a statement that the withdrawal of tubes providing fluids from the great majority of patients on the Pathway “self-evidently” speeds dying. They noted that picking a patient who is about to die is a prediction rather than a medical diagnosis, which in practice is often in serious error. The statement added that wrong diagnosis could result in wrongful death.

The doctors who signed the statement are Dr. Philip Howard from the ethical committee of the Catholic Union, Dr. Robert Hardie of the Catholic Medical Association, Dr. Tony Cole of the Medical Ethics Alliance, and Dr. Mary Knowles of First Do No Harm. Two senior Catholic nurses also signed the statement.

What Hippocratic Oath?

In September, a number of professional medical groups, including the Royal College of General Practitioners, the Royal College of Physicians, the National Council of Palliative Care, and the Royal College of Nursing, issued a consensus statement in support of the Pathway. This statement provoked a backlash from doctors who criticized various omissions such as the question of consent. “Patients should not be deprived of consciousness, but receive such treatment that is aimed at relieving all their symptoms including thirst,” the dissenters’ statement said. “Nothing should be done which intentionally hastens death.”

One of the groups that originally signed the con-

sensus statement has since broken with the defenders of euthanasia. The Association for Palliative Medicine (APM), which represents 1,000 doctors who work in hospices and specialist hospital wards, says that it will, as the *Mail* puts it, “identify and explore concerns over the system of caring for patients in their final days.”

The move by the APM breaks ranks with the public stand of other medical bodies, which continue to give the Liverpool Pathway full support. But a “review” is far from a commitment to cease the murder program. And to what extent even the review will be coopted by those determined to continue and expand it is up in the air.

Dr. Bee Wee of the APM said, “The APM intends to undertake such a piece of work about integrated care pathways for the last days of life, in collaboration with a number of national organisations. Discussions are taking place about the details of the proposal, who else is involved, etc.”

The government’s Department of Health has indicated that it will be involved in the inquiry.

And the still-limp level of opposition to the murder program was indicated by another “consensus statement,” issued by 20 organizations which are calling for at least *two* medical staff to assess patients to be put on the starvation and dehydration program. Presently only one is required. They said the Liverpool Pathway could bring substantial benefits to people who are dying and their families. The organizations include the Royal College of General Practitioners, the Royal College of Physicians, the National Council for Palliative Care, Age UK, the Alzheimers Society, and the Royal College of Nursing.

The British oligarchy will not give up its murder program without a fight, as Health Minister Lord Howe has unintentionally made plain. Trying to turn death into life, he has said that the Liverpool Care Pathway is not a means of killing people, but is used to “prevent dying patients from having the distress of receiving treatment or tests that are not beneficial and that may in fact cause harm rather than good.”

If that sounds like Hitler’s endorsement of offering people a “good death,” or Obama’s statement of stopping “unnecessary, harmful” tests, that should be no surprise. But the cost-accounting approach of your standard Republican economist, such as Meltzer, is no alternative. Unless you overthrow this monetarist system, you’ll be dead a lot earlier than you think.