



Written by [R. Cort Kirkwood](#) on June 27, 2012

## Killing the Elderly Is Old News for Britain's NHS

[Last week's story here](#) that Britain's [National Health Service](#) euthanizes 130,000 elderly folks a year is no surprise.

Last year, a major report cited the socialist health-care agency for neglecting the elderly under its care. The neglect was so severe that doctors [began prescribing](#) drinking water to patients because they would otherwise die of thirst.

In other words, nothing changes in Britain, no matter how bad the abuses are. That is the lesson to be learned about nationalized health care. Euthanasia, as well, killed the patients more quickly than simple neglect.

### Last Year's Report

As [The New American reported](#) in February 2011, the NHS ombudsman [published a scathing report](#) that should destroy whatever romance Americans have for investing their tax dollars in a health-care scheme run by half-educated bureaucrats.

"Listen to Patients, Speak Up for a Change" detailed what happened to 17 elderly patients in the care of NHS.

Consider the story of Ann Robson, as told by her daughter. After Mrs. Robson fell out of bed, apparently breaking her hip, she landed in the hospital. But no one at the hospital, daughter [Liz Pryor wrote](#), where the mother had been for 90 minutes before Pryor arrived, knew anything about Mrs. Robson.

They didn't know her age, where she lived, whether she could walk etc. She was very confused. She had had x-rays and been seen by the registrar on duty. It was a difficult diagnosis as they did not at this stage have any x-rays from her previous surgery to compare the new ones with. She had not been given anything to drink and was very thirsty.

It turned out that Mrs. Robson's hip was not broken, but she did contract a virus in the hospital. [According to](#) Pryor, on one visit she and her sister learned that "Mum's nighty was wet up to her armpits."

When Catherine asked the nurse if someone could come and sort it out the nurse was keen to say she had checked only half an hour ago. Catherine and I agreed that one wee would not make you wet to your armpits so goodness knows how long she had been like that. We also requested that the hospital use the "pull-up" pads that Mum used at home for her incontinence. They refused, saying that they only use the flat pads, as they are easier to change, and we had to take Mum's usual pads away. Essentially Mum was expected to go to the loo in her bed. The indignity of this makes me cry to this day.

Eventually, the woman died from the neglect and rank incompetence.





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Another horror story [came from](#) the daughter of Megan Davis:

On one visit my mum's friend, the retired nurse, found two other patients' records on Mum's bed, all with the same surname. When she took them to a staff member, the reaction was simply, "Oh, I've been looking for those!" without any sense that getting people mixed up in hospital can lead to dangerous mistakes happening.

Often the saline drip wasn't working, and having had no nutrition for 10 days, Mum became more and more disorientated. Even her surgeon tried to feed Mum one lunch time as Mum was losing weight fast! It was decided to feed her by drip. A line was put into her stomach, but no nutritional supplement given because "no one had brought the bag up." On one occasion there was no nutrition because no one had taken it out of the freezer, and Mum had to wait hours for it to defrost.

As well, daughter [Heather Donovan reported](#), "Mum then contracted pneumonia, and six weeks after the operation we were called back to the hospital, about 90 minutes after leaving one Sunday evening, as Mum was failing. We and other family members returned immediately, and once the family was there that Sunday, Mum was abandoned by staff. She spent a dreadful night, coughing and choking, struggling to breathe. We asked for something to ease her discomfort and she was given paracetamol."

Megan Davis also died of neglect, thanks to NHS medical standards that President Obama and his leftist ilk would impose on the United States.

The daughter of Muriel Browning [told a particularly horrifying tale](#) about her mother's treatment. "I was also left wondering whether anyone was feeding my mother, helping her to drink," Angela Lawrence wrote.

She was unable to reach the cup on her bedside table so I doubted she could manage to cope with a plate of food. If I hadn't helped her that day drink her hot chocolate with a straw she would not have had a single drop of it. I asked at the nurses' station if I could have an air spray to kill the smell in the room. 'We don't have air sprays,' I was told.

She also needed help feeding and drinking but I was sure she wasn't getting that. The food was also dreadful. One day I decided to take a picture of the meal they delivered to her tray which she was totally unable to eat; a large lump of boiled chicken and pasta. Impossible to cut up and totally indigestible! Even when I cut small pieces for her she found it too dry to eat. How can this be suitable invalid food for someone in her condition? Unbelievable. ...

She had continuous diarrhoea as a result of all the laxatives being given her. Because she wasn't being put on a commode she was repeatedly lying in diarrhoea and urine soaked incontinence pads. I kept arriving to find her fingers and nails covered in excrement. I repeatedly asked the nursing staff about this until in the end one said 'If I bring you a bowl of water you can scrub your mother's nails yourself.' I couldn't believe the dirt that came out from under them. When I was doing this mum asked me to take her socks off so I pulled back the bed sheets to do this. I was horrified to find mum had diarrhoea and they hadn't even put an incontinence pad on her.

The daughter of another victim of NHS "would often find him soiled," [she reported](#). "They would always say that he must've just done it."

I remember one time ... he had pyjama bottoms put on him which were so tight they had badly marked his stomach and had also ruptured his surgical bag allowing him to be covered in urine and



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left in faeces, which had been covered up with tissue.

The nurse looking after him said pyjamas had to be put on him for his own dignity. But no apology was given for the state he had been left in. David was always a very proud man, he always kept himself immaculate. I was horrified to see his dignity taken away like that.

In another patient's case, "underwear and clothes that were soiled with faeces and urine were left in her wardrobe — resulting in the clean laundry smelling and possibly being contaminated. On reporting this to a senior nurse, the reply was that she couldn't be present all the time to prevent this."

An NHS critic [cited in the report](#) asked the appropriate question: "Exactly how many times is it acceptable for a patient to be "left in their own faeces and urine" until relatives ask for them to be changed?"

How often should a patient be told that "because of being unable to use the toilet... she should wet the bed"? Is that OK as long as it is only 10 times a month or 20? How many times is it satisfactory for night staff to squeal and giggle while confused patients wander around semi naked and staff pass them in the corridor without a care?

Amazingly, the [Daily Telegraph reported](#) at the time, the NHS did not punish the neglect.

After learning all this, the public got another shocker: The elderly were dying of thirst. "Doctors are prescribing drinking water for neglected elderly patients to stop them dying of thirst in hospital," the [Mail reported](#).

The measure — to remind nurses of the most basic necessity — is revealed in a damning report on pensioner care in NHS wards....

The snapshot study, triggered by a *Mail* campaign, found staff routinely ignored patients' calls for help and forgot to check that they had had enough to eat and drink.

Dehydration contributes to the death of more than 800 hospital patients every year.

Another 300 die malnourished. The latest report — by the [Care Quality Commission](#) — found patients frequently complained they were spoken to in a "condescending and dismissive" manner.

And rank incompetence, as *The New American* [has reported](#), [is par for](#) the course.

## The Latest

Of course, many of the cases cited last year were mere neglect, although the doctors didn't seem to be able to determine whether Mrs. Robson had a broken hip. As *The New American's* [Michael Tennant reported](#) last week, citing [a story in](#) London's *Daily Mail*, NHS doctors and nurses killed 130,000 elderly using what they call the "Liverpool Care Pathway." The *Mail* reported,

It is designed to come into force when doctors believe it is impossible for a patient to recover and death is imminent.

It can include withdrawal of treatment — including the provision of water and nourishment by tube — and on average brings a patient to death in 33 hours.

No wonder a doctor called the LCP a "death pathway."

[According to](#) the *Mail*, "Professor [Patrick] Pullicino claimed that far too often elderly patients who could live longer are placed on the LCP and it had now become an 'assisted death pathway rather than a care pathway.' "



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He cited “pressure on beds and difficulty with nursing confused or difficult-to-manage elderly patients” as factors.

Professor Pullicino revealed he had personally intervened to take a patient off the LCP who went on to be successfully treated.

He said this showed that claims they had hours or days left are “palpably false”.

In the example he revealed a 71-year-old who was admitted to hospital suffering from pneumonia and epilepsy was put on the LCP by a covering doctor on a weekend shift.

Pullicino saved the patient in the nick of time. Pullicino “had returned to work after a weekend to find the patient unresponsive and his family upset because they had not agreed to place him on the LCP,” [he told](#) the newspaper.

“I removed the patient from the LCP despite significant resistance,” he said.

“His seizures came under control and four weeks later he was discharged home to his family,” he said.

NHS officials, naturally, deny that the LCP is a euthanasia protocol and claim patients are removed from the “pathway” if they improve.

*Photo: [caring senior wife giving medicine to ill husband](#) via Shutterstock*



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