



Written by [Michael Tennant](#) on December 18, 2012

U.K. Euthanasia Expands from Elderly to Infants

News reports have previously disclosed that hospitals in the United Kingdom are [euthanizing thousands of elderly patients](#) who may not be near death — and [raking in big bucks](#) from the government for doing so. Now it emerges that the aged are not alone in being killed by starvation and dehydration. Infants, too, are falling victim to “nationalized health care ... mixed with the belief that quality of life is more important than life itself,” in the words of the [New Hampshire Union Leader](#).



According to London’s *Daily Mail*, “the practice of withdrawing food and fluid by tube” — known as the Liverpool Care Pathway (LCP) — “is being used on young patients as well as severely disabled newborn babies.” The LCP for children, it says, “involves the discharge to home or to a hospice of children who are given a document detailing their ‘end of life’ care.” The paper claims to have “seen” a copy of the children’s LCP guidelines, which include “tick boxes, filled out by hospital doctors, on medicines, nutrients and fluids to be stopped.”

Alder Hey Children’s Hospital (pictured), which developed the LCP for children, “confirmed that children and babies are discharged for LCP end of life care ‘after all possible reversible causes for the patient’s condition are considered,’” the *Mail* writes.

How did the LCP, originally developed by a hospice for use in very limited circumstances, come to be applied to old people who were not terminally ill and babies with birth defects? In a piece for National Review Online, [Wesley J. Smith](#) explained:

The Pathway was designed by health bureaucrats to fix a real problem: Too many patients were being allowed to die in pain in U.K. hospitals. In centralized systems, the answer to a problem is always more technocracy. So, the Liverpool Care Pathway was put into place to ensure that dying patients receive adequate pain control, including in the rare instances that it is necessary, sedation.

But rather than being patient-centered, it became a bureaucratic nightmare: Patient elderly or dying: Check. Pathway instituted whether the patient requires it or not: Check. It got so bad that some *who weren’t dying* have been sedated and dehydrated to death. [Emphasis in original.]

Earlier this year, neurologist Patrick Pullicino charged that the National Health Service (NHS) was prematurely ending the lives of 130,000 elderly patients per year, many of whom might well have recovered and gone on to live significantly longer. Pullicino and other physicians recounted instances in which they had taken patients off the LCP who had subsequently recovered.

One such medical practitioner, pediatric nurse Bernadette Lloyd, wrote to both the Cabinet Office, which supports the Prime Minister and the Cabinet, and the Department of Health, telling them she had “seen a ‘reasonable’ number of children recover after being taken off the pathway,” the *Mail* reports.

While, according to the newspaper, “parents have to agree to their child going on the death pathway, often being told by doctor it is in the child’s ‘best interests’ because their survival is ‘futile,’” Lloyd isn’t



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buying it. “The parents feel coerced, at a very traumatic time, into agreeing that this is correct for their child whom they are told by doctors has only has a few days to live,” she wrote. “It is very difficult to predict death.”

She testified to having “seen children die in terrible thirst because fluids are withdrawn from them until they die,” including “a 14-year-old boy with cancer [dying] with his tongue stuck to the roof of his mouth because doctors refused to give him liquids by tube. His death was agonizing for him, and for us nurses to watch. This is euthanasia by the backdoor.”

The *Mail*’s story has aroused some controversy because it quoted at length an article in the [British Medical Journal](#) by an anonymous physician who has personally overseen the deaths of 10 infants by starvation and dehydration. The physician described the agonizing decisions on the part of both parents and medical staff to allow a baby to die in this way.

The parents, he wrote, “want ‘nothing done’ because they feel that [the baby’s congenital defects] are not consistent with a basic human experience.” The father “speculates that the list of proposed surgeries and treatments are unfair and will leave his baby facing a future too full of uncertainty.”

The parents “wish for their child to die quickly once the feeding and fluids are stopped,” for “no suffering,” and for “no visible changes to their precious baby.” Since they choose not to take their baby home with them, however, they will never experience what the doctor and other caregivers have to experience: “the unique horror of witnessing a child become smaller and shrunken, as the only route out of a life that has become excruciating to the patient or to the parents who love their baby.” Death does not come quickly or painlessly, but slowly and agonizingly, with a “median time from withdrawal of hydration to death [of] 10 days.”

“Some say withdrawing medically provided hydration and nutrition is akin to withdrawing any other form of life support,” the physician observed. “Maybe, but that is not how it feels. In action, it seems like withdrawing a ventilator from a patient in an atmosphere of 0% oxygen.”

The medical journal’s editor-in-chief, Fiona Godlee, took the *Mail* to task for tying this article to the LCP. In a letter to the paper’s editor, she [pointed out](#) that “the doctor who wrote the article does not practice in the U.K.” and that the article does not mention the LCP. While this may be true (the doctor’s location is not mentioned in the article), the fact remains that his description of the death of an infant by removal of care is almost certainly what also happens to babies who are put on the LCP. The *Mail* could have done a better job of clarifying this, but it does not negate the central premise of the story as confirmed by Alder Hey Hospital: Babies in the U.K. are indeed being killed by starvation and dehydration.

The LCP is already “the subject of an independent inquiry ordered by ministers,” the *Mail* writes. “The investigation, *which will include child patients*, will look at whether cash payments to hospitals to hit death pathway targets have influenced doctors’ decisions [emphasis added].” On Halloween — how apropos — the [Daily Telegraph](#) reported that regional health authorities had “received millions of pounds for hitting targets related to” the use of the LCP — which, not surprisingly, has led to significant increases in the number of patients being euthanized in each region.

When kindergartners are mowed down by a crazed gunman, the world recoils in horror. It should recoil no less when babies are put to death by state-run health systems under the rubric of compassion.

Photo of Alder Hey Children’s Hospital in Liverpool, U.K.



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