

# **Murder in the Care Home – The pandemic response 4 years in the planning**

**By Daily Expose on July 31, 2021**

**Official documents that were meant to be kept secret have been released under the Freedom of Information Act, and they reveal that the forced euthanasia of the elderly and vulnerable in response to a pandemic had been years in the planning.**

**As soon as lockdown was declared in the United Kingdom on March 23rd 2020 deaths occurring in care homes in the weeks that followed skyrocketed compared to what had occurred in the previous five years. You were led to believe this was because of Covid-19, but the evidence shows otherwise.**

**ONS figures show that throughout the entirety of 2020, 24,895 excess deaths occurred in care homes in England and Wales, with the total number of deaths standing at 141,390. But March and April alone saw 20,000 excess deaths in care homes, and they were not just alleged Covid-19 deaths, there was also a huge increase in deaths due to all causes.**

**ONS figures above show that in the week ending 17th April 2020 there were 7,028 deaths recorded in care homes, of which 2438 were due to Covid-19. But fast forward a year and as seen in the ONS figures below, the week ending 16th April 2021 saw 1,640 deaths recorded in care homes, of which 51 were allegedly due to Covid-19.**

**When we remove the alleged Covid-19 deaths from the figures for the week ending 17th April 2020 we can see that 4,590 deaths due to all other causes occurred in care homes.**

**This is an increase of 3,001 deaths on the number recorded in care homes due to all causes in the following year; in the week ending 16th April 2021. This pattern is consistent throughout the next 3 months of 2020 when compared to the same time frame in 2021.**

**But why were there so many deaths in care homes due to other causes at the height of the alleged first wave?**

**The answer is simple, the Government and it's medical and scientific advisors, and NHS chiefs had a plan, and that plan was to withdraw care, refuse treatment, and put the elderly and vulnerable on the end of life pathway.**

**A pathway that involved the withdrawal of all medication, food and water, and the administration of a cocktail of midazolam and morphine. A pathway that saw them die due to an overdose of drugs alongside starvation, and dehydration.**

**Several things happened at the beginning of the alleged pandemic, and they were all planned years in advance.**

**The Government changed the law under the guise of the coronavirus act on certifying deaths.**

**The law on cremations also changed**

**The law on indemnity for health service activity also changed**

**The law on visiting loved ones in care homes also changed.**

**Whilst all this was happening Matt Hancock and Chris Whitty instructed hospitals to discharge as many patients as possible into care homes, the very place the patients loved ones were now banned from visiting, the very place a doctor was not required to visit to certify a death, the very place carers could not be held liable for a death as long as it was just suspected to be Covid-19.**

**As well as purchasing a two-year supply of a drug called midazolam. A supply that was depleted by October 2020.**

**Midazolam is a drug that is questionably used in end of life care, and it was also used in end of life care for Covid-19, despite the fact it causes respiratory depression and respiratory arrest.**

**The above graph shows the total number of out of hospital prescriptions for midazolam and it also shows all cause excess deaths in the UK from January 2020 through to March 2021. We told you that whilst you stayed at home to protect the NHS, they were giving midazolam to the elderly and vulnerable, and telling you they were Covid-19 deaths, the above graph certainly shows a strong correlation, but now sensitive, confidential documents that the NHS did not want anybody to see prove the causation.**

**In 2016 the NHS drew up plans to withdraw hospital care for nursing home residents in the event of a pandemic.**

**The documents show that in the event of a pandemic care would be prioritised by the number of years of life lost. This meant that a teenager who suffered appendicitis would be offered a bed in hospital and treated as required. However the documents clearly state that the elderly would be denied treatment and put on the end of life pathway.**

**The documents also highlight that the NHS's estimation of deaths in care homes due to their planned actions in response to a pandemic were a massive underestimation to what was seen once it was put into practice in response to the alleged Covid-19 pandemic.**

**Within a summary of the document the NHS state that over the duration of a wave they estimate 5,500 – 5,800 deaths would occur in care homes.**

**In reality there were 2,000 more deaths recorded in just a single week during the first alleged wave of Covid-19, than what the NHS expected to occur during the entirety of a wave.**

**The confidential documents also show that the NHS planned to reduce services in response to a pandemic and only maintain life critical services. This meant they would switch to palliation and end of life care. In 2017 the NHS recognised they did not have enough trained staff to deliver end of life care, so they developed training packages that could be rapidly rolled out during a pandemic, and trained staff who were “interested” in the meantime.**

**The confidential NHS documents clearly show that the elderly and vulnerable were to be denied treatment and put on the end of life pathway in response to a pandemic, and the evidence clearly shows this was put into practice.**

**Hospitals beds in April 2020 were 30% down compared to the previous year.**

**A&E attendance was 57% down in April 2020 compared to the previous year.**

**Care home deaths were 205% up in April 2020 compared to April 2019.**

**Three in every five alleged Covid-19 deaths occurred in those who suffered learning difficulties and disabilities (see here).**

**In relation to deaths of people with learning difficulties the ONS said – ‘the largest effect was associated with living in a care home or other communal establishment.’**

**Having a learning difficulty and being in care doesn't mean you are more likely to die of Covid-19. What it means is that you are much more likely to have a DNR order placed on you without informing yourself or your family, which Carers / NHS staff then use as permission to put you on end of life care.**

**We know this happened because an Amnesty report and CQC report said so.**

**The amnesty report states that –**

**‘Care home managers and staff and relatives of care home residents in different parts of the country told Amnesty International how, in their experience, sending residents to hospital was discouraged or outright refused by hospitals, ambulance teams, and GPs. A manager in Yorkshire said: “We were heavily discouraged from sending residents to hospital. We talked about it in meetings; we were all aware of this.”’**

**‘Another manager in Hampshire recalled:**

**There wasn’t much option to send people to hospital. We managed to send one patient to hospital because the nurse was very firm and insisted that the lady was too uncomfortable and we could not do any more to make her more comfortable but the hospital could. In hospital the lady tested COVID positive and was treated and survived and came back. She is 92 and in great shape.**

**She explained that:**

**There was a presumption that people in care homes would all die if they got COVID, which is wrong. It shows how little the government knows about the reality of care homes.’**

**‘The son of one care home resident who passed away in Cumbria said that sending his father to hospital had not even been considered:**

**From day one, the care home was categoric it was probably COVID and he would die of it and he would not be taken to hospital. He only had a cough at that stage. He was only 76 and was in great shape physically. He loved to go out and it would not have been a problem for him to go to hospital. The care home called me and said he had symptoms, a bit of a cough and that doctor had assessed him over mobile phone and he would not be taken to hospital. Then I spoke to the GP later that day and said h would not be taken to hospital but would be given morphine if in pain. Later he collapsed on the floor in**

**the bathroom and the care home called the paramedic who established that he had no injury and put him back to bed and told the carers not to call them back for any Covid-related symptoms because they would not return. He died a week later.**

**He was never tested. No doctor ever came to the care home. The GP assessed him over the phone. In an identical situation for someone living at home instead of in a care home, the advice was “go to hospital”. The death certificate says pneumonia and COVID, but pneumonia was never mentioned to us.’**

**‘A care home manager in Yorkshire told Amnesty International:  
In March, I tried to get [a resident] into hospital—the ambulance had employed a doctor to do triage but they said, “Well he’s end of life anyway so we’re not going to send an ambulance” ... Under normal circumstances he would have gone to hospital ... I think he was entitled to be admitted to hospital. These are individuals who have contributed to society all their lives and were denied the respect and dignity that you would give to a 42-year-old; they were [considered] expendable.’**

**The CQC felt it necessary to issue a statement in August 2020 addressing the issue of inappropriate DNR’s being placed on care home residents without informing the resident or their family –**

**‘It is vitally important that older and disabled people living in care homes and in the community can access hospital care and treatment for COVID-19 and other conditions when they need it during the pandemic ... Providers should always work to prevent avoidable harm or death for all those they care for. Protocols, guidelines and triage systems should be based on equality of access to care and treatment. If they are based on assumptions that some groups are less entitled to care and treatment than others, this would be discriminatory. It would also potentially breach human rights, including the right to life, even if there were concerns that hospital or critical care capacity may be reached.’**

**That statement was issued because the CQC found that 34% of people working in health and social care were pressured into placing ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) orders on Covid-19 patients who suffered from disabilities and learning difficulties, without involving the patient or their families in the decision.**

**The evidence suggests that in reality you were ordered to stay at home, to protect the NHS, so that they could prematurely end the lives of the elderly and vulnerable and tell you that they were Covid-19 deaths.**

**The confidential documents finally released by the NHS have just proven it.**