

The Death Document - Evidence the UK Government Authorised “Mass Murder” of the Elderly and Vulnerable by Midazolam Injection and Then Blamed COVID-19

By [The Expose](#)

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In March 2020 the UK Government announced that the country “must stay at home” in order to “protect the NHS” and “save lives”. But little did the public know, the UK Government was in the process of implementing policies that would lead to the unnecessary killing of the UK’s elderly and most vulnerable, who you were told had died of Covid-19, and the “Death Document” proves it.

Between 2 March and 12 June 2020, 18,562 residents of care homes in England died with COVID-19, including 18,168 people aged 65 and over, representing almost 40% of all deaths involving COVID-19 in England during this period.

Of these deaths, 13,844 (76%) happened in care homes themselves; nearly all of the remainder occurred in a hospital. During the same period, 28,186 “excess deaths” were recorded in care homes in England, representing a 46% increase compared with the same period in previous years.

A number of decisions and policies adopted by authorities at the national and local level in the UK violated care home residents rights to life, to health, and to non-discrimination. These include, notably:

- [Mass discharges from hospital into care homes.](#)
- [Imposition of blanket Do Not Attempt Resuscitation \(DNAR\) orders on residents of many care homes around the country and restrictions on residents’ access to hospital.](#)
- Suspension of regular oversight procedures for care homes by the statutory regulating body, the Care Quality Commission (CQC), and the Local Government and Social Care Ombudsman.

Serious illness in Covid-19 presents pneumonia and accompanying respiratory insufficiency. Therefore typical symptoms include breathlessness, cough, weakness and fever. We're also told that people who suffer deteriorating respiratory failure and who do not receive intensive care, develop acute respiratory distress syndrome with severe breathlessness.

With that in mind here is an [important warning applied to Midazolam](#) courtesy of the US National Library of Medicine –

Midazolam injection may cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death. You should only receive this medication in a hospital or doctor's office that has the equipment that is needed to monitor your heart and lungs and to provide life-saving medical treatment quickly if your breathing slows or stops. Your doctor or nurse will watch you closely after you receive this medication to make sure that you are breathing properly.

So can the UK Government explain why the “Death Document” published in April 2020 instructs doctors to treat Covid-19 patients with Midazolam, and why during the same month out of hospital prescribing for Midazolam was twice the amount seen in 2019?



A [damning report released by the Care Quality Commission](#) (CQC) in November 2020 found that thirty-four-percent 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 CQC was commissioned by the Department for Health and Social Care, under section 48 of the Health and Social Care Act 2008, to conduct a special review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions taken during the COVID-19 pandemic ([full report can be found here](#)).

After conducting their investigation the CQC found evidence of unacceptable and inappropriate DNACPR's being made throughout the pandemic and said it was possible that cases of inappropriate DNACPR's remain in place.

However the [CQC investigation](#) found that throughout the “pandemic” this guidance was not being followed as they had received deeply troubling evidence from numerous sources that during the COVID19 pandemic DNACPR notices have been applied in a blanket fashion to some categories of person by some care providers, without any involvement of the individuals or their families.

Almost 10% of people using services or families who responded to their call for evidence told the British Institute of Human Rights that they had experienced pressure or use of DNACPR orders. Thirty-four per cent of people working in health and/or social care said they were under pressure to put DNACPR's in place without involving the person. In addition, 71% of advocacy organisations and campaigners said they experienced DNACPR orders put in place or pressure to make them without being involved in the decision.

And those DNACPR orders were wrongly used as an excuse to begin end of life care.

Which is why it is not surprising to find that according to the Office for National Statistics (ONS), three in every five alleged Covid-19 deaths up to 20th November 2020, occurred in those who suffered learning difficulties and disabilities ([see here](#)).



[Source - ONS](#)

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.’*

The Death Document

NICE is an executive non-departmental public body, sponsored by the Department of Health and Social Care. It is an agency of the National Health Service and develops guidance and recommendations on the effectiveness of treatments and medical procedures.

NICE claims to be an independent organisation but in truth it seems to be anything but once you look into its structure. On this page [HERE](#) you will see the quote “Our Structure – The structure of the organisation and how we work with the government”. Following the link to the “Our Structure” page [HERE](#), and then clicking “Find out more about how we develop guidelines” takes you to a page [HERE](#) from which it is clearly stated that “Topics are referred to NICE from the following organisations”:

- Healthcare topics: NHS England
- Public health topics: Department of Health and Social Care
- Social care topics: Department of Health and Social Care and Department for Education.

A copy of the NICE framework is [HERE](#) which you can go through at your leisure. As you will see at Clause 4.1 “The Secretary of State is accountable to Parliament for the health system (its “steward”), including NICE”.

All the above information points to NICE not being independent at all. It is clearly part of the UK government, (NICE is funded by and accountable to the Department of Health and Social Care) and operates as an agency of the NHS. Further, and worryingly, given that it does not appear to be an independent organisation, the reach of NICE is extremely wide ranging given their guidance is implemented not only in hospitals, but in GP practices, and care homes and community organisations, along with others, and extends internationally.

It is with all the above in mind, that we must ask the question “Are the UK government, via the Department of Health and Social Care, responsible in any way for NICE guideline NG163 which led to the unnecessary killing of the UK’s elderly and most vulnerable by recommending the use of Midazolam and Opioids for the “treatment” of Covid 19?”

This document is tricky to find. If you search for it on the NICE website, you will reach a page that states that this guidance has been updated by NG191, which supersedes it. There is no library copy of NG163 for you to look at.

Clare Wills Harrison, a lawyer who has been exposing the Midazolam scandal since 2020, found NG163 some time ago along with multiple other documents which have since come to light and are relevant to the Midazolam issue. It is fair to say that NG163 has directly led to

the incorrect use of a protocol which Clare and her team call “the death pathway”, and they have come to the conclusion that where the word “pathway” appears in any medical recommendations, this is normally a cause for concern.

You can read NG163 yourself by clicking [HERE](#).

When you read NG163, note the date – 3rd April 2020. This was less than 2 weeks after the UK entered lock down. Even if we concede that NICE, via the government, were working on treatment guidelines from January 2020, when early reports of Covid 19 were circulating around the world, that would have given NICE only 3 months to formulate the guidance in NG163. It is inconceivable that NICE could have the evidence and effectiveness information about the use of Midazolam and Opioids for the treatment of breathlessness and anxiety in Covid 19, within this time frame.

NG163 clearly states, Midazolam did not have a UK marketing licence to be used for breathlessness or agitation at the date of its publication. If prescribed for the same, it would therefore be regarded as being used off label. A PowerPoint presentation created by Clare Wills Harrison ([see here](#)) explains the extra requirements placed on anyone prescribing a medicine off label. You should also consider the consistent refusal by the UK health agencies to allow prescribing off label for other cheap anti-viral drugs to treat Covid.



[Source](#)

The GMC regulates doctors in the United Kingdom. They set standards, hold a register, quality assure education and investigate complaints.

On 14th April the GMC put out a “Joint statement: Community-based prescribing for COVID-19 symptoms” which you can find [HERE](#).

The joint statement irrefutably supports the NICE guidance in NG163-



[Source](#)



[Source](#)

Lawyer Clare Wills Harrison spoke to Dr Bryan Ardis in detail about the “Death Document” and more in the video below –

<https://vokal-video.s3.amazonaws.com/video/the-dr-ardis-show-20220117213741.mp4>

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