

By Simon Caldwell

## Fact and Fiction in *The Beast of Bethulia Park*

In 1940, the author Graham Greene wrote what he described as ‘a pompous apology’ for *The Power and the Glory*, his novel about an alcoholic and once-fornicating priest who persists in ministering to his persecuted flock in the revolutionary Mexico of the 1930s until martyrdom by firing squad.

The flawed character of the protagonist priest scandalised many Catholics and in his apology, which was published by the *Catholic Herald*, Greene addressed the criticisms of his detractors one by one. He concluded that his ultimate motive in writing the book was that which, I quote, ‘drives most men to write, of showing the world as it is up against the world as it might have been’.

It was with precisely the same motive that I sat down to write my debut novel, *The Beast of Bethulia Park*, in the autumn of 2020. It is a crime thriller about the quest of a freelance journalist, a nurse and a hospital chaplain to unmask a doctor in a busy NHS hospital who is abusing end-of-life protocols to deliberately kill those he believes to be unworthy of life – people who are gravely sick, elderly, disabled, nuisances. The first draft was not well received by one or two people close to me who, like so many others during that dreadful year of lockdown, saw the NHS in heroic terms, who throughout that spring had been accustomed to spending each Thursday evening on their doorsteps banging their pans in appreciation of the doctors and nurses on the front line of the fight against Covid-19. ‘You can’t write that in a pandemic,’ one of them told me. ‘Just bin it!’

A finished, highly polished version of the book was later declined by one publisher partly for the same reason – that it was critical of the NHS. I argue that it isn’t, and even if it was, so

what? I can say with sincerity that I stand in utter admiration of any medical professional who selflessly and heroically strives to heal the sick, or cares compassionately for those who are nearing death. I'm proud of the hospice movement, and I marvel at the ability of palliative care professionals not only to relieve pain and alleviate symptoms but to accompany dying people humanely at such difficult moments in their lives. *The Beast of Bethulia Park* is not about them. This book was about a minority who are tempted to use their human freedom and their positions of responsibility and authority to do evil. Because each of us is marked by a flawed human nature, temptations of various kinds are realities we all experience whichever walk of life we are in, journalists like myself included. Yet it is my conviction that those in the medical profession can be tempted to do harm in ways which many of us are not. This is precisely because they are entrusted with the care and, indeed, often the lives of their patients. Our recent history is replete with examples of people who have abused such trust, including perhaps most notably Dr Harold Shipman, Britain's most prolific serial killer, but others too, like Victorino Chua, the Stepping Hill poisoner, like Beverly Allitt and most recently Lucy Letby. *The Beast of Bethulia Park* is about people like them. It is also about how existing flaws in our system can perhaps sometimes allow people with such predilections to get away with horrendous crimes. It is a warning to anyone who chooses to read it of the grave necessity for robust systems to guarantee patient safety and against the madness of giving medics any powers to kill, an apposite theme in our time of clamour for 'assisted dying', which, let us be clear, means assisted suicide and euthanasia.

I have no medical experience or qualifications, nor have I ever worked in a hospital, and some might therefore question my credentials in writing such a story beyond the stake we all share in a functioning NHS. What I did have, however, was a long and keen interest in issues of medical ethics that began in the early 1990s, at about the time when Airedale NHS Trust successfully applied to the courts to remove artificial nutrition and hydration from Tony

Bland, a victim of the Hillsborough disaster of 1989, because he was in a persistent vegetative state. This precedent changed the definition of food and fluid to 'treatment'. Over the years I have reported for a range of publications many stories which showed how incrementally those eligible for death by dehydration went beyond so-called vegetative patients whose deaths were sanctioned individually by the courts to just about anyone. Regulations and practices changed to accommodate this new approach and the courts were bypassed unless there was a serious and irreconcilable difference of opinion between the families and patients and the treating clinicians. Withdrawal of nutrition and dehydration entered into the medical mainstream and the removal of 'treatment' was made permissible under the Mental Capacity Act of 2005 when NHS multi-disciplinary teams deemed that it was not in a patient's 'best interests'.

By the end of the Noughties the practice of withdrawal of food and fluids had been codified and incorporated in a number of end-of-life care protocols, the most notorious of which was known as the Liverpool Care Pathway, or LCP. This was a programme developed in the late 1990s with the intention of providing hospice-standard care into hospitals. Treatments were supposed to manage pain, agitation, respiratory tract secretions, nausea and vomiting, and shortness of breath. It was meant to be implemented only when a multi-disciplinary team agreed that nothing more could be done and the patient was definitely dying. In practice decisions were often taken hastily, without the oversight of experienced doctors and without telling the patient or relatives. In many cases patients suffered days of dehydration which horrified their families.

My attention was drawn to the failures of the Liverpool Care Pathway in the spring of 2012 when a small number of senior doctors blew the whistle on abuses they were witnessing. Perhaps the most prominent of these physicians was Professor Patrick Pullicino, a consultant neurologist at East Kent Hospitals University Foundation NHS Trust. He made a submission

to the House of Lords about the enormity of the problem early that year, describing to peers his own experience of removing a patient placed on the pathway without his permission who went on to recover. I was alarmed by his claims and travelled to London to hear him speak about the LCP in a lecture he gave at the Royal Society of Medicine that June. It turned out to be a damning expose of widespread abuses and made a page lead in the *Daily Mail* the following morning. Afterwards scores of families came forward with terrible stories of the abuse of their relatives under this protocol.

Such stories ran all summer and in September I discovered the funding mechanism through which the LCP had been rolled out in hospitals throughout the country. I made individual Freedom of Information requests to more than a hundred NHS trusts, asking two questions. The first was: 'What percentage of patients (and numbers if possible) in the care of your NHS Trust died on the Liverpool Care Pathway in a) 2009, b) 2010 and c) 2011?'

The second was: 'How much money received was attached to Commissioning for Quality and Innovation goals involving the Liverpool Care Pathway' in those same years.

From the answers I received I was able to demonstrate how a majority of NHS trusts were bribed, a word used by the *Daily Mail* in its front page headline, to increase the percentages of patients dying on this lethally flawed protocol or were conversely penalised when they didn't hit their targets.

The outcry against the pathway grew louder and the Government established a review under a committee led by Baroness Neuberger. More than a thousand families came forward to relay horrendous accounts of poor care during the course of the review and in July 2014 it was abolished in every hospital and hospice in the country, scrapped as a 'national disgrace', in the words of Norman Lamb, then Care Services Minister.

In her final report, *More Care Less Pathway*, Baroness Neuberger detailed such abuses as patients placed on the LCP following prognoses of death that lacked any evidence-base and

was therefore little more than guess work. She said clinicians authorised, in her words, ‘continuous infusions of strong opioids and sedatives without justification or explanation’, which she also described as a ‘chemical cosh’. Food and fluids were simultaneously withdrawn, often without consent, and patients then generally took an average of 36 hours to die. A prognosis of imminent death became a self-fulfilling prophecy even if the patient was not dying when put on the pathway, because the withdrawal of their fluids made their demise inevitable. None of us can live for very long without a drink.

Baroness Neuberger singled out deliberate dehydration for specific criticism in her final report. She said ‘there can be no clinical justification for denying a drink to a dying patient who wants one, unless doing so would cause them distress ... The urge to drink when thirsty is very powerful and basic ... to deny a drink to a thirsty patient is distressing and inhumane.’ Given how emphatic Baroness Neuberger was about such practices being ‘distressing and inhumane’ and indeed, downright abusive, it should be a concern to everyone that today, ten years after the abolition of the Liverpool Care Pathway, that new and identical cases continue to be reported. One of the most recent involved an 89-year-old Indian grandmother who died in early February some 11 days after doctors withdrew her fluids when she was admitted to hospital after suffering a stroke. Her family applied to the Court of Protection to have her removed from the pathway but a judge sitting in secret decided it was not in the patient’s ‘best interests’.

This same court effectively sanctioned and covered up the killing of a 19-year-old woman in September, just five month earlier. On both occasions the court denied the distraught families the publicity they sought by imposing restrictions on the identity of the patients, the staff ‘treating’ them and even the hospitals where they spent her final days - until it was too late.

It is disturbing that the Court of Protection always seems to side with the doctors who want to kill, that it appears hostile not only to families but also to contrary medical opinion, that it is in fact Orwellian to the point of having a name which contradicts its actual purpose. Such

tyrannical edicts prevent public scrutiny of matters of life and death, precisely where accountability and transparency are most vital in any normally functioning democratic society. One doctor told me recently that the increasing interventions of this court, a novel feature in this ongoing scandal, were particularly damaging to the medical profession because, in his words, they distort medical practice and destroy medical ethics.

Nor do the interventions of this court do anything to dispel the convictions of campaigners that the discredited Liverpool Care Pathway has gone away as they were promised it would.

Indeed, the son of the Indian woman broke his silence anonymously to complain that he believed his mother was killed by ‘the Liverpool Care Pathway by the back door’.

Many campaigners against such abuses have long held that what followed the abolition of the LCP in 2014 was a classic establishment stitch-up in which a flawed protocol was repackaged and rebranded with replacements that perpetuated the errors central to the initial lethal dysfunction – imaginary prognoses of death, anticipatory prescribing of drugs via syringe drivers, and the withdrawal of food and fluids following a ‘best interest’ team decision.

Last year a report called *When End of Life Care Goes Wrong* provided evidence to demonstrate that such abuses were still common. The Lords and Commons Family and Child Protection Group drew on 17 cases of about 600 presented to members by campaigners, who claimed even these were the ‘tip of the iceberg’.

They include an account by a woman called Christine Pulfrey who remembers her mother as ‘very fit’ and ‘in good form’ when she was admitted to a private hospital in Hull for a routine knee operation. Complications arose after surgery so the 86-year-old was transferred to the Royal Hull Infirmary where, according to her daughter, in February 2017 she was ‘deliberately deprived of hydration and food and was neglected’.

‘When she died she looked as if she had been starved, like people who were starved in the concentration camps,’ said Christine.

They also include, for instance, the case of a 78-year-old man called John with non-terminal lung cancer. At the Countess of Chester Hospital he was injected with both morphine and midazolam, a lethal combination in a patient like him.

This injection, in the view of Sam Ahmedzai, Emeritus Professor of Palliative Medicine who offered medical analysis for each case study, was ‘directly responsible for the cessation of breathing’ some 30 seconds later. He concluded that the family were, I quote, ‘made to witness what they could only interpret as an act of involuntary euthanasia’. Now, most of us would call an act of involuntary euthanasia a murder.

The family called in their lawyers, intent on bringing about the prosecution of the medics who they were convinced deliberately killed John by a combination of drugs they knew to be lethal. According to the report, their efforts were thwarted by medical documentation they say was fabricated but which was taken at face value by Cheshire police.

Another case concerned Laura Jane Booth, a 21-year-old with learning difficulties and Crohn’s disease. She could communicate only through limited sign language, yet her family knew her as ‘kind and caring’ and someone who ‘loved life’.

Laura was admitted to the Royal Hallamshire Hospital in Sheffield for a routine eye operation but died there three weeks later. The NHS issued a death certificate attributing Laura’s demise to her conditions combined with pneumonia and respiratory failure from fluid on the lungs. Her family were convinced she was starved to death and fought for an inquest. They had to wait four-and-a-half years for their day in court but the coroner issued a new death certificate which listed untreated ‘malnutrition’ among the causes. Jamie Bogle, a barrister and co-author of *When End of Life Care Goes Wrong*, identified this case as one of a number ‘where proceedings for alleged homicide may have been indicated’.

Be in no doubt, ladies and gentlemen, that such practices, performed with the intention of ending life, constitute euthanasia. For those among you here who are Catholics, this was

certainly Pope St John Paul II when he addressed a gathering of Catholic medics in Rome in March 2004.

The Pope said: ‘I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life and not a medical act ... Death by starvation or dehydration is, in fact, the only possible outcome as a result of their withdrawal. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission.’

The Pope added that such an act is always ‘a serious violation of the law of God since it is the deliberate and morally unacceptable killing of a human person’. He reminded his audience that ‘a man, even if seriously ill or disabled in the exercise of his highest functions, is and always will be a man’, adding that ‘no evaluation of costs can outweigh the fundamental good which we are trying to protect – that of human life’.

I commend all those families who diligently fight for justice and to protect human life, and in the acknowledgements in *The Beast of Bethulia Park*, I speak of my appreciation of them. At the present time, I regret to say that I would be surprised if any were able to bring a successful prosecution of those they say starved and dehydrated members of the families to death.

This takes me back to Grahame Greene’s point about what drives people to write books. I admit that *The Beast of Bethulia Park* was conceived partly to demonstrate how unscrupulous doctors and nurses could use such ‘death pathways’ to kill elderly and ‘nuisance’ patients more or less with impunity, if they chose, or indeed were encouraged, to do so. The scandal here lies not only in each individual life lost to poor care but the corruption of medicine and the continued entrenchment of systems which have been patently shown to be unsafe. It lies not just in the ability of malicious or twisted individuals to get away with horrible crimes but



in the encouragement of others to do the same through the numbing consciences until lethal practices are accepted because that's what everyone else does.

When I started *The Beast of Bethulia Park* I had at my fingertips almost a decade of research to draw upon. The temptation was there to castigate the health service. Certainly, one doctor, had told me for instance that the misuse of end-of-life pathways has corrupted the way the NHS deals with the elderly in particular, going on to share an anecdote about a consultant who pronounced 'end of life care' from the end of the bed the first time he saw a new sick elderly patient and without examination this person.

The evils about which I had heard so many families complain are practised in the story, however, not by the NHS as an institution because I did not wish to malign those many good and wonderful doctors and nurses who follow their vocations to heal and care for the sick as best as they can. No, I wrapped them into two villainous characters while describing systemic failures and practices which may allow others to operate as they please. In this story there are falsified death certificates, fabricated or omitted medical documents, patients misdiagnosed and falsely diagnosed with diseases and conditions they don't have, and patients given spurious prognoses of deaths which were not imminent. There are police officers unwilling or unable to investigate the complaints, families frustrated by complaints processes which short-circuit their efforts to establish truth and justice or take years to resolve them and to scant satisfaction. There are families treated as malevolent nuisances because they object to the cruelty before their eyes. Common mechanisms for killing are depicted like they are in Baroness Neuberger's report: contrived prognoses of death followed by the withdrawal of food and fluid and the simultaneous use of a sedating 'chemical cosh', or ruses like the deliberate use of contra-indicated drugs in patients susceptible to their lethal side effects.

So what is fact in *The Beast of Bethulia Park* and what is fiction? Well, all of it is fiction but I have aimed to be a realistic novelist in the sense that the context and the abuses described are

real. This means that while the characters are all invented, along with their relationships, the world in which they exist is plausible, and I was pleased to read Georgia Gilholy's review in which she suggested that *The Beast of Bethulia Park* 'might just be the most believable thriller on our shelves this year'. Without consciously realising it at the time, I was perhaps emulating the purpose of Greene in *The Power and the Glory* to show 'the world as it is' and perhaps also the motivations of Joseph Conrad who once claimed that his aim as an artist was to render the highest possible justice to the visible universe. Nor did I realise at the time that this approach was in thoroughly in tune with the observations of St Thomas Aquinas, one of history's most distinguished theologians, that 'art shares with speculative dispositions of the mind a concern with how things are in themselves'.

Flannery O'Connor, the American writer and a great Christian realist who was very much a disciple of Aquinas, as well as Jacques Maritain, a 20<sup>th</sup> century 'Thomist' philosopher and author of *Art and Scholasticism*, put the same point like this: the obligation of the Christian writer, she said in one of her lectures, is 'to the truth of what can happen in life, and not to the reader – not to the reader's taste, not to the reader's happiness, not even to the reader's morals'. In other words, a Christian or Catholic novel will accord with what really happens in real life, it will hold up a mirror to the world and show it like it really is no matter how objectionable such a depiction might be to the prevailing social mores, or our love for the NHS.

In my opinion, a novel essentially about a clash between good and evil will also confront the metaphysical realities at work in any social context, rather than ignore their existence, and to my mind the responses of the characters ought also be realistically informed by them. For that reason, one of the themes I adopted in *The Beast of Bethulia Park* was the meaning and role of conscience. I tried to show how conscience positively guided the actions of some of the protagonists in opposing deliberate killing when the authorities failed to act, even though at

times they struggled to discern and heed this faint echo of the law of God in their hearts. I also tried to show how others become less human when they deliberately ignored and silenced their consciences so they can do as they would. One must delve into the heart because it is within every human heart that the battle between good and evil rages first and foremost. ‘It is from the heart,’ Jesus teaches us in St Mark’s Gospel, ‘that evil intentions emerge: fornication, theft, murder, adultery, avarice, malice, deceit, indecency, envy, slander, pride, folly.’

The best of realistic fiction can often be uncomfortable and disturbing and at the same time prescient and even prophetic. I wouldn’t lay claim to the latter, yet every now and then I am reminded just how near the knuckle *The Beast of Bethulia Park* might be. Those of you who have read the book will know, for example, that there are two killers in this tale. Dr Reinhard Klein kills from philosophical conviction but his partner in crime and adultery, Dr Octavia Tarleton, kills because she has a taste for it.

Fast forward to January 2023 – nearly four months after *The Beast of Bethulia Park* was published – and there is this headline in the *Daily Mail*:

*‘It’s the most rewarding work we’ve ever done’: Canadian doctor who’s euthanised 400 people proudly shares how she helped kill man deemed incapable of choosing assisted suicide - as another physician says she’s helped 300 die*

That’s right – two doctors, Ellen Wiebe and Stephanie Green - boasting how much they’ve enjoyed killing a combined number of 700 patients. Let me repeat: they say it is the ‘most rewarding work we have ever done’. I wonder what their tallies stand at now.

Here we get to the nub of the problem with euthanasia and assisted suicide: facile arguments in favour of so-called dying with dignity or the exercise of free choice pale in comparison

with grievous risk to public safety. Abuses will inevitably emerge once we've allowed anyone to take lives with impunity. Irrespective of how much 'assisted dying' is whitewashed in the media or by Parliament, or how arguments are cushioned with empty promises of safeguards, please remember that there is masses of evidence, easily available, from all over the world to demonstrate that the loosening of even the slightest prohibitions against killing is a step on the road to Hell.

It is often said that hard cases lead to bad law and one needs only to look at how a single court ruling thirty years ago to permit doctors to withdraw food and fluids from one sick young man – Tony Bland – set in train the catastrophe that became the Liverpool Care Pathway and to all those premature and unnecessary deaths of so many people in a scandal which continues to this day.

Be sure of this: any relaxation of the prohibition against assisted suicide and euthanasia on the back of the present slick and well-funded celebrity and media-driven campaign will, I am sure, not result in patients dying with dignity, but in unforeseen and exceptional horrors.

Canada, after legalising euthanasia in 2016, is already well on the way to producing a class of medics who kill patients by the hundreds and boast about it publicly.

If the Canadian euthanasia death rate was scaled up to correspond with a population the size of our own we would see 44,000 patients each year killed in this country by lethal injection.

The monsters I created in *The Beast of Bethulia Park* would be quaint and rather restrained in comparison to those who prowl these new killing fields. The lessons of the Holocaust would be forgotten in such a dystopia as would Dr Shipman, one as an embarrassment and the other perhaps as a misunderstood man a little ahead of his time.

That can never be progress. It would be, as Pope St John Paul II warned us in *Evangelium Vitae*, the Gospel of Life, in 1995, a reversion 'to a state of barbarism which one hoped had been left behind forever'.

I urge all of you here to do everything in your power to prevent such a calamity from ever coming to pass. Thank you for your attention.

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