

# Prophylactic Euthanasia, a Public Health Initiative to Reduce the Future Burden of Disease in an Ageing Population

The ultimate transfer of responsibility over patients, and a final solution to morbidity.

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## Abstract

*With age comes an increased risk of serious life threatening diseases. Many of these illnesses eventuate in fatality, and a great expenditure to sustain the lives of individuals living with chronic disease. With public health targets placing increased pressure on clinicians to reduce morbidity and mortality for several cancers, diabetes; other chronic diseases in concert with setting lower waiting times for patients and reducing funding for medical services one alternative stands out above all others. Medical trials of sodium cyanide show a 99% reduction in chronic disease mortality and morbidity, with an associated bureaucratically acceptable shift of death rates from expensive diseases to inexpensive poisoning (significant to 95% C.I.).*

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**Introduction:** Medical budgets are increasingly tightening as revenues dwindle in part due to vote buying with unsustainable taxation cuts. With disease being a leading cause of health care expenditure, many governments have set targets to reduce disease levels in their populations. As the age old adage goes, prevention is better than cure, findings show that premature mortality is a significant cost saver and greatly reduces disease burden associated with ageing populations.

Cancer alone was expected to have contributed to 563,700 deaths and 1,368,030 new cases in the US alone (Jemal, 2004). Closer to home, 33,700 new cases of cancer were detected in NSW in 2005, with an average financial cost of \$114,500 and \$40,000 rehabilitation (Rich, 2007). Further, cancer in women has increased 0.4% per year since 1985, with a 1.5% decrease in cancer mortality (Jemal, 2004). Together, this means one thing, cancer is becoming a larger social expense.

Diabetes and other weight related, preventable disorders are also trending up. Whilst this paper will make the case for prophylactic euthanasia with cancer figures alone, it shall be taken that the strategy will also decrease the number of other costly diseases and secondary conditions. Expenditure on ignored public health campaigns is after all dead money, still resulting in dead people. This is unnecessary spending when we consider that there are vast lakes of sodium cyanide at gold mines that require rehabilitation, as seen from the Esmerelda Gold mine incident on the Danube River in 2000 (2000). We believe this is also in keeping with the Reduced Expenditure Directed Towards Appropriate Preventative Exercises (REDTAPE) that governments are implementing.

Upon suffering a near fatal acute episode of a chronic disease, a class of patient exists that refuses to alter life-style, and seeks to blame others. The disease severity therefore cannot be treated with enough stringency to prevent

future adverse events. The author of this paper wishes to propose a new term for such individuals: Further Care Known Not To be Sufficient (FCKNTS). Without making suggested modifications, the FCKNTS suffer from recurring acute episodes and are usually a chronic drain on system resources. Compounding the issue, these patients also seem to have personality disorders making them predisposed to arrogant and abusive behaviour towards both medical professionals and other members of society. The author of this paper would also like to propose a new medical ethics concept, the “Social Hippocratic Oath” and a new Social Hippocratic Calculus which can be found in the methods section of this paper.

**The Social Hippocratic Oath:** Medical practitioners all must give an oath to put their patients first. However, seldom do we consider the harm to society caused by treating some patients. The Social Hippocratic Oath remedies this oversight. If a patient is likely to cause more harm to society through their being treated, the Social Hippocratic Oath gives justification for the medical practitioner to write them a referral to “Saint Peter’s Triage Station” (this term will be used in lieu of actively causing death). If the patient in question is more than likely to cause harm to mainly other FCKNTS, the treating physician is encouraged to treat their FCKNTS, more insight will be given in the Social Hippocratic Calculus.

**Killing Themselves Anyway:** Smokers and heavy drinkers are over-represented in morbidity and mortality statistics. Essentially a form of fatalistic self harm anyway, we can take this as a death wish. The monitoring of patient behaviour and choosing treatment based upon it will add a Big Brother meaning to your ICU.

#### **Methods:**

**Assignment of Patients to Groups:** Guinea pigs (political prisoners) were sentenced into each group by kangaroo courts in the Soviet Union (chosen for historical comparison), the Democratic People’s Republic of North Korea and The People’s Republic of China.

Judges were paid commissions for the people they sentenced to each of the treatment groups, and quotas set, in accordance with US judicial ethics (2010c). Judges sentenced 200 people to each treatment group as outlined, data not specified on gender or age.

**Euthanasia By Firing Squad:** After much condemnation from Amnesty and the United Nations, victims were split into two groups, and then euthanised at 10m by a firing squad of either 12 trainee or professional marksmen. Trainee marksmen were used as to simulate the costs associated with the fresh implementation of mercy nurses administering the prophylactic shots.

**Euthanasia By Cyanide:** The condemned were force-fed sodium cyanide solution until signs of cyanosis and respiratory stress became apparent, and then observed until dead.

#### **Social Hippocratic Calculus:**

$$E = \sum [(Life\ Expectancy - Age) * (Irritation\ Score)] / (Social\ usefulness * IQ) - \sum (Irritation\ score\ of\ contact * frequency\ of\ irritation)$$

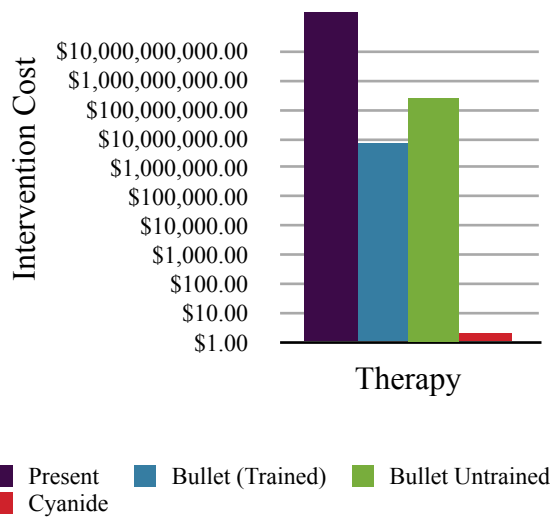
If the E score is greater than 1, it is strongly advised that the physician consider referring the patient to St. Peter’s Triage Station.

Should the patient receive an E of less than one, treating the patient as one would a normal human being in the present system is recommended.

We recommend all patients receive an E test prior to any form of active treatment on the behalf of the clinician.

**Results:**

**Cost Effectiveness:**

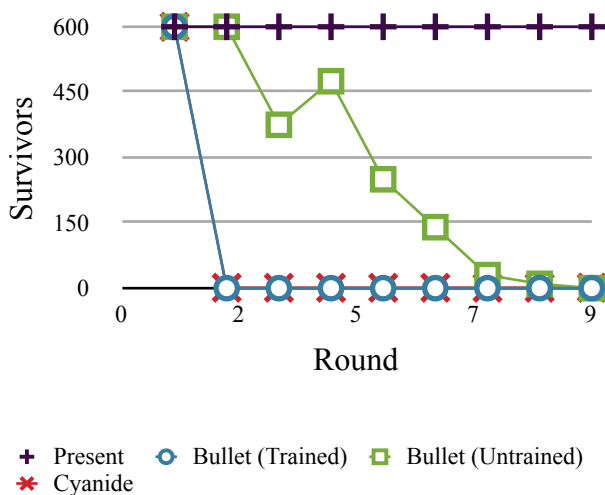


**Figure 1: Cost in \$A per intervention.**

**Effectiveness:**

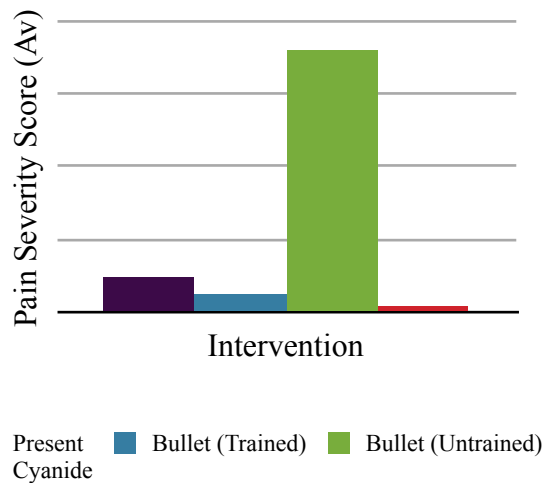
Round	Present	Trained Bullet	U/T Bullet	Cyanide
1	600	600	600	600
5	600	0	250	1*
9	600	0	0	1*

**Table 1: Summary of survivors present at each round of intervention.**

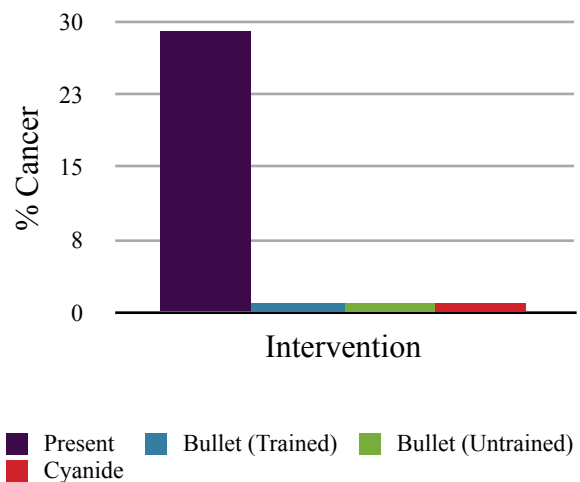


**Figure 2: Graphical display of survivors present at each round of intervention.**

**Discomfort:**



**Figure 3: Average pain reported by intervention.**



**Figure 4: Percentage survivors who contracted cancer.**

**Discussion:**

Josphe Stalin once said “Death solves all problems - no man, no problem” (2010b). Cancer is fast becoming a problem, and clearly as demonstrated above, euthanasia is highly effective at preventing it from becoming so (figure 4), as predicted by Soviet Science.

On the issue of methodology, it seems that cyanide is both efficacious (table 1, figure 1, 2), and pain free for all victims involved (figure 3). It was however noted that one case,

a 47 year old Mad Monk (not Tony Abbott), withstood enough of poisoning to kill an elephant (2010a). The dissident was, however promptly overpowered and shot in the name of the motherland. Examinations revealed that his stomach had not become acidic preventing the conversion of the sodium cyanide to hydrogen cyanide. As such it is recommended that all clinicians test their FCKNTS prior to administration of sodium cyanide post-orally, and administer intravenously or other form of euthanising where required.

Euthanasia of this kind isn't popular with conservatives. Research however shows that whilst these people call life sacred, selective preaching of personal morality sees them call for cuts to health care and health research budgets, ignoring the necessity of funding in the alleviation of mass-suffering. Further, the cutting of these budgets also results in

countless millions of deaths globally, which they happily ignore. Therefore, we believe that these voices will eventually self-censure, apparently the philosophy "One death is a tragedy. A million deaths is just a statistic" is one firmly held, evidenced by their ignoring the preventable deaths that inadequate funding has delivered.

The author strongly feels that prophylactic euthanasia is in line with the societal pressures to decrease spending on health care, and is far more humane, given the evidence. Further, it would give any political party who implements it the ability to boast their credentials in exceeding targets in reducing chronic disease morbidity and mortality, whilst doing so in the same manner other problems are solved by political mechanisms (blame shifting, significant at 95% C.I.).

### **Bibliography**

2000. Cyanide Spill in Tisa River. *ReliefWeb* [Online]. 2010].
- 2010a. *Grigori Rasputin* [Online]. Wikipedia. [Accessed 2010].
- 2010b. *Joseph Stalin* [Online]. Wikipedia. [Accessed 2010].
- 2010c. *Kids for Cash Scandal* [Online]. Wikipedia. [Accessed 2010].
- JEMAL, A. E. A. 2004. Cancer Statistics. *CA: A Cancer J. for Clinicians*.
- RICH, S. 2007. Trauma Insurance and the Cost of Cancer. *Money Management* [Online]. 2010].