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Review Article

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The Pro-Life Ethics in Palliative Medicine

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Introduction

Before the words of what need to be said, allow me to express my view on what palliative mean in medicine. In medical ethics, palliative medicine and care are often associated with the elderly, but the notion may extend beyond age groups [1]. In medicine, palliative may mean that there is no established effective treatment for certain types of diseases, such as HIV and leukemia among others, nor that human have known all diseases. It is almost always the latter that inform the possibilities of the former. As a matter of fact, I myself have been experiencing leukemia-like symptoms one year after the third dose of recombined "vaccine" of SARS-CoV-2, with its Spike 2 protein's immune attack capabilities [2].

In spite of the abhorrent global mandates, more the concerning are its long-term effects to human species and new-born. HIV has been a main cause of criminalization against the LGBTQIA+ persons in not too few countries, and eugenic roots in politics were a main theme underlying the Second World War that still exist today. It does not only mean that a mother and a father may have to argue about whether to keep a child, but also the cause of arguments for these families — do the society accept the children that have no pragmatic values to them, and is the society capable of making their lives to the fullest equally to those who have all the resources of wealth and power?

It is not that there are no adequate treatments possible for SARS-CoV-2, nor that time had not been on the side for humanity, but various factors have made it a fact that the individuals "vaccinated against SARS-CoV-2" are prone to proliferated infections [3,4]. By the Declaration of Geneva, the world has not given up on HIV medication developments, and some of the developments have actually been put into use for SARS-CoV-2 treatments [5]. Yet for the scientific ethics, I have to inform that current "vaccination" methods in dealing with SARS-CoV viruses only do more harm than giving any positive treatments to the healthy population, and the viruses become less detectable after "vaccination" [6]. mRNA methods in "vaccination" only give more access to the Spike proteins to the immune system than the less developed technologies.

I used to be pro-euthanasia because that would have been a path that I choose for myself. However, seeing how my mother has been taking care of her mother, 89 years old now and can't get out of bed, and how at one time my mother was all startled and helpless seeing her mother going unconscious on the verge of death shook my determination. If the pro-life belief were true for those in the genesis of coming to the world, it is only logically true regardless of age. It is only thence the Declaration of Geneva is given meaning to. What the medical sciences have been trying to do are only to protect life from foreseeable harm and develop the ways to prolong the process of life in general and individually. It is with this ethical input, I will end my opinion with a prescription I prescribed myself with the pericarditis symptom in risk of myocarditis developed post-"vaccination" [7].

In the initial infection and / or post- "vaccination" symptoms in blood pressure indicators, angiotensin converting enzyme inhibitors (ACEIs) can be used along with Proton-Pump Inhibitors (PPIs) in preventing neuronal infections and excrete the protein fusions with the blood cells. If the Systolic Blood Pressure gets too high, beta blockers can be used in the combinations. However, ACEIs can be fatal to persons with diabetes, and it can be replaced with HIV-1 PrEPs. Antibiotics can be used but caution with the macrolide ones such as azithromycin, erythromycin etc., and instead of aspirin for symptoms of infection, acetaminophen is recommended. TMPRSS2 inhibitor may be more suitable for mRNA "vaccinated" in the stead of ACEI, but the input is not clinically trialed [8]. It is reported that ACEI use may pose risks to acute pancreatitis, but increase survival rate for pancreatic cancer [9,10]. The possible contribution of proton homeostasis in the phenomenon calls for observance during its use, apart from observation for medically symptomatic low blood pressure [7,11]. The medicine-induced hemodialysis may not be as effective as actual ones, but is cost-effective and can be done with self-monitoring at home. The path-blockings only reduce the risks and prolong the viral infection from immune responses, but do not guarantee curing from the virus. It is also with this regard, the unvaccinated have a better advantage with natural immunity against the SARS-CoV series of viruses.

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