

Chapter 1 : Holistic MD Nick Gonzalez Death

Nov 02, Â· Two physicians who lost their young son to the flu last year want parents to listen to their message, born of great grief and suffering: Get your child a flu shot.

Are They a Gift from God? The word mistranslated as Physician is actually the word healer. But the Bible, in the original, says something quite different. Who claims to be our Healer? I will also bring it to Pass. I have purposed it. I will also do it. I will speak, and the word that I shall speak shall come to pass. In the Bible, What was the consequence of seeking out anyone else except God for healing? Jesus certainly did miraculous healings when He was on earth, but there was always ONE requirement. We are in rebellion against God, whether we realize and acknowledge it or not. Certainly God can perform a miraculous healing, but what good would that do in your life? It would allow you to continue to live, eat, think, act, and handle stress your OWN way, rather than changing your heart. When Jesus healed the Ten Lepers, how many came back to thank Him? Their hearts were not changed. The "Latter Rain" - How will we recognize it? Is it Already Here? The Christian churches are praising the Lord for what they consider to be the present-day "outpouring of the Holy Spirit" in signs and wonders, including speaking in tongues and miraculous healings just like the events that occurred with the apostles in the Upper Room at Pentecost fifty days after the crucifixion and resurrection of Jesus, years ago. As mentioned, the "Early Rain" is considered by most Christians to have been given to the apostles in the Upper Room at Pentecost. In speaking of this occurrence, the Bible says the apostles were together in the upper room with over other Christians. And yet we hear in the dialect in which we were born, Parthians, and Medes, and Elamites. Their languages were perfectly understood by those from the various respective countries. What they were speaking was NOT an unknown tongue because everyone "understood in his own dialect dialektos - in Greek. Characteristics of the "Early Rain" included: In fact, many Christians believe that this predicted "Latter Rain" is going on right now in the churches, exemplified by an exciting movement of "Spirit-filled" Christians who are speaking in unknown languages and are being miraculously "healed! What are the "keys" in the analysis of the "Early Rain" to unlock the understanding of the "Latter Rain"? Jesus explained that the first birth, is physical, natural, but the second birth is a spiritual birth. Here Paul speaks of two situations, first the natural or physical, and secondly the spiritual. Jesus was explaining this principle to Nicodemus when He said, "The first birth is physical, but the second birth, being born again, is spiritual. The word "soul" in the Bible is never used to describe plants and trees, etc. They can only be discerned understood spiritually. Spiritual understanding does NOT use the five senses. The natural birth of a child can easily be detected by the five senses. It can be seen, heard and felt. God changes the heart quietly and slowly which cannot be detected by the senses. Only the result can be seen, just like the working of the wind. The wind itself cannot be seen, only the result of the wind. The lamb sacrificed for sin in the temple in the Old Testament was the "first" - the physical. But it looked forward to the "Lamb of God" who by His physical death would give us spiritual salvation. Jesus, the Lamb of God, was the "second" - Spiritual fulfillment of the literal, physical sacrificial lamb in the Old Testament sanctuary service. Manna - Bread from Heaven The manna that rained down from heaven when the Israelites were in the wilderness was the "first" bread, looking forward to the "second" - the spiritual bread from heaven, Jesus Christ. They could not understand the spiritual application because "spiritual things are ONLY spiritually discerned. They were physical, they could be seen and touched. And most importantly, humanity was unable to keep them under their own power. The First and Second Deaths! The first death is in us when we are born. As soon as a baby is born, its cells begin to die. That is the "first" death. The "second" death according to 1 Cor This is obviously a spiritual, not a physical, death. So what does it mean? We are told in Revelation that "waters" mean people and multitudes. So "sea", because it is water, means people. A "lake" is also water, so it also must mean peoples and multitudes. The word "fire" is used symbolically and spiritually repeatedly in the Bible. We go through "fiery trials" 1 Peter 4: So the "lake of fire" according to the symbology of Revelation, means fiery trials caused by reaping what we have sown. We are put right back in the midst of the people we have wronged in order to reap what we have sown in order to be spiritually purified. Faith based on miracles is

NOT faith! Simon Magus Acts 8: Many believed in the Lord when they beheld the signs which He did, yet Jesus did not entrust Himself to them, because He knew what was in humanity John 2: It is no longer manifested by signs and miraculous healings Signs and Wonder Paul performs miracles early in his ministry The need for signs and wonders, in order to believe, is a sign of spiritual immaturity. Early in his ministry Paul performed many miracles. People were healed if they just touched his handkerchief. So that from his body were brought unto the sick handkerchiefs or aprons, and the diseases departed from them, and the evil spirits went out of them. Also Paul does not miraculously heal his co-worker, Epaphroditus, who almost died. He obviously got well the long, slow way. The Early Rain, the "First of the two "Rains", was characterized by visible miracles, including resurrections and miraculous healings. These could easily be detected by the 5 senses. No one had to be "spiritual" in order to detect and understand these healings. Even pagans were able to detect these signs. According to 1 Cor Some say that means that "healings" will not be a part of the "Latter Rain. This is in accord with the way the Holy Spirit works in the Second Birth being born again. Look at these examples in the Old Testament. The Israelite symbolically transferred his own sin to the lamb by placing his hands on the lamb. This clearly shows us that the "sin" will be burned out of our lives by "fiery trials", we will be "gold tried in the fire. It was their bonds that were burned off, the ropes that held them in bondage. The ropes represented the bondage of sin. These were burned off, but the three young men were not touched with the fire. In addition, a fourth person was in the fire with them, "One like the Son of Men" - Jesus. Those who take the Mark of the Beast "shall be tormented with fire and brimstone in the presence of the holy angels, and in the presence of the Lamb. It comes from the root word Theios which means divinity or the Godhead. This torment with fire and brimstone occurs "in the presence of the Lamb" meaning that Jesus promises to go through the fire with us, just as He did with Shadrach, Meshach and Abednego. That is truly Good News! Only this time the fire symbolizes the "fiery trials" that the New Testament speaks about, not literal fire. If you think it is a "stretch" to interpret this "fire" of Rev Then WHY would anyone just pick ONE term from that passage, the term "fire and brimstone" and interpret that literally? Also remember the rule of "firsts" and "seconds", the first being physical and the second being spiritual. The wicked resurrected in the second resurrection will be spiritually "destroyed" by having the sin purified out of them by going through "fiery trials" - reaping what they have sown. Until he found it. There was NO cutoff time. Again there was NO cutoff time. For many more texts showing that God will save everyone, see the study entitled "What Happens At The Judgment" at www. The Latter Rain has the following five characteristics: Miraculous healings do NOT change the heart. Before Jesus healed the paralyzed man whose friends let him down through the roof, Jesus said, "Your sins be forgiven you. Forgiveness of his own sins was necessary before his healing could take place. Notice that Jesus did NOT say that the man was sick because he lived in a sinful world.

Chapter 2 : Update: Funeral arrangements released for doctor who died following crash

Doctor 14 or Peter Capaldi's doctor disrupted his next regeneration to stop the Cybermen and save his friends. The Tardis or Bill's friend or a combination of both may have pulled. His or now her soul if he or she still has one back into his or hers physical shell.

Click to email this to a friend [Opens in new window](#) Dying and death confront every new doctor and nurse. In this book excerpt, Atul Gawande asks: I was given a dry, leathery corpse to dissect in my first term “but that was solely a way to learn about human anatomy. Our textbooks had almost nothing on aging or frailty or dying. How the process unfolds, how people experience the end of their lives and how it affects those around them? That all seemed beside the point. The way we saw it” and the way our professors saw it” the purpose of medical schooling was to teach us how to save lives, not how to tend to their demise. And one afternoon we contemplated the suffering of Ivan Ilyich as he lay ill and worsening from some unnamed, untreatable disease. The first times, some cry. In the story, Ivan Ilyich is forty-five years old, a midlevel Saint Petersburg magistrate whose life revolves mostly around petty concerns of social status. One day, he falls off a stepladder and develops a pain in his side. Instead of abating, the pain gets worse, and he becomes unable to work. Friends and colleagues avoid him. His wife calls in a series of ever more expensive doctors. None of them can agree on a diagnosis, and the remedies they give him accomplish nothing. For Ilyich, it is all torture, and he simmers and rages at his situation. He lives in mounting anguish and fear of death. But death is not a subject that his doctors, friends or family can countenance. That is what causes him his most profound pain. He longed to be petted and comforted. He knew he was an important functionary, that he had a beard turning grey, and that therefore what he longed for was impossible, but still he longed for it. But I dreamt about them. As we medical students saw it, the failure of those around Ivan Ilyich to offer comfort or to acknowledge what is happening to him was a failure of character and culture. Just as we believed that modern medicine could probably have cured Ivan Ilyich of whatever disease he had, so too we took for granted that honesty and kindness were basic responsibilities of a modern doctor. We were confident that in such a situation we would act compassionately. What worried us was knowledge. We paid our medical tuition to learn about the inner process of the body, the intricate mechanisms of its pathologies, and the vast trove of discoveries and technologies that have accumulated to stop them. So we put Ivan Ilyich out of our heads. Yet within a few years, when I came to experience surgical training and practice, I encountered patients forced to confront the realities of decline and mortality, and it did not take long to realize how unready I was to help them. I began writing when I was a junior surgical resident, and in one of my very first essays, I told the story of a man whom I called Joseph Lazaroff. Now, he was in his sixties and suffering from an incurable cancer himself “a widely metastatic prostate cancer. He had lost more than fifty pounds. His abdomen, scrotum and legs had filled with fluid. One day, he woke up unable to move his right leg or control his bowels. He was admitted to the hospital, where I met him as an intern on the neurosurgical team. We found that the cancer had spread to his thoracic spine, where it was compressing his spinal cord. Emergency radiation, however, failed to shrink the cancer, and so the neurosurgeon offered him two options: My job, as the intern on the neurosurgery service, was to get his written confirmation that he understood the risks of the operation and wished to proceed. Death, of course, is not a failure. Death may be the enemy, but it is also the natural order of things. The hope was that the operation would halt the progression of his spinal cord damage. No matter what we did, he had at most a few months to live, and the procedure was inherently dangerous. It required opening his chest, removing a rib, and collapsing a lung to get at his spine. Blood loss would be high. Recovery would be difficult. In his weakened state, he faced considerable risks of debilitating complications afterward. The operation posed a threat of both worsening and shortening his life. But the neurosurgeon had gone over these dangers, and Lazaroff had been clear that he wanted the operation. All I had to do was go in and take care of the paperwork. Lying in his bed, Lazaroff looked gray and emaciated. I said that the operation could remove the tumor but leave him with serious complications, such as paralysis or a stroke, and that it could even prove fatal. I tried to sound clear without being harsh, but my discussion put his back up. Likewise when his son,

who was in the room, questioned whether heroic measures were a good idea. His mother had died on a ventilator in intensive care, and at the time his father had said he did not want anything like that to happen to him. Lazaroff had chosen badly, and I still believe this. He was pursuing little more than a fantasy at the risk of a prolonged and terrible death — which was precisely what he got. The operation was a technical success. Over eight and a half hours, the surgical team removed the mass invading his spine and rebuilt the vertebral body with acrylic cement. The pressure on his spinal cord was gone. But he never recovered from the procedure. In intensive care, he developed respiratory failure, a systemic infection, blood clots from his immobility, then bleeding from the blood thinners to treat them. Each day we fell further behind. We finally had to admit he was dying. On the fourteenth day, his son told the team that we should stop. It fell to me to take Lazaroff off the artificial ventilator that was keeping him alive. I leaned close and, in case he could hear me, said I was going to take the breathing tube out of his mouth. He coughed a couple of times when I pulled it out, opened his eyes briefly, and closed them. His breathing grew labored, then stopped. I put my stethoscope on his chest and heard his heart fade away. Now, more than a decade after I first told Mr. We had no difficulty explaining the specific dangers of various treatment options, but we never really touched on the reality of his disease. His oncologists, radiation therapists, surgeons and other doctors had all seen him through months of treatments for a problem that they knew could not be cured. We could never bring ourselves to discuss the larger truth about his condition or the ultimate limits of our capabilities, let alone what might matter most to him as he neared the end of his life. If he was pursuing a delusion, so were we. Here he was in the hospital, partially paralyzed from a cancer that had spread throughout his body. The chances that he could return to anything like the life he had even a few weeks earlier were zero. But admitting this and helping him cope with it seemed beyond us. We offered no acknowledgment or comfort or guidance. We just had another treatment he could undergo. Maybe something very good would result. It is enough to make you wonder, who are the primitive ones? Modern scientific capability has profoundly altered the course of human life. People live longer and better than at any other time in history. But scientific advances have turned the processes of aging and dying into medical experiences, matters to be managed by health care professionals. And we in the medical world have proved alarmingly unprepared for it. As recently as , most deaths occurred in the home. By the s, just 17 percent did. This reality has been largely hidden, as the final phases of life become less familiar to people. Those who somehow did die at home likely died too suddenly to make it to the hospital — say, from a massive heart attack, stroke or violent injury — or were too isolated to get somewhere that could provide help. Across not just the United States but also the entire industrialized world, the experience of advanced aging and death has shifted to hospitals and nursing homes. When I became a doctor, I crossed over to the other side of the hospital doors and, although I had grown up with two doctors for parents, everything I saw was new to me. I had certainly never seen anyone die before, and when I did, it came as a shock. I had a white coat on; they had a hospital gown. I could, however, picture my family in their places. Even under dire circumstances, medicine had always pulled them through. The shock to me therefore was seeing medicine not pull people through. I knew theoretically that my patients could die, of course, but every actual instance seemed like a violation, as if the rules I thought we were playing by were broken. Dying and death confront every new doctor and nurse. When I saw my first deaths, I was too guarded to cry.

Chapter 3 : What doctors don't learn about death and dying |

Dr. Nicholas Gonzalez, a prominent alternative cancer doctor, died July 21, of an apparent heart attack at his home in New York City. Dr. Gonzalez was probably the world's foremost expert on cancer, often recommended by other alternative doctors as the "go-to doctor" with the best results for supposedly "terminal" cancers such as.

Chronic in May Other tentative titles included The Chronic and Dr. Stephen Thomas Erlewine of the website AllMusic described the sound of the album as "adding ominous strings , soulful vocals, and reggae " to Dr. Dre was still a force to be reckoned with, despite the lack of major releases in the previous few years. The album included popular hit singles " Still D. Dre was involved in several lawsuits. Dre-produced Eminem track "Kill You" plagiarized his composition "Pulsion". Focus on production and Detox Logo used by era Dr. Dre Following the success of , Dr. Dre focused on producing songs and albums for other artists. The album itself earned a Grammy and proved to be the fastest-selling rap album of all time, moving 1. Blige for her album No More Drama in He produced three songs on the album, one of which was released as a single , and he appeared in the award-winning video for " Without Me ". He also produced The D. Another copyright-related lawsuit hit Dr. Dre was attacked by a fan named Jimmy James Johnson, who was supposedly asking for an autograph. In the resulting scuffle, then-G-Unit rapper Young Buck stabbed the man. Dre and wanted Johnson charged. For an issue of Rolling Stone magazine in April , Dr. The Greatest Artists of All Time". Kanye West wrote the summary for Dr. Dre, where he stated Dr. A reunion album, [11] and a joint album with fellow producer Timbaland titled Chairmen of the Board. Dre handled the bulk of production duties. Dre had around a dozen songs finished for Detox. The Planets, a break and Coachella Dr. Dre with its Founders Award for inspiring other musicians. In an August interview, Dr. Dre stated that an instrumental album titled The Planets is in its first stages of production; each song being named after a planet in the Solar System. In this break, he stated that he would "work on bringing his Beats By Dre to a standard as high as Apple" and would also spend time with his family. She stated that she had gone to Hawaii before the end of for a few weeks to work with him on "so many things" including his upcoming album and a project of her own among other unspecified projects. He also told Shots Fired that there are as many as beats that have been created for the album over the years, but few of them have had vocals recorded over them. Straight Outta Compton film and Compton album On his Beats 1 radio show "The Pharmacy" on August 1, , Dre announced that he would release what would be his final album, titled Compton. It is inspired by the N. It was released exclusively for iTunes and Apple Music on August 7. A physical version was published on August He also revealed that he suffers from social anxiety and due to this he remains secluded and out of attention. Dre will additionally be an executive producer [] on the show. Dre made his first on screen appearance as a weapons dealer in the bank robbery movie Set It Off. Dre also appeared in the movies The Wash and Training Day. Dre also appeared on two other songs "On the Blvd. In February it was announced that Dr. Dre would produce dark comedies and horror films for New Line Cinema -owned company Crucial Films, along with longtime video director Phillip Atwell. Dre produced Straight Outta Compton , a biographical film about N. Dre logo In July , Dr. Dre released his first brand of headphones, Beats by Dr. Dre with some HP laptops and headsets. Dre announced the deal on October 9, , at a press event in Santa Monica , California. Dre the "richest man in hip hop", surpassing Diddy. The goal of the Academy has been stated as "to shape the future by nurturing the talents, passions, leadership and risk-taking of uniquely qualified students who are motivated to explore and create new art forms, technologies, and business models. The center will encompass creative resources and a 1,seat theater, and is expected to break ground in The project is a partnership between Dr. Dre and the Compton Unified School District.

Chapter 4 : Doctors' son died 10 days before flu shot appointment. Now, they want to save your child - CN

Did Dr. Robert Atkins, proponent of the low-carbohydrate diet, die of a heart attack He died on 17 April after having been in a coma for more than a week. "Diet Doctor Atkins was.

A masterful surgeon with countless academic publications, he trained orthopaedic surgeons across the world and was the top physician for professional sports teams and Olympians. Benjamin Shaffer had it all. Yet Ben was more than a stellar surgeon. He was a kind, sweet, brilliant, and sensitive soul who could relate to anyone—from inner city children to Supreme Court justices. He was gorgeous and magnetic with a sense of humor and a zest for life that was contagious. Most of all, he loved helping people. Patients came to him in pain and left his office laughing. So why did he die? Underneath his irresistible smile, Ben hid a lifetime of anxiety amid his professional achievements. He had recently been weaned off anxiolytics and was suffering from rebound anxiety and insomnia—sleeping just a few hours per night and trying to operate and treat patients each day. Then his psychiatrist retired and passed him on to a new one. Eight days before he died, his psychiatrist prescribed two new drugs that worsened his insomnia, increased his anxiety, and led to paranoia. He was told he would need medication for the rest of his life. Devastated, Ben feared he would never have a normal life. Ben knew he should check himself into a hospital, but was panicked. He was terrified he would lose his patients, his practice, his marriage, and that everyone in DC—team owners, players, patients, colleagues—would find out about his mental illness and he would be shunned. The night before he died, Ben requested the remainder of the week off to rest. His colleagues were supportive, yet he was ashamed. He slept that night, but awoke wiped out on May 20, After driving his son to school, he came home and hanged himself on a bookcase. He left no note. He left behind his wife and two children. In I thought I was the only suicidal physician in the world—until when I found myself at the memorial for our third doctor suicide in my small town. Despite his very public death, nobody uttered the word suicide aloud. So I started counting doctor suicides. Within a few minutes I counted Five years later I had a list of By January this year, I had cases on my registry. As of today that number is 1, Keynote delivered at Chicago Orthopaedic Symposium reviews data and simple solutions to prevent doctor suicides. High doctor suicide rates have been reported since 1. Yet years later the root causes of these suicides remain unaddressed. Physician suicide is a global public health crisis. More than one million Americans lose their doctors each year to suicide—just in the US 2. Many doctors have lost several colleagues to suicide. One doctor told me he lost eight physicians during his career with no chance to grieve. Of these 1, suicides, are physicians and are medical students. The majority are in the USA and are international. Surgeons have the greatest number of suicides on my registry, then anesthesiologists. Suicide methods vary by specialty, region, and gender. In the USA, men use firearms. Jumping is popular in New York City. In India, doctors are found hanging from ceiling fans. Male anesthesiologists are at highest risk among all physicians. Many are found dead inside hospital call rooms. Doctor suicides on the registry were submitted to me during a six-year period by families, friends, and colleagues who knew the deceased. After speaking to thousands of suicidal physicians since on my informal doctor suicide hotline and analyzing registry data, I discovered surprising themes—many unique to physicians. Public perception maintains that doctors are successful, intelligent, wealthy, and immune from the problems of the masses. To patients, it is inconceivable that doctors would have the highest suicide rate of any profession 5. Many doctors who kill themselves appear to be the most optimistic, upbeat, and confident people. Just back from Disneyland, just bought tickets for a family cruise, just gave a thumbs up to the team after a successful surgery—and hours later they shoot themselves in the head. Doctors are masters of disguise and compartmentalization. Turns out some of the happiest people—especially those who spend their days making other people happy—may be masking their own despair. Yet students enter medical school with their mental health on par with or better than their peers. Suicide is an occupational hazard in medicine. Doctors develop on-the-job PTSD—especially in emergency medicine. Patient deaths—even with no medical error—may lead to self-loathing. Suicide is the ultimate self-punishment. When doctors make mistakes, they are publicly shamed in court, on television, and in newspapers that live online forever. As doctors we suffer

the agony of harming someone elseâ€”unintentionallyâ€”for the rest of our lives Blaming doctors increases suicides. When doctors are punished for occupationally induced mental health wounds, they become even more desperate. If physicians do seek help, they risk being disciplined. Doctors rightfully fear lack of confidentiality when receiving mental health care as private conversations with therapists could be turned over to medical boards and illegally accessed by their supervisors via electronic medical records at their institutions. So physicians drive out of town, pay cash, and use fake names in paper charts to hide from state boards, hospitals, and insurance plans that interrogate doctors about their mental health and may prevent or delay state licensure, hospital privileges, and health plan participation. With a great work ethic until their last breath, doctors are often checking in on patients, reviewing test results, and dictating charts minutes before orchestrating their own suicides. Many leave apologetic heartfelt letters detailing the reasons for their suicide for friends, family, and staff. One orthopaedic surgeon simply wrote: Suicide is preventable if we stop the secrecy, stigma, and punishment. In absence of support, doctors make impulsive decisions to end their pain permanently. Ignoring doctor suicides leads to more doctor suicides. Most physician suicides are multifactorial involving a cascade of events that unfold months to years prior. A Manual of Psychological Medicine. Abstract , presented May 5,

Chapter 5 : Daily Press - We are currently unavailable in your region

He did so with customary bravery and poise, and died in peace on his own terms with his family around him. My brother achieved more in his short life than what most people do in twice that time. He was a good doctor, a good husband, a good father and a good man.

How was Shipman caught? Was Harold Shipman convicted of murder? Did Harold Shipman want to get caught? Harold Shipman arriving at Ashton-under-Lyne Image: Dame Janet Smith wrote in *Death Disguised*: If he did, he had lost touch with reality. He had got away with so many killings and was still idolised by many of his patients. They believe that this occurs because the pressure on the killer becomes too great and he or she has to find some way of bringing his or her crimes to a halt or of relieving his or her guilt. The psychiatrists say that the fact that Shipman did not confess after drawing attention to himself is not inconsistent with the theory that he had a subconscious desire to be stopped from killing. Other serial killers have behaved in this way. This plan, rationally considered, was bound to fail, but it would offer him a fantasy future and a way to stop himself from killing. That is the best explanation I can offer for the final event. Shipman died on 13 January, one day before his 58th birthday. He died after hanging himself in his cell at Wakefield Prison. Was Harold Shipman married and who was his wife? Harold Shipman with wife Primrose Image: They had four children. Primrose and the children stood by him, or least they appeared to. She repelled all requests for interviews when journalists knocked on the door of the family home on Mottram in Longdendale. His wife was his loyal companion and part-time receptionist. Known to family and friends as Fred his middle name, Shipman was liked and respected by thousands of patients, although there were some who considered him arrogant. Many refused to countenance that he would kill anyone. They thought it was obscene that we should be questioning anything to do with Shipman. He was their doctor and they thought he had done a fabulous job with their parent. Who were the victims of Harold Shipman? Here is a list of those patients who Harold Shipman killed, according to the Shipman Inquiry. He was convicted of her murder on January 31, at Preston Crown Court. Rose Ann Adshead - The year-old, of Lawton Street, Hyde, died at her home on September 18, an hour after Shipman visited to ease the pain of her terminal cancer. Unlawful killing Irene Aitken - The year-old widow, of Burkitt Street, Hyde, died on July 31, , after she was given a lethal injection of diamorphine by Shipman at her home after he called in while passing. Unlawful killing Dorothy Mary Andrew - The year-old widow, of Sheffield Road, Godley, Hyde, died on September 12, following a lethal injection from Shipman during a visit to her home to deliver the results of a test for diabetes. Unlawful killing Mary Emma Andrew - The year-old woman died at her home in Mona Street in Hyde, on April 8, , following a lethal injection from Shipman, who she had asked to visit following neck pain. Unlawful killing Winifred Arrowsmith - The year-old widow died at her home in warden-controlled accommodation at Chartist House, Hyde, on April 24, during a routine visit by Shipman. Unlawful killing Netta Ashcroft - The year-old widow, of Meadowfield Court, Flowery Field, Hyde, was found dead on March 7, at her home after a visit from Shipman to treat a sore throat. Unlawful killing Ada Ashworth - The year-old widow, of Spring Avenue, Gee Cross, Hyde, died at her home on November 27, after Shipman visited in order to take a sample of blood. Elizabeth Ashworth - The year-old widow, of Peel Street, Hyde, died at her home on August 26, after Shipman was called when Mrs Ashworth was taken ill in her garden. Joseph Bardsley - The year-old retired cotton spinner, of Hough Lane, Hyde, died at his bungalow on April 15, after Shipman called to take a blood sample. Lily Bardsley - The year-old, of Ashton Road, Hyde, died a home on March 7, after a visit from Shipman, which she requested after she returned from Tameside Hospital, where she had been treated for a fall. Charles Henry Barlow - The year-old former police sergeant, of Dowson Road, Hyde, died at his home on November 22, only minutes after a visit from Shipman. Ethel Bennett - The year-old spinster of Cunliffe Street, Hyde, died at her home on December 19, after calling Shipman because of a wheezy chest. Charlotte Bennison - The year-old widow and former sewing machinist, of Rowbotham Street, Gee Cross, died at her home on January 27, after a visit by Shipman. Suspicion of unlawful killing. Irene Berry - The year-old woman, of Rufford Avenue, Hyde, died at her home on February 15 after a requested visit from Shipman.

Alice Black - Died on December 18, Geoffrey Bogle - The year-old retired photographer, of Lord Derby Road, Hyde, died at his home on September 14, after a visit from Shipman for the routine syringing of his ears. Shipman was present at the time of her death. Lily Broadbent - The year-old, of Welbeck Road, Hyde, died at her home on December 16, after requesting a visit from Shipman because she was not feeling well. Edith Brock - The year-old widow, of Carter Place, Hyde, died at her flat on November 8, only minutes after a visit by Shipman, requested because Mrs Brock complained of feeling unwell. May Brookes - The year-old widow, of Cross Street, Hyde, died at her home on February 1, as Shipman arrived to examine her arthritic hip. Edith Calverley - The year-old widow, of Mansfield Road, Hyde, died at her warden-supervised bungalow on August 16, after a visit from Shipman. Marion Carradice - The year-old widow, of Kensington Street, Hyde, died at her home on August 14, after a visit from Shipman requested because she felt dizzy. Irene Chapman - The year-old widow, of Clarendon Road, Hyde, died at her home on March 7, shortly after the second of two visits that day by Shipman. Wilfred Chappell - The year-old widower, of Newton Hall Road, Hyde, died at his home on January 31, within an hour of a visit by Shipman, made because Mr Chappell had been feeling unwell. Her husband Thomas was also a suspected victim. Thomas Cheetham - The year-old retired textile labourer, of Garden Street, Newton, Hyde, died at his home on December 4, after Shipman called to see him. Fanny Clarke - The year-old widow, of Darwin Street, Newton, died at her home on May 18, with Shipman present at the moment of death. Margaret Ann Conway - The year-old widow, of Mary Street, Dukinfield, died at her home on February 15, after a visit by Shipman to find out how Mrs Conway was recovering from a chest infection. Erla Copeland - The year-old widow, of Grosvenor Crescent, Hyde, died at her home on January 11, within 45 minutes of a visit by Shipman to take a blood sample. Annie Coulthard - The year-old retired cotton weaver, of South Side, Hyde, died at her home on September 8, within an hour of being given an injection by Shipman. Mary Coutts - The year-old widow, of Marler Road, Hyde, died at home on April 21, , minutes after she was alone with Shipman because of a head cold, temperature and chest problems. Frank Crompton - The year-old widower, of Knott Lane, Hyde, died at his home some time between March 24 and 26, from a lethal injection from Shipman delivered during an unannounced visit. Lily Crossley - The year-old widow, of Longfield Way, Todmorden, died at her home on January 21, shortly after a visit from Shipman. Lillian Cullen - The year-old widow, of Foxholes Road, Hyde, died at her home on May 30, minutes after being alone with Shipman, who had visited to discuss her tablets. Ronnie Devenport - The year-old shop manager, Mount Street, Hyde, was found dead at his home on May 26, , the day after a visit from Shipman. Mary Rose Dudley - The year-old widow, of Werneth Road, Hyde, died at home on December 30, during a visit by Shipman, requested because she was feeling unwell. Bethel Anne Evans - The year-old spinster, of Charnley House residential home, died at the home on January 3, Marie Antoinette Fernley - The year-old divorcee, of Darwin Street, Hyde, died at her home on March 13, after Shipman visited to check her blood pressure. Harold Freeman - Died February 20, William Givens - Died September 28, He was also convicted of forging her will. Clara Hackney - The year-old had been suffering from cancer and died at her home in Booth Street, Hyde, on April 14, after Shipman visited. Josephine Hall - The year-old died at her home in Garden Street, Hyde, on June 5, when Shipman visited her to treat her for a headache. Frank Halliday - The year-old died at his home in Saxon Avenue, Dukinfield, on March 30, after Shipman visited to treat him for shortness of breath. Mary Emma Hamer - The year-old widow died on March 8, Suspicion of unlawful killing David Harrison - The year-old man died at his home in Talbot Road, Hyde, on January 3, after being give a lethal injection during a visit by Shipman. Unlawful killing Samuel Harrison - The year-old man of Lodge Lane, Newton, died after being given an injection by Shipman during a home visit on January 9, Elsie Harrop - Died on September 22, Clifford Heapey - The year-old man of Grange Road South, Hyde, died after being given an injection at his nursing home on June 2, Irene Heathcote - The year-old widow of Coronation Avenue, Hyde, died at her home on November 20, following a home visit by Shipman. Olive Heginbotham - The year-old woman died at her home in Fawley Avenue, Hyde, on February 25, after being given an injection by Shipman during a home visit. Hilda Hibbert - The year-old widow of Joel Lane, Gee Cross, died on January 2, from a lethal injection after Shipman paid a home visit because she was feeling unwell. Lily Higgins - The year-old widow died from a lethal injection on March 17, at her home in Stockport Road, Hyde.

Unlawful killing Marion Higham - The year-old woman died at her home in Joel Lane, Gee Cross, on July 19, after being given a lethal injection. Shipman was convicted of her murder on January 31, at Preston Court. John Hilton - Died on November 4, Jozef Iwanina - Died May 16, Maureen Lamonnier Jackson - The year-old, who had terminal cancer, died at her home in Mottram Road, Hyde after a visit from Shipman on July 7, David Jones - Died on December 22, Jane Jones - The year-old died at her home at Leigh Fold, Hyde, on February 15, after a visit from Shipman to treat her for chest problems. James Joseph King - The year-old died at his home at Ogden Court, Hyde, on December 24, after Shipman visited to treat him for light-headedness. Renee Lacey - The year-old cancer sufferer, who lived with her husband, died at her home at Windsor Road, Hyde, on June 6 after Shipman visited. Joseph Leigh - The year-old, who had a history of ill health, had suffered a stroke and was almost blind, died at his home at King George Road, Hyde, on December 16, after a visit from Shipman. Wilfred Leigh - Died on June 30 Peter Lewis - The terminally ill year-old who had been the lead singer in Manchester band The Scorpions died at his home at Briardene, Denton, on January 2, following a visit by Shipman. He was convicted of her murder on January 31 at Preston Crown Court. Laura Frances Linn - Died on February 13, Beatrice Lowe - Died on October 17 Eva Lyons - Died on March 17, Charles MacConnell - The year-old died at his home, in Foxholes Road, Hyde, on May 24, , after Shipman visited to ease the pain of terminal lung cancer. Selina MacKenzie - The year-old widow, who had suffered several strokes, died at home in Perrin Street, Hyde, on December 17, , after a Shipman visit.

Chapter 6 : Dr. Seuss - Wikipedia

Long after his death in , the rumor that Dr. Robert Atkins "died of his own diet" persists. Concerns over his low-carb, high-fat diet have been a topic of much debate over the years and his death did little to quell them.

He asked a surgeon to explore the area, and the diagnosis was pancreatic cancer. This surgeon was one of the best in the country. He went home the next day, closed his practice, and never set foot in a hospital again. He focused on spending time with his family and feeling as good as possible. Several months later, he died at home. He received no chemotherapy, radiation, or surgical treatment. For all the time they spend fending off the deaths of others, they tend to be fairly serene when faced with death themselves. They know exactly what is going to happen, they know the choices, and they generally have access to any sort of medical care they could want. But they go gently. But they know enough about modern medicine to know its limits. And they know enough about death to know what all people fear most: Almost all medical professionals have seen what we call "futile care" being performed on people. The patient will be cut open, perforated with tubes, hooked up to machines, and assaulted with drugs. All of this occurs in the intensive care unit at a cost of tens of thousands of dollars a day. What it buys is misery we would not inflict on a terrorist. I cannot count the number of times fellow physicians have told me, in words that vary only slightly: I have even seen it as a tattoo. To administer medical care that makes people suffer is anguishing. The simple, or not-so-simple, answer is this: To see how patients play a role, imagine a scenario in which someone has lost consciousness and been admitted to hospital. As is so often the case, no one has made a plan for this situation, and shocked and scared family members find themselves caught up in a maze of choices. When doctors ask if they want "everything" done, they answer yes. Then the nightmare begins. For their part, doctors told to do "everything" will do it, whether it is reasonable or not. That scenario is a common one. Feeding into the problem are unrealistic expectations of what doctors can accomplish. Many people think of CPR as a reliable lifesaver when, in fact, the results are usually poor. If a patient suffers from severe illness, old age, or a terminal disease, the odds of a good outcome from CPR are infinitesimal, while the odds of suffering are overwhelming. But, of course, doctors play an enabling role here, too. The trouble is that even doctors who hate to administer futile care must find a way to address the wishes of patients and families. They do not know the doctor. Establishing trust and confidence under such circumstances is a very delicate thing. People are prepared to think the doctor is acting out of base motives, trying to save time, or money, or effort, especially if the doctor is advising against further treatment. Some doctors are stronger communicators than others, and some doctors are more adamant, but the pressures they all face are similar. When I faced circumstances involving end-of-life choices, I adopted the approach of laying out only the options that I thought were reasonable as I would in any situation as early in the process as possible. Should I have been more forceful at times? I know that some of those transfers still haunt me. One of the patients of whom I was most fond was a lawyer from a famous political family. She had severe diabetes and terrible circulation, and, at one point, she developed a painful sore on her foot. Knowing the hazards of hospitals, I did everything I could to keep her from resorting to surgery. Still, she sought out outside experts with whom I had no relationship. Not knowing as much about her as I did, they decided to perform bypass surgery on her chronically clogged blood vessels in both legs. Her feet became gangrenous, and she endured bilateral leg amputations. Two weeks later, in the famous medical centre in which all this had occurred, she died. Even when the right preparations have been made, the system can still swallow people up. One of my patients was a man named Jack, a year-old who had been ill for years and undergone about 15 major surgical procedures. He explained to me that he never, under any circumstances, wanted to be placed on life support machines again. Doctors did everything possible to resuscitate him and put him on life support. Then I turned off the life support machines and sat with him. The system had intervened. One of the nurses, I later found out, even reported my unplugging of Jack to the authorities as a possible homicide. But the prospect of a police investigation is terrifying for any physician. I could far more easily have left Jack on life support against his stated wishes, prolonging his life, and his suffering, a few more weeks. Almost anyone can find a way to die in peace at home, and pain can be managed

better than ever. Hospice care, which focuses on providing terminally ill patients with comfort and dignity rather than on futile cures, provides most people with much better final days. Amazingly, studies have found that people placed in hospice care often live longer than people with the same disease who are seeking active cures. Several years ago, my older cousin Torch born at home by the light of a flashlight had a seizure that turned out to be the result of lung cancer that had gone to his brain. I arranged for him to see various specialists, and we learned that with aggressive treatment of his condition, including three to five hospital visits a week for chemotherapy, he would live perhaps four months. Ultimately, Torch decided against any treatment and simply took pills for brain swelling. He moved in with me. We went to Disneyland, his first time. Torch was a sport nut, and he was very happy to watch sport and eat my cooking. He even gained a bit of weight, eating his favourite foods rather than hospital food. He had no serious pain, and he remained high-spirited. He spent the next three days in a coma-like sleep and then died. Torch was no doctor, but he knew he wanted a life of quality, not just quantity. If there is a state-of-the-art of end-of-life care, it is this: As for me, my physician has my choices. There will be no heroics, and I will go gentle into that good night.

Chapter 7 : Tenth Doctor | Tardis | FANDOM powered by Wikia

Other variations of the phrase include, "did he dieded" or "did x died," where X is the subject of the video. Origin The first recorded instance of the expression can be found in the comments section of a YouTube anime music video [15] uploaded on November 5th,

How bugs become superbugs CNN Two physicians who lost their young son to the flu last year want parents to listen to their message, born of great grief and suffering: Get your child a flu shot. He died on Christmas Day, less than 48 hours after he started feeling sick. Read More Laura and Anthony, a rheumatologist, had wanted to get Leon and his 2-year-old brother flu shots at a pharmacy. They lived in Texas, where state law prohibits pharmacists from vaccinating anyone under the age of 7. The Sidaris with sons Cameron and Tristan after getting flu shots this fall. The couple, busy with their newborn third child, Cameron, decided to get Leon a flu shot when they were going to the pediatrician anyway: Leon died 10 days before that appointment. Leon Sidari died 10 days before his flu shot appointment. In most states, there are limits or outright bans on pharmacists vaccinating children, and flu vaccine clinics at schools are the exception rather than the rule. Only 13 states allow pharmacists to vaccinate children of any age, according to the National Association of State Pharmacy Associations. Some states are changing their laws. New York used to bar pharmacists from giving flu shots to anyone under This year, after the historic flu season, the state changed its laws to permit vaccination for anyone 2 or older. There should be more of a push. William Schaffner, an infectious disease specialist at Vanderbilt University Medical Center, said more should also be done to make it easier for local health departments to offer flu shot clinics. The Sidaris are doing their part. Last month, they sponsored a "Say Boo to the Flu" event in their hometown, Albion, New York, where 59 children were vaccinated. Flu activity can peak in December, and holiday get-togethers can make the virus spread more quickly. It takes about two weeks for the shot to become effective after you receive it. A previous version of this story incorrectly stated where the Sidaris lived last year.

Chapter 8 : 'Dr Death' Jack Kevorkian, advocate of assisted suicide, dies in hospital | US news | The Guardian

However, he did permit the creation of several animated cartoons, an art form in which he had gained experience during World War II, and he gradually relaxed his policy as he aged. The first adaptation of one of Geisel's works was a cartoon version of Horton Hatches the Egg, animated at Warner Bros. in and directed by Bob Clampett.

Denison [9] after the brewery closed because of Prohibition. Geisel was raised a Lutheran. He took an art class as a freshman and later became manager of the school soccer team. As a result of this infraction, Dean Craven Laycock insisted that Geisel resign from all extracurricular activities, including the college humor magazine. He was encouraged in his writing by professor of rhetoric W. Benfield Pressey, whom he described as his "big inspiration for writing" at Dartmouth. His first nationally published cartoon appeared in the July 16, , issue of The Saturday Evening Post. Later that year, Geisel accepted a job as writer and illustrator at the humor magazine Judge , and he felt financially stable enough to marry Helen. "Seuss" was published in Judge about six months after he started working there. It spawned a song and was used as a punch line for comedians such as Fred Allen and Jack Benny. In , he wrote and drew a short-lived comic strip called Hejji. They also traveled extensively: They did not have children, neither kept regular office hours, and they had ample money. This was followed by Horton Hatches the Egg in , in which Geisel returned to the use of poetry. Essomarine Geisel gained a significant public profile through a program for motor boat lubricants produced by Standard Oil under the brand name Essomarine. At the January boat show for , visitors filled out order cards to receive Secrets. Geisel drew up a Certificate of Commission for visitors in A mock ship deck called SS Essomarine provided the scene where photos of "Admirals" were taken. That summer, Geisel released a second volume of Secrets. For the show, he sculpted Marine Muggs and designed a flag for the Seuss Navy. The final contribution to the Essomarine project was the mermaid Essie Neptune and her pet whale in The exhibit offered photos for a Happy Cruising passport. Seuss Goes to War , denounced Hitler and Mussolini and were highly critical of non-interventionists "isolationists" , most notably Charles Lindbergh , who opposed US entry into the war. In , Geisel turned his energies to direct support of the U. While in the Army, he was awarded the Legion of Merit. He received numerous awards throughout his career, but he won neither the Caldecott Medal nor the Newbery Medal. Three of his titles from this period were, however, chosen as Caldecott runners-up now referred to as Caldecott Honor books: Dr Seuss also wrote the musical and fantasy film The 5, Fingers of Dr. The movie was a critical and financial failure, and Geisel never attempted another feature film. During the s, he also published a number of illustrated short stories, mostly in Redbook Magazine. A number have never been reprinted since their original appearances. In May , Life magazine published a report on illiteracy among school children which concluded that children were not learning to read because their books were boring. William Ellsworth Spaulding was the director of the education division at Houghton Mifflin he later became its chairman , and he compiled a list of words that he felt were important for first-graders to recognize. He asked Geisel to cut the list to words and to write a book using only those words. The Cat in the Hat and subsequent books written for young children achieved significant international success and they remain very popular today. In , Dartmouth awarded Geisel with an honorary doctorate, finally justifying the "Dr. At the time, it was awarded every five years. Their names have been linked together posthumously: Seuss National Memorial Sculpture Garden opened in his birthplace of Springfield, Massachusetts , featuring sculptures of Geisel and of many of his characters. It should "demonstrate creativity and imagination to engage children in reading" from pre-kindergarten to second grade. He added the "Doctor abbreviated Dr. Political messages of Dr. Roosevelt and the New Deal. His early political cartoons show a passionate opposition to fascism, and he urged action against it both before and after the United States entered World War II. His treatment of the Japanese and of Japanese Americans between whom he often failed to differentiate has struck many readers as a moral blind spot. But right now, when the Japs are planting their hatchets in our skulls, it seems like a hell of a time for us to smile and warble: We can get palsy-walsy afterward with those that are left. The line was first used in such a way in ; he demanded a retraction and received one. That is all he can see. All ready to put up the tents for my circus. I think I will call it the Circus McGurkus. Geisel also wrote verse in trochaic

tetrameter , an arrangement of a strong syllable followed by a weak syllable, with four units per line for example, the title of *One Fish Two Fish Red Fish Blue Fish*. Traditionally, English trochaic meter permits the final weak position in the line to be omitted, which allows both masculine and feminine rhymes. Geisel generally maintained trochaic meter for only brief passages, and for longer stretches typically mixed it with iambic tetrameter , which consists of a weak syllable followed by a strong, and is generally considered easier to write. Shuffle, duffle, muzzle, muff They then switch to iambs for the oobleck spell: Go make the Oobleck tumble down On every street, in every town! Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. His later books, such as *The Lorax* , used more colors. This is true, for instance, of the faces of *The Grinch* and *The Cat in the Hat*. Almost all his buildings and machinery were devoid of straight lines when they were drawn, even when he was representing real objects. For example, *If I Ran the Circus* shows a droopy hoisting crane and a droopy steam calliope. Geisel evidently enjoyed drawing architecturally elaborate objects. His endlessly varied but never rectilinear palaces, ramps, platforms, and free-standing stairways are among his most evocative creations. Geisel also liked drawing outlandish arrangements of feathers or fur: He was also fond of drawing hands with interlocked fingers, making it look as though his characters were twiddling their thumbs. Cartoon lines are also used to illustrate the action of the senses—sight, smell, and hearing—in *The Big Brag*, and lines even illustrate "thought", as in the moment when the Grinch conceives his awful plan to ruin Christmas. Often, the expressive use to which Geisel put an image later on was quite different from the original. An editorial cartoon from July 16, [83] depicts a whale resting on the top of a mountain as a parody of American isolationists , especially Charles Lindbergh. This was later rendered with no apparent political content as the Wumbus of *On Beyond Zebra*. Another editorial cartoon from [84] shows a long cow with many legs and udders representing the conquered nations of Europe being milked by Adolf Hitler. This later became the Umbus of *On Beyond Zebra*. The tower of turtles in a editorial cartoon [85] prefigures a similar tower in *Yertle the Turtle*. Geisel once stated that *Yertle the Turtle* was Adolf Hitler. While drawing advertisements for *FLIT* , Geisel became adept at drawing insects with huge stingers, [89] shaped like a gentle S-curve and with a sharp end that included a rearward-pointing barb on its lower side. Their facial expressions depict gleeful malevolence. **Seuss bibliography** Geisel wrote more than 60 books over the course of his long career. Most were published under his well-known pseudonym Dr. His books have topped many bestseller lists, sold over million copies, and been translated into more than 20 languages. *Hooray for Diffendoofer Day!* *My Many Colored Days* was originally written in but was posthumously published in In September , seven stories originally published in magazines during the s were released in a collection titled *The Bippolo Seed and Other Lost Stories*.

Chapter 9 : How doctors choose to die | Society | The Guardian

Feb 11, Â· Dr. Robert Atkins, the diet doctor who popularized the notion that dieters could eat fat and lose weight, has been dead for nearly a year, after he fell on some ice and hit his head last April.

Tweet Paul Kalanithi, writer and neurosurgeon, dies at 37 Paul Kalanithi wrote essays for The New York Times and Stanford Medicine reflecting on being a physician and a patient, the human experience of facing death, and the joy he found despite terminal illness. Mar 11 Paul Kalanithi said his daughter, Cady, filled him with "a joy unknown to me in all my prior years. Gregg Segal Stanford neurosurgeon Paul Kalanithi , MD, who wrote eloquently and movingly about facing mortality after being diagnosed with lung cancer, died of the disease March 9. Kalanithi, who had recently completed his neurosurgery residency at the Stanford University School of Medicine and become a first-time father, was an instructor in the Department of Neurosurgery and fellow at the Stanford Neurosciences Institute. It affects us like a death in a closely knit family. He closed his Stanford Medicine essay with words for his infant daughter: In this time, right now, that is an enormous thing. He did so with customary bravery and poise, and died in peace on his own terms with his family around him. My brother achieved more in his short life than what most people do in twice that time. He was a good doctor, a good husband, a good father and a good man. I am extremely proud of him, both in life and in death. Rest in peace, my beloved brother. In , he graduated from Yale cum laude, winning the Lewis H. At Yale, he also met classmate Lucy Goddard, whom he married in His first reaction was to prepare to die and to encourage Lucy to remarry, he wrote in his New York Times essay. But his cancer responded to treatment, he regained strength and he returned to work in late , completing his residency last year. He and Lucy also decided they wanted to have a child. In addition to returning to surgery, Kalanithi shared his reflections on illness and medicine, authoring essays in The New York Times, The Paris Review and Stanford Medicine, and participating in interviews for media outlets and public forums. It completely surprised me that it resonated with so many people. Despite a relapse in the spring of , Kalanithi continued to speak to the public and write, including working on a book. His essays tapped an outpouring of gratitude from readers â€” from young people who had lost parents to seniors facing their own mortality, to teachers desiring to share his essay with students. The second, and really pleasing, development was the number of doctors who emailed to say that they planned to give the article to their patients or incorporate it into medical school curricula to help students understand the human impact of disease. That was really touching. Kalanithi, I could not hold my tears while reading your story. It is a sad story, but at the same time it is an amazing story to share. These are the type of stories that stop us, and make us re-think life and the way that we are living it. Your story has touched me deeply in a very positive way. After his diagnosis, he continued to joke, and laugh, enjoy the company of family, friends and colleagues, spend time appreciating nature and go wild at football games. He also helped raise money for lung cancer awareness. A memorial service will take place at 2 p. March 31 at the Memorial Church on the Stanford campus. Those attending the memorial are advised to arrive before 1: The Galvez Lot at Galvez St. Enter code at pay stations for complimentary all-day parking. Following the service, return shuttles will run from the top of the Oval to the reception at the Alumni Center. The reception will continue until 5 p. Box , Stanford, CA, Gifts can also be made online; instructions are available at [http:](http://) The fund will be used to recruit and support rural American students in the pursuit of a transformative education, a cause Kalanithi cared deeply about. Email her at manishma@stanford.edu.