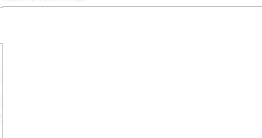


Narendra Jana

Email:

UK Cell:

US Cell:



GMC Reply May 15th 2020:

Dear Mr Jana

Your concerns about Drs Trip and Catania

Thank you for your correspondence of 5 May. I can see that you are unhappy with the outcome of your Rule 12 request regarding Dr Trip and Dr Catania. I am sorry we were unable to provide you with the outcome you were seeking. Our role as a regulator means we are bound by strict rules and we do our best to explain our decisions but we are always conscious that we often have to deliver what we know are likely to be unwelcome messages as a result of applying our various legal tests.

I can see that you are disappointed because no action has been taken against these doctors in relation to your concerns. I should begin by explaining that the GMC is not a general complaints resolution body. Our fitness to practise procedures and powers are only engaged in response to concerns that are so serious they might call into question whether an individual doctor's right to continue to practise medicine should be restricted or removed.

Dear Niall Kelly/GMC Review,

I would imagine that the new situation would be passed on to the triage team due the severity of the harm caused but in situations like this complains aren't considered as separate from the original complaint. That's a lapse in basic reasoning/logic.

Lets say that Dr. Trip tries to withhold medications/treatment in another instance of a ED (ER) setting to physical harm, that's additive to former instances. It will always be presented as a collective case to define the collective behaviour of the physician. Eg. if another instance occurs there will be another police report that indicates assault by the physician related to former instances (its always additive and collective).

So this would be considered a continuation of the same complaint, since its the same physician perpetuating more serious instances of harm in a second setting.

Ignoring history of why the physician perpetuated harm in the second setting doesn't make sense either, physical harm in the second instance adds weight to the first instance of falsified data. The new allegations are related to the first allegations.

Narendra
Jana

The Assistant Registrar has read through the extra material that you have provided since your review was closed and have maintained their position that the original decision must stand.

However, I can see in your correspondence that you have expressed some new concerns regarding incidents that occurred on 13 and 14 April 2020. These concerns have not been addressed by us previously and so will be passed to our Triage team to consider as new allegations.

I know that you feel the Assistant Registrar should have taken action against Dr Hamman, however I cannot see anything to indicate that the Assistant Registrar has not grasped the main issues raised in your original complaint.

Whilst I acknowledge your continued dissatisfaction with our decision not to investigate your complaint, I am afraid that I cannot add anything further. We have thoroughly explained our position and our decision to close your complaint remains the same.

Please note that any further correspondence from you regarding this complaint will be added to file and we will only be able to

The first situation indicates intent and motivation and the second instance indicates how the physician perpetuates physical harm. The second situation is an example of assault by a physician by withholding medications.

The second situation occurred because the first situation wasn't addressed appropriately by the GMC (Dr. Trip should have been restricted so he doesn't harm the patient, and he predictably harmed the patient when he wasn't).

The collective predictable behaviour of Dr. Trip and Dr. Catania also falls under immigration law for those in asylum and refugees as well (harming a refugee for the same cause of asylum; in this case for the sake of intentional intellectual/physical disfigurement through medical negligence, is illegal). This is a police matter as well. So this case is unavoidable.

The response has some errors as well. Its not against Dr. Hamman (no clue who Dr. Hamman is and never mentioned). Its against Dr. Trip and Dr. Catania and now against the physicians in Addenbrookes for supporting Dr. Trip by falsifying reports to deny medical treatment in clear gross medical need with gross evidence of medical need.

The disease exacerbation in ED (ER) from April 11th to 14th 2020 is perfect mathematics in a person that has secondary progressive Multiple Sclerosis. It could be predicted that this presentation would occur given the test that Dr. Catania falsified, which puts Dr. Catania in blame; Dr. Catania is unable to hide disease pathology by falsification due to disease progression. His initial attempts at hiding/mystifying the pathology indicates a delusion against a

Narendra
Jana

respond if there are new issues that we have not previously addressed.

Thank you for taking the time to write to us. I suspect you will continue to hold strong views on this, and I am sorry we are unable to give you the outcome you wanted. A member of our Triage team will contact you in due course regarding the new concerns that you have raised.

Yours sincerely

Niall Kelly
Corporate Review Team Administrator

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Telephone: **0161 240 3004**

progressive clinical conditions (hiding the pathology never succeeds in medicine).

The GMC is questionable is appropriate review, exemplified in repeated instances with repeated evidence.

The physician/physicians would be required to restricted in harming the patient because he clearly already has, it's a predictable behaviour in criminality.

Criminals don't generally stop in assailing their victims until they are forcefully restricted since they don't generally have the intellectual capacity or mentality to do so.

Thanks,
Narendra Jana

Narendra
Jana