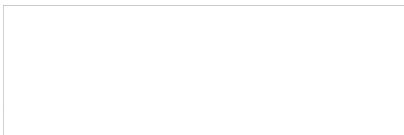


Narendra Jana



### GMC Response March 17<sup>th</sup> 2020

Dear Mr Jana

Thank you for contacting us and taking the time to raise your concerns.

We have carefully considered your complaint, but while we appreciate your reasons for writing to us, we don't feel that these are issues that would warrant further GMC action being taken. We are sorry if this is not the outcome that you were hoping for.

Please be assured that our decision is not, in any way, meant to negate or minimise the distress caused to you as a consequence of the matters you have outlined. However, we can only take action when we believe a doctor is not fit to practise and we do not consider this to be the case.

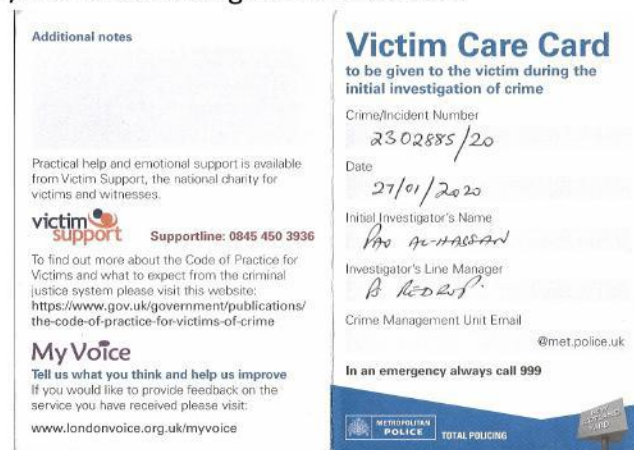
### Our Role

Our role is directly related to the registration of doctors. Our responsibilities are all connected to keeping the Medical Register. We oversee medical education; we give entry to the Register for those suitably qualified; we advise on good medical

### My Response to the GMC Response

The GMC is in a questionable position in not investigating cases appropriately.

This case originated from a police report to the London MET against Dr. Trip and Dr. Catania, under case number 2302885/20 since the doctors and the hospital were replicating medical fraud in a person in asylum in the UK escaping from medical fraud/malice with the intent of physical/intellectual disfigurement abroad.



The basis of asylum makes it a heightened case.

The police understood the criminality of the case but they didn't have the resources to analyze medical data in the large case listing that was given to them so they recommended the GMC to review the case. So I contacted the GMC but the GMC's response addresses little if none of the data given to the GMC (it doesn't appear that the case

Narendra  
Jana













## Next steps

We note that you have raised your concerns PHSO, who have suggested matters of criminal fraud are outside of their remit. The Ombudsman's role is to investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England. We would

Overall, the GMC needs to have a closer look at this case. The current response is completely and easily negated and puts the GMC in a questionable position in not investigating cases appropriately.

In order to defend Dr. Trip, the GMC would have to defend Dr. Trip and Dr. Catania to the points made in this reply.

And then defend them against past instances of fraud or criminal negligence, which have an over abundance of evidence to substantiate, then defend them against other diagnostic data taken before Dr. Trip's attempt at perpetuating the same situation (which is why his diagnostics were arrested at the first instance of falsification before any further tests were falsified).

The test wasn't cancelled because "we note that you cancelled further diagnostic testing, because you "had them done before"".

The GMC would have to describe in detail how Dr. Trip's and Dr. Catania's attempt isn't different or doesn't typify the same behavioral pattern as former instances. Which would be hard considering the involved nature of this case. The idea that they tried at all is automatic implication.

## The other pertinent points are:

**Its undetermined if the EEG test done on the 18<sup>th</sup> of September is also falsified but its appears to be so.**

The EEG shows spikes and I am most likely in a interictal state like all former EEGs. Its known that I'm epileptic. **Figure 7** explains this in detail.

## It's a progressive form of MS

It is a secondary progressive form of MS which means that each subsequent test will show even greater deviations from the

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Jana



encourage you to seek further advice from the PHSO as required.

**The Parliamentary and Health Service Ombudsman**

Millbank Tower  
Millbank  
London  
SW1P 4QP

**Tel:** 0345 015 4033

**Email:** [psho.enquiries@ombudsman.org.uk](mailto:psho.enquiries@ombudsman.org.uk)

**Website:** [ombudsman.org.uk](http://ombudsman.org.uk)

If you would like any assistance with raising your concerns, you may wish to contact the **NHS Complaints Advocacy** service. They are a free and independent service that can help a person make a complaint about the NHS. Go to <http://nhscomplaintsadvocacy.org> to find out more.

diagnostics done is this setting and not to mention external presentation. This test already shows a clear gross deviation with malformed graphs.

If this condition leads to immobility or disability Dr. Trip and Dr. Catania will be partially held accountable for it due a falsified test against a person in asylum. Since the purpose of past medical negligence was demonstrated to be with the goal of causing intentional physical disability or intellectual disfigurement through neurological damage it doesn't help Dr. Trip's case. If physical disability beyond current disability occurs Dr. Trip is held accountable for it. These points are easy to show in a legal setting.

**How the hospital acted inappropriately when trying to gather medical records at the fear of defending the falsification ("Statement by Statement negation of the letter from Claire Harrison and Trish Turner-E1-2621276254-Narendra Jana.pdf" substantiates this)**

- (there is more data that could be sent to the GMC to substantiate this; explicit evidence to demonstrate the hospitals inappropriate reaction)

The hospital acted in an inappropriate way when I tried gathering medical records/data to validate the clear attempt at falsification.

A neurophysiologist (not Dr. Catania), when gathering the records (which is patient rights) at the hospital stated that the inappropriate behavior of threatening to remove me for requesting data in the hospital was directed by either Dr. Trip, Dr. Catania or the complaints department in hospital due to a complaint by me against the hospital for falsifying (mis typifying) data. The hospital didn't want to rescind the diagnostic evidence (data) because they had to defend it. They had no defense.

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Then any DICOM viewer would be able to view the files.”

Original:



**Epilepsy**

As for epilepsy, its known that I have seizures. It would be easy to measure the preictal effects of a seizure but its harder to materialize a seizure. You could only determine it by inference or long term ambulatory EEGs. Its also not productive treating it under epilepsy because its neuroinflammatory in nature (clinical syndrome gets far worse on antiepileptic medications).

**MRI**

Another MRI isn't needed because the last MRI was in July (less than 3 months) and it showed lesions in the cervical spine and brain.

Instructions on how to open that and former MRI series:

First transfer CD image files to your local desktop computer.

Then double click the file (it should open as a CD in either a Mac or a Windows PC because they are ISO files [disk images])

Then any DICOM viewer would be able to view the files.

(Figure 2 in attached document)

Since he was able to open the USB drive and describe its contents in detail in his report, he had enough diagnostic data to deconstruct the case. (So far the entire response by the GMC is completely negated within the data/reports given to the GMC).

But there is another point, feigning to not be able to view data was a typical tactic used in other instances of medical negligence/mistreatment. This was demonstrated in the overall case and the idea is “if we don't see it and if we don't mention it, it doesn't exist to us”. It's a fairly typical and immature tactic in medical negligence cases but also demonstrates intent in my case (this could be explained in a trial/legal setting in the overall case). Describing a doctors predictable behavior in medical negligence cases is necessary to demonstrate how Dr. Trip replicates the same behavior. I do have a copy of Dr. Trip's USB so I could demonstrate these points. (a picture of the file listing of the original USB is given as attachment to this response, **Figure 1**)

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