Narendra Jana

GMC Response March 17th 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

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practice while registered; and we remove or restrict registration in response to fitness to practise concerns where there may be a risk to patient safety.

An investigation can only be opened if the concerns raised are so serious that the doctor's fitness to practise medicine is called into question to such an extent that action may be required to stop or restrict the way in which they can work to protect future patient safety.

The purpose of an investigation is to determine if or to what extent we need to restrict the doctor from working. We are not a general complaints body and we have no legal powers to intervene in or resolve matters for patients.

Dr Catania Aguero

You have said that this doctor intentionally falsified test results. However, the local investigation concluded that this could not have been possible, as the doctor was not aware of your immigration situation. Therefore, the allegation of colluding with overseas doctors with fraudulent intent cannot be substantiated.

We also note that a full investigation found all of the tests were carried out as per procedure, and concluded that there was no issue with the worker looked at any of the reports or data) and the response is completely and easily negated within the data/reports given to the GMC.

The GMCs response only further implicated the doctor its against and more importantly the GMC.

This complaint against the UK doctors wouldn't be severe enough to indicate that the doctor is "not fit to practice". But does indicate the role of the doctor in perpetuating a repetitive scenario in a person in asylum and further extending the case of asylum (it strengthens the cause of asylum).

This case wouldn't warrant that the doctor would have to be stopped from working but may have to be restricted in using falsified diagnostic tests and medical evasiveness to mis typify diagnosis to limit help for medical patients.

Dr Catania Aguero

Dr. Catania didn't need knowledge of the immigration situation to write a appropriate diagnostic report; its not in his role as a medical professional to know. But he is required to write appropriate reports. Dr. Catania works closely with Dr. Trip (Dr. Catania does all the frequently done neurophysiology tests for Dr. Trip as a MS doctor) and was in close contact with Dr. Catania when Dr. Trip was fully aware of the immigration status of asylum and reason for asylum (intentional medical negligence in US/foreign settings with the intent of causing neurological damage to physical/intellectual disfigurement) as stated in his 18/9/2019 report:

"He arrived in the UK on July 24th and sought asylum on August 5th on the basis of medical mistreatment of his condition in the USA. He outlined the reasons for this and

diagnostic findings. As such, there is no suggestion that the intentionally provided falsified test results.

explained that there are allegations of negligence and fraud including falsification of medical reports."

Original:

right handed US citizen who has an electrical engineering degree and has worked in IT. He arrived in the UK on July 24th and sought asylum on August 5th on the basis of medical mistreatment of his condition in the USA. He outlined the reasons for this and explained that there are allegations of negligence and fraud including falsification of medical reports. He

But Dr. Trip wasn't aware of the explicitness of evidence of medical fraud and criminal negligence in this case, which is why it may have been attempted to be perpetuated in this setting.

Considering past instances the idea is most likely "if we keep doing it you could get away with it in this instance."

It is very clear and apparent that Dr. Catania did falsify (mis typify) the diagnostic report (substantiated by MRI data and surrounding data). Document **Figure 4** explains this in detail along with medical reference.

The medical statements made in the diagnostic report are mis representations relative to the data (gross malformations in SEP graph data that indicate pathology or disease effect, neurodegeneration). This is apparent in simple comparison within the data sent to the GMC by comparison of two hemispheres done in a SEP and medical reference.

Dr. Catania is making mis statements in a diagnostic test and its easy to demonstrate similarity to former instances of criminal fraud and negligence leading to Dr. Trip.

With medical experts (and especially with an overabundance of surrounding medical data and evidence outside of this setting) Dr. Catania is easy to negate with no effort. Circumstance highlights the case.

Dr Trip

You have alleged that this doctor delayed diagnosis or refuted previous data which may have indicated a diagnosis of MS. However, the doctor had requested the information on a CD as he couldn't open the flash drive provided. We note that a separate practitioner had highlighted "aberrations" in the results, however it was felt that this practitioner did not have the correct level of experience to decipher such results, and the information was passed to an experienced UK consultant who offered their findings.

We note that you cancelled further diagnostic testing, because you "had them done before", however the results provided to the UK consultant could not be opened, and UK tests and results were

Moreover it doesn't matter if it is ever demonstrated that he "colluded with other practitioners" because circumstance and behavior of the two physicians (later explained in section below "how the hospital acted inappropriately when trying to gather...." the medical records for the test) show intent. The Dr. Catania and Dr. Trip or the hospital complaints department directed the neurophysiology department to remove me for requesting medical records in fear of defending diagnostic fraud.

The GMC's response of "no issue with the diagnostic findings" isn't substantiated by the data in this diagnostic test and surrounding diagnostics and calls the GMC into question (reference **Figure 4**). There would have to be a unbiased third party not involved with the NHS that would have to analyze the data.

Dr Trip

Most of the statements in this response by the GMC are false relative to the statements in Dr. Trip's own reports sent to the GMC, which also calls the GMC into question.

The statement "the doctor had requested the information on a CD as he couldn't open the flash drive provided" is wrong. Dr. Trip could open the USB drive but he claimed he couldn't open the image files of the CDs (MRI ISO disk image files, for which I gave clear instructions thereafter). Dr. Trip explains this in his 18/9/2019 report: "Narendra provided a USB stick which contained a huge amount of information which I will not attempt to summarise due to the complexity. The key points however are that he has had multiple MRI investigations in different countries, lumbar puncture, evoked potentials and blood tests. Unfortunately, I was unable to open any of the images with one of my neuro-radiology colleagues to view them myself. I do know that some of the reports mention the presence of lesions including the first imaging showing changes in basal ganglia but another report mentions the absence of lesions. He has had a CSF examination in Berlin which mentions the absence of oligoclonal bands in the CSF. He has had numerous VEP studies, some of which have shown a delayed latency; SEP studies have been normal; EEG was said to show inter-ictal epileptiform discharges. He has had numerous other investigations including PET scanning and neuropsychometry.

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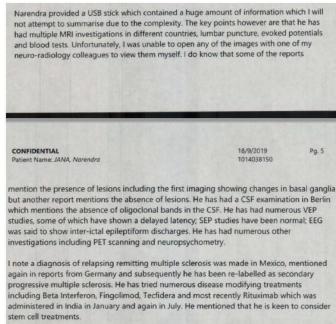


needed to offer any diagnosis or support, as per trust guidelines. Accordingly, we will be closing this concern with no further action to be taken.

In terms of the allegation that the doctor colluded with other practitioners at the trust to falsify your results, we can see no information to outline that the actions of the doctor were malicious or intended to harm the patient in any way. We note that the doctor made efforts to ensure that the information was assessed by a doctor with the correct level of experience however we have not been able to identify any information to support the allegation that there was a level of fraud or collusion. As such, we will also be taking no further action regarding this matter.

I note a diagnosis of relapsing remitting multiple sclerosis was made in Mexico, mentioned again in reports from Germany and subsequently he has been re-labelled as secondary progressive multiple sclerosis. He has tried numerous disease modifying treatments including Beta Interferon, Fingolimod, Tecfidera and most recently Rituximab which was administered in India in January and again in July."

Original:



He was also given clear instructions on how to open the ISO MRI image files (essentially double click file) in the email to his secretary, Mrs. Mackenzie, on October 15, 2019 before the phone appointment with Dr. Trip on the $16^{\rm th}$ of October as quoted below:

"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 JSO files [disk images])

Narendra Jana

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In the USB, the folder "Falsified Medical Data" contains examples of medical falsification (they are easy to prove examples in fabricating data sets against gross presentation and surrounding medical tests) and these are examples of how medical fraud was perpetuated in the past. Dr. Trip doesn't mention the easy to demonstrate nature of the fraud but he does mention the tests. (Figure 3 in attached document).

Dr. Trip's statements in neurology/reflex check isn't accurate either:

On examination he looked well. He read 15 out of 17 Ishihara plates correctly with both eyes. Pupil responses were normal. He had a fairly symmetrical constriction of visual fields in both eyes but this followed a cylindrical pattern. Optic discs were not unequivocally pale. Eye movements were full with no INO. On testing facial sensation he reported that pinprick was reduced on the left side of the face. Facial power was normal. In the upper limbs there was initially a delayed shoulder shrug on the left which was not reproduced. Tone was normal. Power was grade 5 throughout. Coordination was normal although slower on the left and reflexes were just present and symmetrical. The only sensory deficit was reduced pin prick affecting the fingers of the left hand. In the lower limbs, tone, power and coordination were normal. Reflexes were just present with reinforcement and plantar responses bilaterally flexor. Sensory examination was normal. His gait was entirely normal.

Documents **Figure 5/6** demonstrate this. Diagnostic tests with high resolution images of the optic disks, MRI data, neurophysiology data, and the multitudes of video presentations in former ER/hospital settings negate Dr. Trip.

There is another appointment with Dr. Trip on the 18th of September mentioned in his report but doesn't describe in detail. Dr. Trip viewed my former MRI done in July 2019 on the 18th of September and denied the clear presence of atrophy, neurodegeneration and lesions in the cervical spine in gross presentation and against a MRI report. Dr. Trip became defensive in this appointment when I specifically showed the images of lesions in the cervical spine MRI. He made a senseless argument to the quality of the lesions in the MRI and tried to dismiss them (once again showing intent) against the MRI report.



These features are seen in more than 7 MRIs of brain and spine done before and make Dr. Trip's appointment statement impossible. This is when the doctor's intent became clear and was soon validated by Dr. Catania's diagnostic falsification. The diagnostic was done later in the day on the 18th along with a short EEG. In historical situations doctors tried to validate false statements with false diagnostics in a criminal situation so this pattern was easy to recognize.

Additively it appears that the report for the EEG done on the 18th is also falsified (**Figure 7**), the EEG shows interictal effects that indicate seizures. It further implicates the hospital.

The SEP test data does reflect that there are lesions in the cervical column even according to Dr. Trip's own statement in the appointment that "VEPs/SEPs aren't used to describe latency, though useful [since latency changes often due to vacillations in inflammation]. They are used to determine damage (lesions) from former inflammatory periods." In the NHS VEP/SEPs aren't done more then once according to Dr. Trip. **Figure 6** explains this in detail. There is perfect correlation between SEP data (not Dr. Catania's report) and the MRI images shown in the appointment. This is a correlation seen in at least 7 MRIs before that show progressive atrophy in the cervical spine. **Figure 5** explains this in detail.

Citing "experience" in a clear progressive neurodegenerative condition with gross presentation and a overabundance of clinical data (over 15 MRIs of brain and spine that show progression in neurodegeneration) to substantiate and when the patient is often in hospital settings or ER settings requiring emergency treatment doesn't help the case of Dr. Catania or Dr. Trip.

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 18th 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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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: phso.enquiries@ombudsman.org.uk

Website: 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.

The hospital then tired to "spin" their clearly inappropriate behavior with an additively inappropriate letter, the contents of which I demonstrated as being falsified with explicit evidence (my side by side response of the letter is included with this reply, "Statement by Statement negation of the letter from Claire Harrison and Trish Turner-E1-2621276254-Narendra Jana.pdf"). Once again showing intent of the diagnostician.

The diagnostician was clearly afraid of rescinding the medical data at the fear of validating the statement of falsification, which indicates their involvement and guilt.

Collectively its easy to demonstrate intent in these situations. None of these points work in the favor of Dr. Trip and demonstrate intent in medical negligence.

Medical treatment was denied in a Emergency Situation:

A ER (ED) department in a different hospital refused to give emergency treatment for MS in a severe state.

Which is another GMC matter.

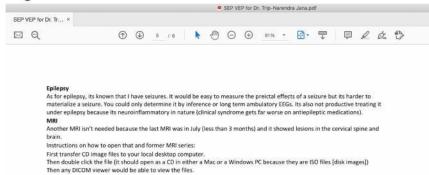
The persistent effect:

I have already been in a ER setting once due to the severity of the mistreatment of MS and denied treatment. What happens if I am in a another severe emergency situation requiring ER treatment? What if I was completely immobile or blind due to mistreatment? Will the ER professionals once again act in an immature way to deny help and laugh at the misfortune of MS patient when the patient needs help? That's once again gross illegality.

Does the GMC understand the immaturity of the situation and why its inappropriate, illegal, and unrealistic to perpetuate it?

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

Original:



(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)