

But the point it that the clinicians are withholding medications in gross needs that would require the help of law enforcement limit. Assault in medical institutions with clear defined intent isn't something that could be trivialized.

The reason for assault in a medical setting appears to be with the object of my immigration status in the UK, which is refugee from a foreign nation. The reason for asylum (refugee) in the UK is medical mistreatment in a foreign nation with the object of physical/intellectual disfigurement.

As for the limitation in medical treatment due to coronavirus:

IV methylprednisolone only suppresses the immune system to immunodeficiency after months of consistent treatment (unachievable in short term clinical settings over 5 days). Plasmapheresis is also a limited efficacy treatment where immunodeficiency is reacquainted within 2 weeks of treatment. Its medically irresponsible to not give the medications in this setting.it still doesn't negate that the medial reports are clearly falsified and the presentation is gross need (thus there were two ER appointments on the 11th and then 13th to 14th April 2020). As the ward doctors stated there are clean facilities in another hospital where I could be transferred to for the medications as well.

Methylprednisolone was administered at home 24 hours after discharge (when there was no improvement), putting the patient at risk in administering the medicating at home with no supervision. A situation that was entirely created by the clear medical negligence of Addenbrookes hospital. The condition was stabilized after several doses over several days.

Within 5 doses of methylprednisolone I slowly recovered mobility in my right hemisphere (which was initially intermittent), which is the typical historical situation in other ER/inpatients when the medication was administered.

This situation is appropriate for charges of assault against the clinicians involved.

Thanks,

Narendra Jana

----- Original Message -----

Subject:Police told me to contact Ombudsman for charges of assault against the physician that committed clinical fraud in Reference C-2003017
Date: 2020-04-24 11:43
From: Naren Jana <realn@mykolab.com>
To: Phso Enquiries <Phso.Enquiries@ombudsman.org.uk>, Naren Jana <realn@mykolab.com>

Hello Parliamentary Healthcare Ombudsman,

Reference C-2003017

I was told to contact the Ombudsman when I contacted the police for charges of assault for a new situation on April 13th and 14th 2020 against the clinician that committed clinical fraud in the original review: Reference C-2003017.

The doctor that the original ombudsman's complaint is against committed assault on the patient in a medial institution on April 13th and 14th 2020 by withholding medications and ignoring clear gross presentation. He directed the physicians in the Addenbrooke, Cambridge ER (ED)/wardroom setting to ignore the clinical condition in an attempt to not admit to clinical fraud (clinical fraud was the object of the initial complaint to the Ombudsman).

The link below gives more evidence and details to the situation:

<http://www.narenjana.com/police/case/>

There is video and audio data to substantiate the clinical presentation and the motivation of the clinicians.

The discharge notes are given for the ER/Wardroom on April 13th and 14th but once again its clinical fraud (counter to the clear presentation of the patient in video and stated in audio).

The course of events from April 11th to April 14th:

I first went to the ER (ED) on Saturday the 11th of April 2020, the doctors in the ED at that point in time understood that I needed the medications but denied treatment (discharged).

Narendra
Jana

