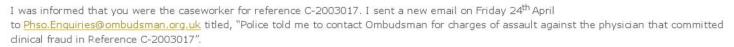
Update to C-2003017 for police report and additional evidence to substantiate police report for assault

From Naren Jana <realn@mykolab.com>

To <Rizwana.ahmed@ombudsman.org.uk>, Naren Jana <realn@mykolab.com>

Date 2020-04-29 00:46

Hello Rizwana Ahmed,



You should have received the email by now, if not its forwarded in this email.

The over April 13th and 14th the situation with Dr. Trip has escalated to assault in a medical institution (withholding medications to mistreat a patient in gross presentation and need) and resulted in a police report against the doctor for assault. The police told me to inform the Ombudsman to press charges of assault.

The assault was due to dinical fraud that Dr. Trip and Dr. Catania perpetuated but it is clear to demonstrate that there is an intent to harm the patient in this medical setting in this instance. Its also clear that there is medical fraud within the medical institution in Addenbrookes to support Dr. Trip as well.

I complied an additional list of evidence to show that Dr. Trip not only directed removing me from the medical ward in Addenbrookes but that his fellow colleagues in Addenbrookes falsified a medical report against clear gross presentation.

This link gives additional and more detailed evidence (this link is different from the link to the police):

https://www.narenjana.com/police/case/full/

(Gives evidence of falsifying reports of medical presentation Addenbrooks to uphold medical fraud to the point of harm by Dr. Trip).

(Taken from the link) These points demonstrate the diagnostic fraud to harm in this setting (April 13th and 14th) requiring a police report:

Dr. Ali Fayad gives clear statement of an inability to illicit response in the right side of my physiology and there are videos taken of the presentation that could easily show the severity of the condition. The medical discharge report in the medical setting is falsified.

In an attempt to trivialize the state of the patient, the report is falsified but dearly to an unrealistic extent in Addenbrookes Hospital.

There is a clear indication that the clinicals are breaking patient data compliance in the medical setting as they cite "your current status in the UK" (referring to my immigration status) as the reason for not acknowledging or treating the condition.

There was another ER attempt in Addenbrookes on April 11^{th} , where the neurologist feigns a report as well, which creates an escalated situation with a far grosser dinical presentation on the 13^{th} and 14^{th} requiring an ambulance (due to an inability to move my limbs) and then an inpatient in the hospital.

In a former ER setting in 2019, the ER doctor refuses to give the medication for a MS relapse as well, in a slightly lesser presentation (on November 21st 2019).

ER Medical Treatment denial on November 21st 2019 in Bournemouth Hospital

The evidence of clinical fraud is repeated and gross in UCLH, with falsification of both the SEP and EEG conclusions in addition to Dr. Trip's clinically false statements. The surrounding behaviour of Dr. Trip indicates this situation:

Evidence of Clinical Fraud-SEP Evoked Potential Test is Falsified in UCLH: (Figure 4-2302885:20-Narendra Jana. pdf).

Surrounding Medical Data Shows the Clinical Fraud: (Figure5-2302885:20-NarendraJana.pdf).

The VEP Test is Substantiated as a Medication Response: (Figure 6-2302885:20-Narendra Jana. pdf).

The EEG Test Report is Falsified in UCLH: (Figure7-2302885:20-NarendraJana.pdf).

Dr. Trip and Dr. Catania react poorly when asking for medical records in UCHL in an attempt to hide the medical fraud in their setting (they tried to remove me from UCLH for filing a complaint against the hospital for clinic fraud). Requesting medical records is part of patients rights and this indicates the misconduct and intent of the physician:

UCLH Removes me requesting medical records in order to hide dinical fraud: (UCLHRemovesmeforRequestingMedicalRecords-2302885:20-NarendraJana.pdf).

Narendra

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 dinical settings over 5 days). Plasmapheresis is also a limited efficacy treatment where immunodeficiency is reacdimated 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 dearly 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 dinicians 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 dinical presentation and the motivation of the dinicians.

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 11^{th} to April 14^{th} :

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

By the 13th of April my situation has rapidly worsened, after a short walk to the post office on the 13th of April I came back home and lost all feeling in my arms and legs (typical of a MS relapse). When I tried to stand up and walk I couldn't move the entire right side my body (like a stroke).

I called 999, which called an ambulance that transported me to the hospital (Addenbrookes Hospital, Cambridge). The physicians tried denying the gross presentation (which is clear and recorded for future reference) but then eventually cited "your current situation in the UK" and Dr. Trip as the reason for denying medical treatment though its clear that I was in gross clinical need for medications at that point in time. They failed to evaluate the case in hospital (citing Dr. Trip), misstated what they did evaluate, ignored the lack of response in my right body even after a neuro test, and discharged me in a severe state when I was clearly not fit for discharge (against the "Ready (Clinically Fit and Ready) for Discharge" document).

So assault by Dr. Trip by withholding medications through the other physicians at Addenbrookes Hospital.

Its clear that I need protection in medical settings from clinicians that perpetuated clinical fraud and that the clinical fraud is undeniable due to this situation. The police stated that I should contact the Ombudsman for them to conscript charges of assault Dr. Trip and the other physicians involved:

"They will take on board your complaint and investigate the matter further and then, if needs be, will make a referral to police to progress criminal proceedings for any wrongdoings they may find."

The complaint has clearly evolved to a new and immediate situation. This problem needs to be rectified soon since I may need to be in a ED (ER) setting soon.

Thanks,

Narendra Jana

On 2020-03-31 11:04, Phso Enquiries wrote:

This message has been sent to you by phso.enquiries@ombudsman.org.uk.

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If you have Egress installed, simply open the attachment.

Regular user? Download our free desktop or mobile apps.

Having problems accessing the email? Click Here

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