

Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London SW1P 4QP

Michael Jones
[Address]

By email

23 September 2013

Dear Sir or Madam,

Complaint re: the failure by Guy's & St. Thomas' NHS Trust's Complaints Dept. to resolve my complaint to them of 19 March 2013.

On 19 March this year I submitted a complaint to Guy's & St. Thomas NHS Trust Complaints Dept. to address various failures in the process of reports made on the findings, and subsequent consultation over, an MRI scan of my brain, made on 02/10/2008 at St. Thomas Radiology Dept. (see enclosure 1).

The complaint sought explanations on four issues, the most important of which were the failures of both St. Thomas' Radiology Dept. (in their initial reporting of the scan results), and of Guy's Neurology Dept. (during my subsequent consultation with Dr. Thomasin Andrews there), to alert either the referring physician at the South London & Maudsley NHS Trust, or myself, of an evident anomaly revealed by the scan.

The complaint drew attention to selected images from the scan published on my website at: <http://somr.info/report>, where there is displayed a three-image sequence from Series 7 of the MRI scan. These three images reveal the presence of what I understand to be a small object of non-biological origin, to the right of my vertebral column, just below the base of the skull. The implication is that this object had been placed in my neck surreptitiously via an incision in the back of my throat during a 'tonsillectomy' operation I underwent at the North Staffordshire Infirmary (now the University Hospital of North Staffordshire), in April 1967, shortly before my sixth birthday.

I first became aware of a question over the propriety of my tonsillectomy operation in 2001, 34 years following the operation. I became aware of evidence to suggest that the principle purpose of this operation was not simply the removal of my tonsils, but, in fact, the creation of an opportunity (in spite of the apparent improbability of the suggestion) to surgically implant a series of surreptitious technical devices in my neck area. A full historical description and analysis of the events surrounding this operation, my subsequent medical history, as well as suggestions for the medical and technological justification for such an enterprise, are presented at the above website, and in my personal report: *Special Operations in Medical Research*, downloadable there as a pdf document.

The unavoidable inference from this collection of evidence (including evidence from two brain MRI scans) is of a level of secretive and organised *criminal* activity, aimed at a piece of highly specialised neurological research, and implicating certain offices of the UK Government and the Health Service.

The suggestion behind my complaint to GSTT was therefore that St. Thomas' Radiology Dept. and Guy's Neurology Dept. had engaged in an inter-departmental cover-up of medical evidence, as the doctors there found themselves unable to discuss or disclose the anomaly revealed by my MRI scan, for two principle reasons:

- 1) As the object revealed by the scan was an illicit implantation, and without any medical precedent, there was no existing medical definition or diagnostic category with which to describe it.
- 2) The presence of such an unidentifiable object in my neck area could only indicate the suggestion of clandestine (illegal) activities by medical professionals at some point in my earlier medical history, and therefore to disclose knowledge of it would be to break some implicit code of secrecy. It therefore presented the doctors at Guy's & St. Thomas' with the prospect of an unmanageable controversy, which, had they opted for disclosure, would have only compromised them professionally, and exposed them to personal vulnerability.

The original MRI Findings report made by Dr. Scott Hawkins had concluded with the statement: "*No significant intercranial abnormality identified*". Interpreted literally and precisely, this statement does not actually exclude the possibility of an *unidentifiable* abnormality. The statement could be interpreted as non-committal and ambiguous — as an avoidance of the issue — with respect to an apparent abnormality for which there was no available diagnostic interpretation.

My complaint therefore sought a reappraisal of the MRI evidence, through the overview of the Complaints Dept., and in the light of the additional evidence published on my website. The Complaints Dept.'s response (enclosure 2) was written on 16 May 2013, but was delayed until 3 June awaiting approval by the Trust's Chief Executive, Sir Ron Kerr. The progress of the complaint is described in detail at: <http://somr.info/report>.

The impulse of the response was defensive; i.e., to provide 'reassurance' of the 'absence' of any alleged cranial implants, the accuracy of the original MRI Findings, and the insignificance of the failures in the reporting process from 2008. It reiterates a version of the conclusion of the original MRI Findings report made on 6 October 2008, of: "*No significant intercranial abnormality and some small vessel ischemia*" (it omits the word "identified", after "abnormality", in the original). It states: "*..your MRI has been reviewed again by the Neuro-radiologists on 8th May 2013. They say that they agree with the original neuro-radiology report of Dr. Hawkins*". The response however included no documentary statement of this 'review', and no indication of the identity of the physician(s) affirming this second opinion, and therefore remains entirely unconvincing (my complaint had already asserted that the reason for the Radiology Dept.'s failure to attach the MRI Findings report to the online copy of the scan, in October 2008, was in an attempt to obscure the identity of the original reporting radiologist).

The response went on to state:

"The specific structures about which you have expressed concern and which you have highlighted on your website are as follows: - the saggital sinus (a vein running across the brain between the two hemispheres), and the left vertebral artery (seen with some surrounding soft tissue).

I have been advised both are normal structures and are seen on all MRI Brain."

At the time of making this complaint, the images referenced on the website included some speculation about image 26 from Series 7 (of the extreme rear of my skull, in addition to images 13-15), which I had thought may have also been anomalous. I am now satisfied that image 26 is an image of the *sagittal sinus*, and is normal, and so I have removed this reference. The remaining three images in sequence are those it is suggested in the above quotation are explained in terms of the “left vertebral artery” – an explanation which is clearly erroneous, as the object referred to in these images lies on the *right* (not the “left”) of the vertebral column.

In its reliance on what is clearly an error in explanation, the response to my complaint is bogus and ultimately unsustainable. It appeared therefore as a tactical response, made in actual awareness of the anomaly revealed by the MRI scan, but whose purpose was to delay an honest and open response to the substance of the complaint, in defence against anticipated legal action.

In view of my dissatisfaction with GSTT’s response, in respect of the points noted above, I sent a letter in answer to that response, dated 23/07/2013 (see enclosure 3). This letter stressed the significance of the series of omissions detailed in the four points listed in my original complaint, as constituting evidence of a persistent cover-up of medical evidence by the Trust, and the clear inadequacies in the response from the Chief Executive in defence against that allegation.

In the letter I made reference to the results of a second brain MRI scan, made at the National Hospital for Neurology and Neurosurgery, UCLH NHS Trust, on 6 March 2013, and included a CD copy of that scan. The letter refers to three images selected from this scan that are also published on my website (<http://somr.info/report/rep0.php>). These images reveal the presence of two rigid box-like structures, approximately 1cm square, clearly of non-biological origin, and situated behind the back of my throat, close to the brain-stem. These further objects were not revealed by the MRI scan conducted by St. Thomas’ Radiology Dept., but the images provide essential confirmation, in principle, of my claims of the presence of illicit neurosurgical implants in my neck area, and reinforce the conclusion that the explanation given in the Chief Executive’s response to my complaint, in respect of the three-image sequence from the first MRI scan, was a dishonest and cynical tactic in diversion from the truth.

I received the GSTT’s response to my letter (dated 03/09/2013 – see enclosure 4) by email on 16/09/2013. This response however falls short of the ‘full investigation’ of its concerns promised in their earlier letter of acknowledgement. In fact it rather escapes addressing those concerns by raising a procedural difficulty over access to the evidence of the 2nd MRI scan. They state that as this scan was conducted at another hospital, GSTT do not have access to this material, and therefore are unable to comment on it. The following sentence of their response states that they retain their original position that there was nothing abnormal to report in the first MRI scan, and that that is the end of the matter, so far as they are concerned.

Firstly, although I had included a copy of the 2nd MRI scan with my letter to them, I did not expect GSTT to offer any opinion or comment on that specific evidence. My reason for including it was to qualify the reference in my letter to certain images from that scan published on my website, so that GSTT should be in no doubt as to their authenticity. The reference in the letter is only a coincidental one — as those images do provide

further confirmation of the principle of the existence of illicit surgical implants in my neck area, and cast *additional* doubt on the credibility, as well as the honesty, of GSTT's initial response to my complaint.

Secondly, GSTT's 'problem' of my reference to evidence originating from another hospital, should not have prevented them from addressing the serious points raised in my letter, viz. a) their erroneous explanation for the object referred to in images 7.13-7.15 from their own scan, in terms of the "left vertebral artery", when this object lies rather on the *right* of the vertebral column; and b) their failure to identify the "neuro-radiologists" who on 08/05/2013, their response claimed, had reconfirmed the opinion of the original MRI Findings report from October 2008.

My only expectation of GSTT is quite a reasonable one: that they should report thoroughly, openly, and unambiguously upon the evidence produced within their own departments. The progress of my complaint shows however that GSTT is completely recalcitrant in its failure to do just that. It seems therefore that Guy's & St. Thomas' NHS Trust are prepared to persist in this cover-up, including the Chief Executive himself, even in the face of overwhelming evidence, simply because the consequences of admitting it would be too devastating for them.

Yours faithfully,

Michael Jones

Enclosures:

1. Letter of complaint to Guy's & St. Thomas' Complaints Dept., dated 19/03/2013 (GSTT_complaint_19.3.13.pdf).
2. First response from Guy's & Thomas' Complaints Dept., dated 03/06/2013 (GSTT_response1_03.6.13.pdf).
3. Letter in answer to Guy's & St. Thomas' Complaints Dept., dated 23/07/2013 (GSTT_letter_23.7.13.pdf).
4. Second response from Guy's & Thomas' Complaints Dept., dated 03/09/2013 (GSTT_response2_03.9.13.pdf).