

The Review Team
Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London SW1P 4QP

Michael Jones
[Address]

25 November 2013

Your reference: EN-173713

Dear Sir or Madam,

Request for a review of your decision of 18/11/2013, not to take any further action over my complaint against Guy's & St. Thomas' NHS Trust.

I write in response to the letter from Caseworker Ms. Olney-Falzon of 18 November giving reasons for the above decision. I hope to give further detailed information explaining the exceptional nature of the circumstances which have given rise to the complaint against GSTT, and also of those which have prevailed upon my personal situation since December 2010, after coming into possession of the MRI evidence, the contents of which are disputed in my complaint.

Firstly, to clarify the description of my complaint, as it appears somewhat misunderstood in the second paragraph of your decision letter: the issue is not that GSTT failed to "identify" the implants in my neck from the MRI images, but rather that both St. Thomas' Radiology and Guy's Neurology Depts. failed to *notify* either the referring physician or myself of evident anomalies in the scan, whether it was possible for doctors in those departments to identify those particular anomalies or not. The historical allegation is that the implants in my neck result from an unprecedented (and publicly undocumented) surgical implantation, without official medical approval. Therefore it would be unreasonable to expect that doctors at the Trust would have the knowledge or information required to accurately *identify* those implants (for elaboration, see the *Appendix* of my report, pp.45-54, submitted to your office on 20/11/2013).

Your letter is correct to state that I had developed suspicions about the presence of cranial implants as early as 2001, when certain items of historical and circumstantial evidence first came to my attention. When I eventually succeeded in being referred for an MRI scan in 2008, I anticipated that if there were any anomalies revealed by the scan, the radiologists at St. Thomas' would have no alternative but to disclose that information. I was therefore fairly satisfied with the absence of reports of any such anomalies following the scan results. My request for a copy of the scan in 2010 followed my realisation of further items of historical evidence unconnected with the scan itself.

When, after viewing the scan images, these suspicions seemed to be confirmed, I was alerted to the implication that doctors from two separate departments at GSTT had been compelled to lie about the presence of illicit surgical implants in my neck, and for the doctors to be under such compulsion could only point to the extraordinary seriousness of the situation, and the likelihood of there being enormous institutional pressure acting against the disclosure of the evidence. However, I had no neurological training, and no explicit expert corroboration of the evidence, and therefore nothing substantial with which to pursue any serious complaint against the doctors.

Coinciding with my access to the MRI scan, I had renewed the historical allegations I had previously made against members of my family, who had benefitted enormously financially as a result of my mother granting her consent for me to undergo the 'tonsillectomy' in 1967 (which had been the occasion of the surgical implants). There then ensued a plot by these members of my family to have me murdered, which I tried to report to the police, but who interpreted my allegations as 'delusional', and took no action. I also experienced a series of attempts to poison me, symptoms of which I tried to present at St. Thomas' Accident & Emergency Dept., where my claims were also interpreted as 'delusional', the doctors at A&E refusing to conduct any toxicological tests (these events are described in greater detail in the *Appendix* section of my report, pp.59-64, and in my second complaint to GSTT, submitted to your office on 14/10/2013).

It proved impossible to overturn these assumptions on the part of the police and doctors at the hospital (or, incidentally, with my GP), by asserting the existence of the MRI evidence. Consequently, following these events I had no access to the law, or to health services, against an ongoing series of threats to my life. It therefore became necessary to vacate my flat, and maintain constant secrecy and mobility over my whereabouts, circumstances which prevailed throughout 2011, and for most of 2012. I made many visits abroad and across the UK, staying in hostel accommodation, only returning to my flat occasionally to collect my mail. I had to refrain from using regular channels of communication, to avoid my movements being tracked.

During 2011, I made various approaches to neurologists and medical institutions in an attempt to obtain expert corroboration of the MRI evidence, all of which however were unsuccessful. The extraordinary sensitivity of the evidence (implicating the *criminal* responsibility of various offices of state, health and educational institutions) meant that none of these professionals had the courage, or the independence, to offer explicit corroboration of the evidence, or to openly discuss the contents of the scan.

It was not merely the lack of the information later provided by my Subject Access Request, as emphasised in your decision, which delayed the submission of a complaint to GSTT, nor was it simply a matter of 'choosing not to do so', but this combination of multiple impending circumstances:

1. The enormous institutional pressure against disclosure of the evidence, or any open and honest discussion of it, resulting in a 'regime of silence' effective across several major hospitals, and extending to the police, and later to the GMC.

2. The absence of expert corroboration of the evidence with which to present a meaningful complaint to GSTT, i.e., one that could not easily be dismissed as 'delusional'.
3. Prohibitive logistical and communicational problems associated with my need to remain in hiding for a period of 20 months.
4. My fear of encouraging attempts at my assassination, as a clandestine response to my persistence in attempts to disclose evidence of a medical atrocity.

As mentioned above, the default response from all medical professionals I approached was to dismiss my claims as 'delusional'. This resulted in a series of referrals to the Community Mental Health Team, from different departments of GSTT, and from my GP. In November 2011 I had approached Dr. Andrews at Guy's Neurology (who had given consultation over the scan in 2009), by sending her a copy of my report, detailing my historical allegations regarding events in 1967, together with a copy of the MRI scan, in the hope of encouraging her to 'come clean' about the contents of the scan. Her response however was to write to my GP, referring to the contents of my report as having: "*included some paranoid and delusional ideation*", and: "*I understand he is known to the mental health team locally*" (see enclosure1). However, she omits to mention in her letter the enclosed copy of the MRI scan with the report. This resulted in my GP making a referral to the CMHT (I should point out that I had not at this point ever received any psychiatric diagnosis in the UK, nor had I ever been sectioned under the Mental Health Act).

[-- paragraph redacted for internet publication --]

The effect of all this was generally to inhibit my attempts at disclosure through direct approaches to the medical institutions I had access to, including GSTT, as I was loathe to exacerbate this besmirching of my medical records, with its inevitable stigmatisation. In view of the broader implications of my historical allegations, which were not the responsibility of GSTT, my first complaint was made to the General Medical Council, in February 2012, enclosing my report and MRI scan, and pointing out the negligence of Dr. Andrews in not disclosing her awareness of the anomalies, and the general difficulties I had experienced in obtaining expert corroboration of the evidence. I anticipated that the GMC would have the resources to be able to evaluate the evidence independently. However, I was to be disappointed in this expectation; the final response from the GMC (29/03/2012 – enclosure2) is to dismiss the complaint, advising that: "*we are not able to medically evaluate your scans*", despite having stated (paradoxically) in the previous paragraph: "*the Assistant Registrar has considered all the evidence you have provided, including the visual MRI evidence*".

Before receiving this final response from the GMC, I had also approached Dr. Andrews (again), this time via email to her secretary (see email exchange dated 22-26/03/2012 – enclosure3) seeking a second consultation with her over the specific scan images in question. The response to this (as with the case of the GMC's response) was to refer me back to my GP. As my GP was unqualified to definitively assess the status of the MRI evidence, and was anyway predisposed to interpret my assertions of the evidence as further indications of a delusional illness, this was not an encouraging option for me, and would only have replicated and reinforced the negative cycle of being referred again to the CMHT.

During February and March 2012, I also experienced an intensification of attempts to poison me, in various food products (there is much material evidence of this, still in my possession, which may be proven by toxicological analysis), which of course further undermined my ability to conduct any coherent litigation.

[-- two paragraphs redacted for internet publication --]

My Subject Access Request to GSTT's Information Governance Dept. had been made [...] in June 2012. It was not eventually fulfilled in entirety until 13 November. Being thereafter in possession of the documents from the time of the scan in 2008, and my consultation in 2009, I had more confidence about the prospect of making a successful complaint against GSTT, but remained hesitant about inciting a resurgence of the clandestine attempts on my life, which previously had seemed to coincide with my attempts at disclosure. I wanted to pursue a second opinion on the MRI scan so that I would not be dependent upon GSTT voluntarily admitting to its own cover-up.

This was the motivation for my approach to The National Hospital for Neurology & Neurosurgery, by letter on 05/10/2012 (documents submitted to your office on 20/11/2013), which preceded my eventual referral to UCLH NHS Trust by my GP in January 2013. After the second MRI scan was conducted at NHNN on 06/03/2013, the circumstances were optimal for submitting the complaint to GSTT, which I did on 19/03/2013. The complaint was therefore submitted within six months of the point in time after which a degree of normality had returned to my circumstances and I was able to return to living in my flat.

This description of events since I came into possession of the MRI evidence I hope more adequately represents the circumstances that have prevailed since December 2010 than was possible to convey in my earlier communications to your office. The exceptional nature of that evidence and the seriousness of its implications for the institutions involved have resulted in a degree of institutional resistance to its disclosure which is unprecedented.

These circumstances severely constrained my ability to make any meaningful representation of my claims effectively for the period December 2010 to September 2012. During that period my primary concerns were: firstly to avoid the persistent clandestine threats to my life referred to above; and secondly, to resist the false attribution of my allegations by medical services to a delusional mental-illness, with its negative characterisations. Each of these problems was exacerbated by my enquiries over the evidence in my possession; the second as indicated directly by the extant responses from the medical departments involved; the first according to my own experience and judgement, but which will ultimately be confirmed by the evidence in possession, as soon as the police arrive at a position from which they are prepared to acknowledge that evidence's existence.

In view of the perilous and vulnerable position in which I subsisted between December 2010 and September 2012, the expectations of 'reasonability' referred to in your decision, over the possibility of my complaining directly to GSTT before I did, do not apply as they would to the circumstances of a routine medical complaint.

Yours faithfully,

Michael Jones

Enclosures:

1. Copy letter from Dr. Thomasin Andrews, Consultant Neurologist at Guy's, to my GP, dated 16/11/2011.
2. Copy letter from the General Medical Council, as final response to my complaint to them of 22/02/2012, dated 29/03/2012.
3. Copy of email exchange between Nicola Murrell, secretary to Dr. Andrews, and myself, dated 22-26/03/2012.