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By email:  
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PHSO reference: HS-180294

Dear Mr. Farrell,

**Response to the PHSO's draft investigation report into my complaint against UCLH NHS Trust.**

Thank you for your letter of introduction of 14 March enclosing the draft report of the preliminary findings of the PHSO's investigation of my complaint against UCLH NHS Trust (the Trust).

The conclusion of your draft investigation report is not to uphold my complaint against the Trust that three specialists at the National Hospital for Neurology & Neurosurgery (NHNN) had lied about the presence of items of non-biological origin revealed in my MRI Head scan conducted there on 06/03/2013. This conclusion hinges upon the advice provided by the 'Medical Adviser' referred to in your report, who, as stated in paragraph 4 of the report, has concurred with the statements of the specialists at NHNN that the images provided "*do not show evidence of any artificial structures in [my] neck*".

A copy of the original full MRI Head scan was submitted to the PHSO on 20/11/2013, in association with my previous complaint against Guy's & St. Thomas' NHS Trust (PHSO ref: EN-173713), this submission being referred to in the postscript of my letter of complaint to your office against UCLH NHS Trust of 18/12/2013. However, it is not clear from your draft investigation report the extent of the examination conducted by your Medical Adviser. Paragraph 2 of the report states that the investigation considered the MRI images I sent to you, but it is ambiguous whether this implies the Medical Adviser's examination was of the full original MRI scan, or only of the three (modified) image-details attached to my email to your office of 13/01/2014.

The draft investigation report also includes no documentary statement of the Medical Adviser's findings, as they are merely quoted indirectly in your report, and no indication of the Adviser's identity. In the context of so serious an allegation as that detailed in my complaint (that is, in its suggestion of criminality in the cover-up of evidence by the Trust), for the advice of the Medical Adviser to be given any credibility, the report must include an explicit and verbatim statement of the Adviser's examination findings, as well as an indication of the status and qualifications of the Adviser, and her or his identity.

With regard to the three images detailed in my complaint, I have stressed in both the original letter of complaint to the Trust, and in my letter referring that complaint to the PHSO, that the existence of a box-like structure behind the back of my throat is patently and obviously transparent, and that it is clearly of non-biological origin. This much is beyond question – it does not require any degree of medical expertise to notice the fact. The fact that three specialists at NHNN should refute the observation, Dr. Heaney by offering a false explanation for the structure(s), Prof. Duncan and Dr. Miszkiel by claiming that they “do not see” the structure at all (the variation in these two forms of mis-explanation being overlooked by your investigation), I suggest can only be explained in the terms which I had described in my letter to your office of 18/11/2013, which I repeat here for clarity:

1. The objects revealed in my neck were the consequence of an illicit surgical implantation, conducted by NHS surgeons in my early medical history. As the implants were without any medical precedent, and were undocumented publicly, there was no available medical definition or diagnostic category with which to describe them.
2. The existence of such objects in my neck could only imply the existence of an organised and covert program of medical research, and therefore to publicly disclose evidence of that program would be to break an implicit code of secrecy, the responsibility for which could be assumed to be located within certain offices of state. Such a realisation would effectively inhibit any doctor from revealing knowledge of the evidence, as to do so would place him- or herself in a position of extreme personal vulnerability.

Your investigation has failed to grasp the complexity of these constraints operating upon the reports of the medical specialists involved, and they are glossed-over in your report. It is not merely the fact of *“pressure upon NHS staff with regards to covert medical research”* which prevents any individual medical specialist from disclosing the evidence, but rather a sophisticated ‘regime of secrecy’ operating from within the highest levels of state, which effectively gags not only employees of the NHS, but any individual in any official capacity whatsoever (including those of the PHSO) from any open discussion of the evidence, in fear for their own personal security.

It is not unlikely therefore that Medical Adviser to the PHSO would be subject to the same constraints, in the context of such extraordinary and unprecedented medical revelations, and likewise be compelled to a policy of non-disclosure. The evidence is simply too shocking, with such potentially devastating consequences for the practice of medicine in general, and with its implications of state-criminal responsibility, for any individual, or any individual organisation, to take upon itself the responsibility of the unilateral disclosure of the evidence; hence the need for a multilateral approach to its disclosure.

While I accept that the medical event which I allege took place in 1967 is extraordinary and somewhat improbable in an everyday medical context, it is certainly not impossible. In the light of evidence which may confirm the fact of such an event, the scenario of systemic denial affecting major institutions and expert advisers with regard to the disclosure of the evidence is not an implausible one. The evidence of the MRI Head scan produced at UCLH NHS Trust is only the latest item to emerge in a catalogue of evidence which has emerged

since my own investigation into the affair began in 2001. The totality of this evidence, including that of the earlier MRI scan conducted at St. Thomas' Radiology Dept., is presented in my 81-page report, which I have attached to this email (an earlier edition of this document was presented to the PHSO on 20/11/2013, prior to the submission of this complaint). In particular I draw your attention to the concluding remarks of the report (pp.72-5). The PHSO's investigation of my complaint against the Trust has been conducted in isolation from the fullness of this evidence, and it has therefore failed to perceive the reality of the circumstances affecting the responses of the various medical professionals involved (including its own Medical Adviser) in their inability to openly and honestly discuss the contents of the evidence.

In its reliance then upon the quoted advice of its Medical Adviser, presented anonymously, in order to eliminate the substance of the complaint against the Trust, the PHSO has taken a deliberately blinkered and inhibited approach to its investigation, for the sake of its own administrative convenience, which has failed to perceive the systemic constraints operating upon the Medical Adviser in her or his ability to openly and honestly discuss the contents of the MRI scan evidence in question. Therefore I reiterate the demand in paragraph 4 above that the PHSO provide an explicit and verbatim statement of the Adviser's examination findings, as well as the details and identity of the Adviser.

Yours sincerely,

Michael Jones

Enclosures:

Copy of my 81-page report: *Special Operations in Medical Research* (rev. 18/01/2014)  
[*Special\_Operations\_in\_Medical\_Research.pdf*].