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Parliamentary & Health Service Ombudsman
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Michael Jones
[Address]

By email:
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30 June 2014

PHSO reference: HS-180294

Dear Sir or Madam,

Request for a review of the PHSO's decision of 4 April 2014 not to uphold my complaint against UCLH NHS Trust.

I write to request a review of the above decision. This request follows my receipt of the Final Investigation Report by email on the 4 April, and my several telephone conversations since that date with Mr. Paul Farrell, the complaint investigator, in which we discussed details of his approach to the investigation, and the quality of the medical advice quoted in his report.

In what follows I will try to make it clear that the PHSO's completed investigation has not addressed the full extent and complexity of the issues raised in my original complaint to UCLH NHS Trust ('the Trust') of 11/11/2013, and in my subsequent referral of that complaint to your office on 18/12/2013, as well as in my comments submitted in response to Mr. Farrell's Draft Investigation Report on 25/03/2013. I will argue that the conclusion given in point 5 of the investigation reports, that: *"..we do not find that the scans show any evidence of artificial structures in Mr Jones' neck. We also consider that Mr Jones was given an accurate, evidence-based explanation about the MRI scan by the Trust..*", is not a reasonable and fair conclusion based on a respectful and thorough reading of the various representations I have made of the complaint, and based upon an open and honest assessment of the MRI scan evidence itself.

By the time that I referred the complaint to your office, following my receipt of the Trust's response dated 16/12/2013, the complaint already included the allegation that not one but three specialists at the National Hospital for Neurology & Neurosurgery (NHNN) had explicitly lied about the presence of items of non-biological origin in my neck, as revealed by the MRI scan. It was however necessary to further point this out to your office in response to the summary of the complaint included in the letter from Zoe Wilkinson of 09/01/2014 agreeing to conduct an investigation, which had acknowledged only the allegation made against Dr. Dominic Heaney in the original complaint letter. This failure to attend with accuracy to the specific details of the complaint is exemplary, in my experience, of the PHSO's general lack of perspicacity and thoroughness in its assessment of the complaint material.

This distinction between the allegations made solely against Dr. Heaney in the original complaint, and those made severally in my letter to your office of 18/12/2013, is an important one, because it makes difficult an interpretation of the complaint as an allegation of routine error in the medical judgement on behalf of an individual clinician, and places emphasis on the

arguments (already well represented in the original complaint letter) that the three specialists ultimately included in the allegations were affected by systemic and institutional constraints which implicitly *forbade* them from disclosing their knowledge of the anomalies revealed by my MRI scan.

Systemic Constraints

The content of my major historical allegations (not the current ones against UCLH NHS Trust), regarding the fraudulent nature of my tonsillectomy operation at age five, conducted at a major NHS hospital in 1967, which had been the occasion of the illicit surgical implants (and which I allege are those revealed in part by the MRI scan made at the Trust), is well represented in background material already submitted to the PHSO in relation to this and other complaints – there is no need to represent those allegations in detail here. However, it is necessary to re-emphasise, as these arguments have not been adequately addressed in Mr. Farrell's investigation reports, that the 'systemic and institutional constraints' which inhibited disclosure of the MRI scan evidence amongst the three specialists at NHNN, are also effective across *all* NHS departments, as the consequences for any individual NHS employee bold enough to disclose her or his awareness of evidence of this extraordinary and unprecedented medical atrocity would inevitably be a serious implicit threat to that individual's own personal security.

It is only in this context of suppressive fear within the broader NHS institution that one can possibly understand the motivation for *three* specialists within a single medical department to lie about the evidence, effectively 'in unison'. It is not a scenario which is likely to occur in an everyday medical context. In the wake of *prima facie* evidence confirming that in 1967 NHS surgeons conducted an illicit experimental neurosurgical operation on the brain of a five-year-old child, covertly, and without medical justification, and which fact has since been maintained under the strictest secrecy, it would be naïve to expect any individual NHS specialist to publicly and unilaterally affirm that evidence – to do so would be to precipitate a crisis in the NHS from which it would unlikely be able to recover, and to bring the reputation of the entire medical profession into disrepute.

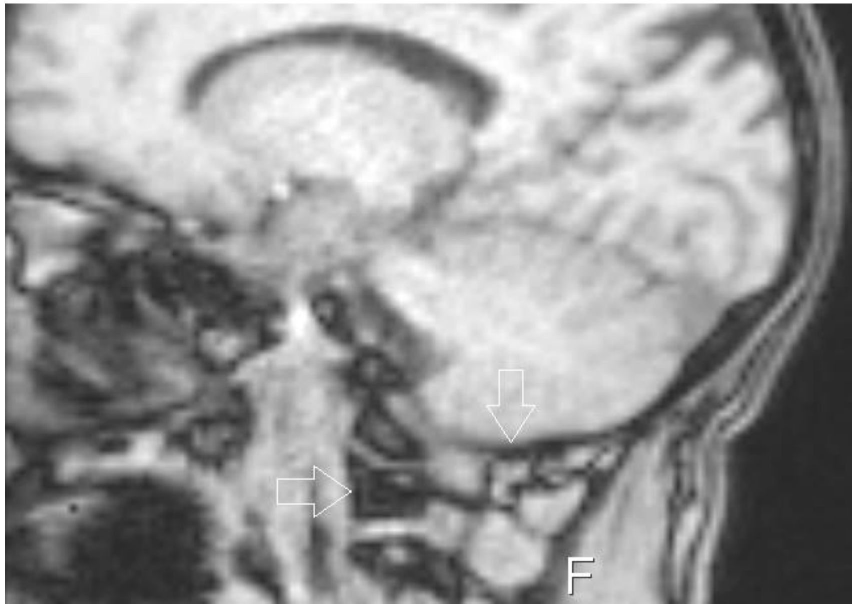
This analysis of the systemic and *across*-institutional constraints (elsewhere described as 'professional constraints') operating against disclosure of the evidence is one that I have made consistently within all of my representations of this complaint to your office: in the original letter of complaint of 11/11/2013 it is mentioned on p.2 para.2 and on p.3 paras.1-3; in my referral of the complaint to your office of 18/12/2013, on p.1 para.5 and p.2 paras.4-5; in my response of 25/03/2014 to your draft investigation report, it occupies the whole of pages 2-3; yet your investigation reports have failed to recognise or to discuss the influence of such constraints upon the stated opinions of the three specialists at NHNN, or upon the advice, quoted indirectly in its investigation report, of the PHSO's own Medical Advisor.

The self-evident nature of the evidence in question

A further issue which has not been recognised or discussed within Mr. Farrell's investigation reports is that of the self-evident nature of the anomalies revealed in the images selected and discussed within my complaint. It has been emphasised repeatedly and consistently

throughout my complaint correspondence that, on any honest and objective view of the MRI images, the evidence of the presence of an object clearly non-biological in origin, situated behind the back of my throat, close to the brain-stem, is patently and obviously transparent – it does not require any degree of medical expertise to witness it.

To re-emphasise this point even further, I include again one of the images sent to your office by email on 13/01/2014, plus an enlarged detail of that image shown with enhanced contrast:*



The image above is a detail of the 51st image in the series of 128 images showing sideways (*sagittal*) sections of my head, from the MRI scan conducted at NHNN on 06/03/2013. The section is from a position 21.6mm to the right of the central axis. It is not the clearest of the three images previously submitted with respect to the strange box-like structure indicated by the right-pointing arrow. However, if one views the enlarged detail of this image below, shown with enhanced contrast, one can quite clearly perceive the internal rectilinear 'G' structure of the same object, confirming beyond any doubt its artificial construction:

* It is necessary to view this document on screen to perceive a sufficient tonal-range in the images.

The fact that the three specialists at NHNN should declare that this image shows no evidence of any anomaly, Dr. Heaney by offering a false explanation for the object in terms of *"the lateral mass of C1"* (i.e., the first cervical vertebra), and Prof. Duncan by declaring that both he and Dr. Miszkiel *"see no box like structure behind the back of your throat"*, can only be interpreted in terms of the systemic inability of all three specialists to openly declare their awareness of the evidence, in view of the inevitable, enormously scandalous consequences of exposing the criminal conduct of *a number of* NHS professionals at some stage in my early medical history. In addition to that, as the object revealed is medically unprecedented and undocumented publicly, one can sympathise that the three specialists in question would not have had access to any form of adequate medical explanation for the anomaly. In these terms, we might paraphrase Prof. Duncan's statement (*"we see no box like structure..."*) as: *"we do not see the box-like structure because it is not one which is predicable within accepted diagnostic paradigms"*, which in effect is equivalent to his saying "no comment" to a question of highly sensitive medical and legal importance.

In view of the self-evident nature of the evidence, I suggest that the only credible explanation for the collective reticence of the three specialists at NHNN (and experience shows that the same reticence also extends to any doctor working anywhere within the NHS) is the explanation already outlined under the previous section *Systemic Constraints*, which is the explanation which I have consistently offered throughout my complaint correspondence.

Arguments in terms of the self-evident nature of the evidence have also been a persistent and recurring feature in my complaint representations: in the original letter of complaint of 11/11/2013 they are mentioned on p.2 paras.4&6; in my referral of the complaint to your office of 18/12/2013, on p.1 para.3 and p.2 paras.2-6; in my response of 25/03/2014 to your draft investigation report, on p.2 para.1; yet nowhere in your investigation reports are these arguments recognised, discussed, or refuted.

I suggest therefore, in its failure to recognise or discuss the two principle arguments comprising my complaint – the self-evident nature of the evidence, and the systemic and across-institutional constraints operating against disclosure of that evidence – Mr. Farrell's investigation of my complaint remains essentially flawed, and its conclusions unsustainable.

The quality of the medical advice quoted in the PHSO's investigation report

On 5 March 2013, eight weeks following your decision to conduct an investigation into my complaint, I sent an email to the investigation team asking that it provide me with a copy of its independent medical evaluation of the MRI scan evidence. I received a reply from Tracy Hancock, Allocation Manager, dated 6 March, to say that the complaint had not yet been allocated to an investigator, and that it was too early to comply with my request. I then received Mr. Farrell's draft investigation report, including the advice of the PHSO's Medical Advisor (quoted only indirectly in the report), dated 14 March. The process of obtaining the medical advice and the conclusions of the draft report were therefore completed following an investigation lasting less than six working days.

In my comments and objections to the draft report sent on 25 March, I had objected to the fact that the report included no explicit and verbatim statement of the Advisor's findings (in the

form of a formal medical report), nor any indication of the Advisor's specialism, qualifications, or identity. The draft report was also ambiguous as to the extent of the Medical Advisor's examination – whether it had involved an examination of the original MRI scan, or only the three (modified) image-details I had attached to my email to the PHSO of 13/01/2014. There appeared therefore to be little substance to the advice and, in view of the fact that the investigation had been completed within six working days of its being allocated to an investigator, I suspected that the investigation had been driven primarily by considerations of administrative convenience, and with the initial aim of peremptorily dismissing the complaint.

The final investigation report was received from Mr. Farrell dated 4 April 2014. There is little essential difference between the two reports, save for an addendum to paragraph 3 to include a description of the Medical Advisor's specialism ('orthopaedic and trauma surgery') and his qualifications. There is still no indication of his identity, and the report includes no formal medical report and no direct quotation of the Advisor's examination findings. Neither the report itself, nor Mr. Farrell's accompanying letter, include any specific acknowledgement of the other arguments included in my response to his draft report, with regard to the issues discussed in the first two sections of this letter (above).

Mr Farrell's accompanying letter states that *"we only looked at the MRI scan images you sent to us"*, suggesting that the Advisor has considered only the modified image-details sent to the PHSO by email attachment on 13/01/2014, and has not examined the original MRI scan itself (which was however already in the PHSO's possession). Such a cursory inspection of the derived image-details hardly constitutes an objective medical examination of the evidence in question.

Mr. Farrell's letter goes on to state:

"You asked for an explicit statement of what the Medical Adviser examined. It might be helpful to know that the Medical Adviser looked at the MRI scan images you sent to us. This is the approach that would be taken by any specialist investigating the results of an MRI scan."

Firstly, my request was for an explicit statement (in the Advisor's own words) of his *findings*, not simply of what was examined. It is not at all helpful to be told (merely) that the Advisor had "looked at" the images. The *only* helpful response to this request would have been to provide a copy of a formal medical report from the Advisor. Secondly, it is not the approach of "any specialist" to investigate the results of an MRI scan by looking at the derived image-details (only) which have been copied from the original scan material and modified by the patient. Had the Medical Advisor been qualified in the appropriate specialism (i.e., that of neuroradiology), which he wasn't, and been obliged to commit his findings in the form of a medical report, it is unthinkable that he could have taken such a casual approach to an examination of the evidence, and not conducted a thorough examination of the original MRI scan.

After speaking to Mr. Farrell on the telephone, on two occasions since my receipt of the final investigation report, I am now informed that the quoted Medical Advisor was an 'internal' Advisor, directly employed by the PHSO on a part-time basis, while being principally employed by the NHS. I am informed that the Advisor had conducted his examination of the MRI images on one of his routine visits to the PHSO offices, during a discussion with Mr. Farrell at his

desk. His opinion had been given *informally* that is, by word of mouth – there is no documentary or signed declaration of his advice for which he might later be held accountable. This renders the quoted advice, by legal definition, as no more than hearsay.

Following a Freedom of Information request to the PHSO made during April 2014, I am aware that the PHSO employs 42 such 'internal' Medical Advisors, none of whom are specialised in neurology or neuroradiology. It also maintains contracts with 102 'associate' Advisors, including one neurologist and three neurosurgeons. My understanding is that the PHSO will look firstly to its list of internal Advisors to assist with the adjudication of complaints, and only resort to its associate or external Advisors on an ad hoc basis when an Advisor with an appropriate specialism cannot be allocated from its internal Advisors. Clearly, the option of an associate or external Advisor is one that involves additional administration and expense.

The contractual agreements required between both associate and external Advisors and the PHSO specify that it is an obligation for the Advisor *to provide signed copies of their advice reports within 15 days of receiving the case file*. Each contract also states:

"Advisers should be aware that the names and qualifications of Advisers and all advice supplied to the Ombudsman may be released to both complainant and body/named persons under investigation."

There is no such contract however which applies specifically to the PHSO's internal Advisors – they must sign the standard PHSO employment contract signed by all PHSO employees. During our telephone conversations Mr. Farrell informed me that there was no medical report submitted by the Advisor in question, and that the only written record of his advice is a note written by Mr. Farrell himself. Mr. Farrell has also declined to disclose the identity of the Advisor.

The actual specialism of the Advisor in question is not my own chief concern here (for the reason that I have contended that the evidence of an illicit surgical implantation in my neck is *self*-evident, even to a layperson), but what is significant with respect to Mr. Farrell's investigation is that he should resist the option of engaging an associate or external Advisor (at least partly for reasons of administrative convenience), which however was the option through which it ought to have been possible to guarantee formal objectivity in the investigation, by matching the specialism of the Advisor to that of of the three specialists from NHNN under investigation. He has insisted instead on the use of an internal Advisor, with an inappropriate specialism, in the full knowledge that the Advisor would not be contractually obliged to submit any report of his advice, and whose advice could therefore be employed *immaterially* (i.e., in such a way that it would not be possible for anyone to legally challenge the advice), so as to bring about an expedient conclusion to Mr. Farrell's peremptory investigation, aimed at not upholding the complaint.

The PHSO has conducted an intentionally crude and blinkered investigation which has succeeded in not upholding the complaint only by steadfastly ignoring the key arguments in support of its allegations, as detailed in the first two sections of this letter, and throughout my complaint correspondence. In so doing it is effectively in complicity with the cover-up of medical evidence which I allege is the result of the three specialists at NHNN refusing to

acknowledge the evidence of items of non-biological origin in my neck area, as revealed by my MRI Head scan. The unavoidable implication from the poor quality and conduct of its investigation is that the PHSO has revealed its own structural inability to offer any effective regulation in the context of the most serious ethical transgressions conducted within the NHS.

Yours faithfully,

Michael S. Jones