The Hollies Tynreithin Tregaron Ceredigion SY25 6LW. UK.

Jerome Thomas (retired)

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21st Sept 2015
For the attention of Ms Charlotte Binks
Corporate Review Manager
General medical Council
Regents Place, 350 Euston Road
London NW1 3JN

C(s')

Your ref. E1-1103285179

Dear Ms Binks.

(Page 1 of 2.)

I thank you for your detailed kind reply to my letter of complaint. You are correct in writing that I am likely to be disappointed by your reply. It was as expected. As eloquent and considerate your letter is, sadly, it is unfounded. I do confess I expected more integrity from the GMC. In detail, and without reiteration:

- 1. Rule 12. If you can honestly state: The public needs no protection from a doctor who subjects a patient to a series of mal-treatments and, is dishonest about this treatment, it would not be in the public interest to prevent him from continuing to apply the same treatment to others. Only then, could your letter be correct.
- 2. "If the allegations are true... Even if they are true, we see no reason to restrict the doctor..." May I ask; if similar treatment was given to.. your child, relative, even yourself; would you, possibly, think differently?
- 3. "Medically qualified case examiner": Though not medically qualified I am at variance with this person. A quick search upon the many published medical papers, by very eminent doctors, produces sufficient information to substantiate that taking Lumigan at bedtime (as prescribed for me) places the patient at risk by causing the "awakening blindness" N-AION. Definitively caused by this "bedtime" application. Further: Steroids are stated to be effective for both N-AION and AION. I have supplied medical papers, references, etc. by professors of medicine to confirm this beyond any reasonable doubt. (Even if you reject my report.) The MRI head scan: The recommended duration is 20-40 minutes. The makers SAFE limit is 60 minutes. This doctor, I am informed, ordered a series of scans on me in the full knowledge they would take longer than was safe to apply. (80 minutes) The radiologist was simply doing her job, as ordered, by the doctor. I do not in anyway blame her. In fact she stated to me when I asked: "The scans were completed exactly as ordered by the doctor, you will have to ask him about them." Simply doing her job, scanning as ordered. This doctor ordered multiple scans far in excess of a safe limit, causing continuous pain in my head. Fact. If the medical examiner wishes to prove otherwise, let him try 80 continuous minutes of a head MRI scan.

 This "examiner" is unaware of the true facts. If he is aware, he is misleading the GMC. (or toeing their line.)
- 4. "..Decision to close the complaint.. Given the information available to us.." Does less information help? "...BNF which states one drop of Lumigan is to be instilled ...once daily in the evening, the...." Exactly! So why did Mr Kulshreshka specify to me, not once, but repeatedly, to be applied at bedtime? I queried this bedtime application, and, he always assured me it was correct. One drop in each eye at bed time. Later, I learn the bedtime application had caused my awakening blindness.(N-AION) and it c/should have been cured, if treated within a critical 14 days window of opportunity. Treatment denied me. (by omission) By your own hand, you state this should have been "evening." His repeated "bedtime" was mal-treatment.
- 5. a) "..The registrar ...noted there is no evidence... aside from my assertion.." What planet is this lady on? I have supplied many medical papers, references etc. Information is readily available to her; more than me. This assistant registrar has exceptional rights and ability to source the correct information, and more than I. Yet does not do so? This assistant's cursory dismissal of my complaint, as readily admitted..."..on the information available to us..." laid the foundation for it's rejection. With rules enabling you to dismiss my appeal.

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Continued from page 1 (2 of 2)

- b) I was denied the use of steroids: <u>by omission</u>. I asked Mr Kulshreshka for ANY medication to restore my sight. He said that there was none. Absolutely <u>nothing</u> he could do, and, I would likely go totally blind soon. This is not referring to his "right to a clinical decision" naturally, as a patient I cannot, and have no wish to, insist on any particular medication. He has the right to prescribe whatever he believes is appropriate. I claim: he could have *discussed* steroids, he being aware of them; which I was not, along with any other medication. Instead; he denied me any help. What would you do, blind, if doctor says, "he can do nothing?"
- 6. ".. In relation to... MRI scan.." I have already stated (in 3.) this lady was simply doing her job. Completing the multiple scans as were ordered by Mr Kulshreshka. I am reasonably sure Mr Kulshreshka would not order a provable mistake. What may have occurred I believe was Mr Kulshreshka ordered a series of scans multiple scans of which he was fully aware would take an excessive amount of time. Deliberately damaging. He is able to do this with impunity, the radiologist "pulling the trigger." Note, this doctor had already made me blind by mal-treatment; had my recovering eye scraped by his assistant; had his treatment queried by me several time; been shown medical papers by professors of medicine denouncing his treatment; etc. i.e. Why would this clever professional doctor; a person who orders scans daily order one so excessive for me? He did not specify any duration; he ordered sufficient multiple scans to ensure an excessively long time. Whoever was to blame, Mr Kulshreshka or lady, the scans exceeded the safe limit, to give continuous pain. Who really is too blame? The one who orders the multiple scans, or the one who innocently follows orders?
- 7. "... New information... leading to a different decision..." (or should that be derision? Of my complaint) Understanding your letter of dismissal I doubt it was ever possible, by me, to change this GMC precursory adjudication of my complaint. This being based on the GMC's admitted lack of current medical knowledge. If the GMC cannot know of or source the latest medical information, who can? Thrice denied; by complaints dept, by the NHS, and the GMC. Now these doctors, and more, can continue to damage others. Shame.

If your assistant registrar, and your medical case examiner, had been better informed; and if you believed me, then the GMC had this chance to prevent more patients from suffering similar treatment as given to me. When, you are able to obtain sufficient proof of what I claim (assertions!) please remember, you denied me.

The last years of my life have been spoilt by the treatment of these doctors. Following their treatment I have head pain daily, caused by the excessive MRI head scan. (believe it or not, as you wish) My eye is still sore and only partially sighted (caused by "bedtime" Lumigan and their eye "scrape") But this pain is not now so severe as it was initially. I appreciate still being alive. I do not bleat, and only now complain to save others. Truthfully, I regret the day I was given their treatment. Do not let this happen to others. It's now up to you. I will trouble you no more. (It's simply a waste of time.) Your most sincerely.

Jerome Thomas. (engineer retired.) For all things:

There should be absolute transparency to improve the NHS. (If only because the next time, it may be you!) Complaints should be welcomed, and not be dismissed irreverently or lightly, for the benefit of everyone.