Me

Address

Address1

Address2

Address3

Dr ABC

Chief Executive

Dr **ABC**,

1. My situation is:

(i) I am a patient of Primary Care Sheffield.

(ii) I am detained at ABC Hospital (Sheffield Health and Social Care NHS Foundation Trust) under section, on the grounds that I am delusional but there exists no valid diagnosis of me.

(a) Sheffield Health and Social Care NHS Foundation Trust (SHSC or the Trust), including its Chief Executive, have refused to produce a valid diagnosis (see documents attached, including that entitled: *"Refusal to Produce Valid Diagnosis"*)

(iii) I have been mistreated and harassed by the Trust, including such incidents as are described in the attached documents entitled: *"Collusion of Members of Staff and Patient and Abuse of Leave to Harass"*.

(iv) When I have had serious problems with my physical health, the Trust has appeared to go out of its way to deprive me of adequate primary medical care, though it must have understood that, by doing so, it increased the chances of my suffering a medical attack that might have occasioned my death or grave and irreversible damage to me (see attached document, entitled: *"Denial of essential Primary Medical Care etc"*)

(a) You will observe that, when I was diagnosed with Functional Symptoms, no action was taken to address the problem, though I did make reasonable suggestions.

2. The facts force the conclusion that the concern is not with my best interests, including my health, but rather the undermining of them.

(i) Rather than the honest practise of medicine, there is an attempt to create an administrative record that falsely gives the impression I am receiving adequate medical care.

(a) I am unable to understand, and the case has not been made to me (perhaps you will try) how my interests might be advanced should I participate in such a shabby charade.

3. Your answers to the questions in the section entitled *"Questions"*, below, will help me assess the merits of my decision. Before you consider those questions, please reflect on the facts in the section entitled: *"Facts to consider"*, which have also been set out in the documents referred to, above.

4. I shall not agree to medical observations or medical tests and examinations until:

(i) A valid diagnosis is produced and

(ii) The questions regarding my treatment, including those, below, but also those previously put to the Trust, when it carried out its enquiry, such as it was, and put to Sheffield Teaching Hospitals, regarding their treatment of me (see: *"Denial of essential Primary Medical Care etc"*), such as it was, are answered.

5. Dr XY, of Primary Care Sheffield (Clover Leaf City Practice), has decided to discontinue my prescription for Ramipril, which I have taken since 2020 to control hypertension, because I refuse to be examined.

Facts to Consider

6. I am detained, ostensibly because I am delusional, and yet there exists no valid diagnosis. The Trust and other officials refuse to produce a valid diagnosis. **What do you think is the effect of this on my health, and do you not think that might have caused hypertension in the first place?**

7. When I experienced numbness of the extremities (documents entitled: *"Denial of essential*

Primary Medical Care etc"), I thought I might have suffered a small stroke and that I might, at any time, suffer a greater attack that would occasion my death or grave and irreparable damage. The Trust must have understood its conduct would occasion anxious and must increase the chances of such an attack:

(i) I often was not examined by doctors when I asked to see them,

(ii) When they did considered my case (if indeed they did: I can't be sure they did because I did not speak to them and there exists no record of who they are), they offered idiotic opinions (such as that the symptoms were natural effects of aging or of the changing of seasons),

(iii) Examination was carried out using the Chinese whisper method: nurses reported my symptoms to doctors who then communicated their responses to nurses. And those doctors did not answer my questions. For example: when it was suggested the symptoms were caused by too much exercise, I explained I had not exercised for months. No response was offered.

(a) Again, I cannot be sure doctors were consulted in the first place: I was not told their names, even when I asked for those names and for their GMC numbers, there exists no record by which the doctors can be identified and the Trust has told the PHSO it does not know who the doctors are.

(iv) Functional symptoms were then diagnosed. These are caused by anxiety. It was apparent that, if that diagnosis were correct, my detention on the basis of invalid diagnosis was likely to be a cause. I pointed that out, no one did anything about it.

Questions

8. Do you reject that I have not been properly diagnosed with a delusional disorder and the Trust has refused to produce a valid diagnosis?

(i) If you do, please cite the correct diagnosis and quote, verbatim the clear and obvious evidence (required by the definition of a delusion), provided to me, showing the conclusions I reached are wrong.

9. Do you reject that I was denied the primary medical care I required in 2021 and 2022, when I experienced numbness in my extremities? If so, why?

(i) Do you consider it plausible that a practitioner would:

(a) examine a person by proxy (not physically look at them and not even speak to that person directly but instead have that person's symptoms described by a third party, in the absence of the patient and carry out their consultation, such as it is, that way)?

(b) Not record details of the consultation under their own name (the Trust told the PHSO it could not find details identifying some of the practitioners who are supposed to have examined me at the time)?

10. When I experienced numbness of the extremities, I did not receive a scan until more than six months later. Was that reasonable?

(i) Would traces of a small stroke or other attack or condition not have disappeared by then?

(ii) What purpose might have been served by a scan, so long after the symptoms disappeared?

11. If the intention is not to harm me, do the facts point to seriousness of the mind or earnest application by those charged with my wellbeing? This suggests I was not cared for properly. How do I know any doctor was consulted in the first place? Is it plausible that a practitioner would consult on a case and it afterwards be impossible to find out who they were (that must mean they did not make notes or they did not make notes under their name)?

12. Since 2020, I have been taking Ramipril to control hypertension.

(i) I have refused observations and to undergo medical tests until the problems described above are addressed:

(ii) Today, Dr XY told me she would cancel my prescription. She says she thinks it is safer to do so than to continue the medication.

13. What are the risks to me of taking Ramipril without those tests being taken?

14. What are the risks of not taking Ramipril?

15. Why do you consider the risk from not taking Ramipril without tests having been carried out to be greater than the risk from taking that medicine without tests having been

carried out?

16. Considering the facts, do you think the conclusion that practitioners are concerned with my welfare and mean well would be reasonable? If you do, on what evidence do you base that view and why should that evidence outweigh the facts I have communicated to you?

17. Please visit the website recommended in the email bearing this letter. If I do not receive a satisfactory response by 13 September, 2024, I should be obliged to note the facts on that website.

[SIGNATURE

NAME