

Forensic Law in Hypoglycaemia 4 (HYPOGLYCAEMIA: The Clinical and Legal Challenge with T1D Type 1 Insulin Dependent Patient in Scotland)

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Introduction to Forensic Law in Clinical Hypoglycaemia and Nutrition Featuring Long Covid and Blue Toe Syndrome in Neurology and Vascular Hypertension Complications in Long Term T1D Diabetes

EDITORIAL

Correct insulin dose, type, and stabilisation of BG Blood Glucose are essential in daily attempts to maintain good health for patients diagnosed with T1D Insulin Dependent Diabetes. EE Environmental Enrichment of Purkinje Cells within the neurological brain vascular system when damaged by environmental cell immunogenic deficiency can lead to neuroglycopenia damage caused by incorrect insulin type, dose, lifestyle, diet, exercise, smoking, alcohol abuse, exposure to unnecessary stress which when preventable is identified within the legal context of alleged Offences Against the Person's Act 1861 in the UK and in English Courts identified as Common Law Assault, a criminal offence. If proven in a court such conduct exposes an alleged offender if found to be guilty subject to conviction and sentencing which may justify unpaid Community Service; a fine; or if found guilty of wilful neglect or ill treatment under the terms of the Mental Health Act 1983 where Hypoglycaemia Unawareness can be forensically identified as Temporary Mental Health impairment usually corrected with glucose intake to enable BG Blood Glucose level to rise to normal level. When a Diabetes Insulin Treated Patient suffers injury and no third-party support was provided, despite identification of the need for such, then alleged offender(s) causing patient injury by Gross Negligence in Public Office, cruelty, or event cover up by alleged obstructed or perverted justice, then those responsible can be held responsible, be arrested for ill treatment and neglect, and face a maximum term of 2 years Imprisonment.

Forensic Law in Clinical Hypoglycaemia and Nutrition suggests update requirement to Statute Law to assist Courts to progress work and address lacuna law in Clinical Hypoglycaemia misbeliefs and correct the foundation base of definition of Hypoglycaemia from the World's First

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Event, Toronto 1922, when Dr Joe Gilchrist experienced Hypoglycaemia after treatment for Diabetes with one of the first batches of Insulin produced by Banting, Best, Macleod, Collip.

In 1994 after experience of 7 years of prescribed wrong insulin and dose with loss of Hypoglycaemia warning signs, forensic discovery identified the insulin had been prescribed in breach of the MHRA Marketing Approval for BHI Insulin dated 26 August 1982. Patient Immunogenic System had been compromised leading to injury in breach of Offences against the Person Act 1861, ie the prescribing GP doctors in common law assault of the Diabetes patient, led by the GP Police Surgeon for St Albans, Hertfordshire, England. A criminal investigation is on-going and those responsible are exposed to criminal charges for alleged assault and obstructing and perverting justice in the English Courts.

Important vision and input from Dr Christina Yap, University of Monash, Malaysia, the 2023 Forensic Law in Hypoglycaemia way forward is to develop a 3-year University Course **'Forensic Law in Clinical Hypoglycaemia and Nutrition'** for student learning in Clinical Science and Law.

New Endocrinology Input

In August 2023 Pituitary Disease observations of Acromegaly have been identified due to defective working of the Pituitary Gland and published identifying cause of Agoraphobia, Fear and Paranoia with Acromegaly. If undiagnosed and untreated this poses patient risk of Thyroid Pituitary defective working of Agromania and if extreme could lead to incurable insanity. Without proper and correct symptom diagnosis at onset if left undiagnosed and untreated the health problem root can enhance in mental health extreme behaviour leaving patient welfare exposed to Munchausen Syndrome by Proxy which in unique and rare cases allows if undetected innocent patients to experience PTSD Injury and abuse by work colleagues and sometimes family members. This may be identified in efforts to hide errors in Pituitary and Thyroid Endocrine Disease patient welfare. Exposure to bullying gang conduct in error cover up of Hypoglycaemia Unawareness associated with T1D Insulin Dependent Diabetes and Hypopituitarism where clinical diagnosis errors may occur has been identified. Examples can include errors in Insulin Prescription and Type, failure to diagnose Hypoglycaemia Unawareness in Diabetes, Addison's Disease, Pituitary Thyroid Disorders, lack of patient support leaving patient in a lonely health journey.

Close co-operation and trust between Doctors, Nurses,

Hospital Management and Patient Family History is essential to ensure patient welfare. This is especially true in parents with Genetic Inheritance issues in neonate born baby welfare when the Hospital Management are responsible in Law for the cleanliness and infection prevention in a Maternity Unit, all Doctors and Nurses are fully knowledgeable and trained in maternity issues. Parents have a legal duty of care to their family and to Hospital Management, Doctors and Nurses to disclose during pregnancy outstanding family history known issues. This includes lifestyle issues such as Foetal Alcohol Spectrum caused by excess alcohol abuse of parents, especially mothers pre and during pregnancy; smoking abuse; recreational abuse; health knowledge, eg Diabetes; Thyroid; Pituitary Gland; Respiratory; Asthma; COPD; Cystic Fibrosis; Hypertension; Stress; Pulmonary Hypertension; Vascular Cardiac family experience; Cancer history, and any other rare disease.

Immunogenic reduced resistance to infection or Insulin imbalance leading to Gestational Diabetes in a mother must be addressed in Law in the event of any patient baby death and after relevant education and risk disclosure is given to Consultant Paediatricians who along with Hospital Management in English Law are responsible for baby and mother welfare and relevant medical history knowledge shared with Nursing Staff to ensure best knowledge understanding to help baby growth with food and liquid diet then exercise as child grows. In growth, observation of infection risks constant child welfare monitoring with both parent input at all times is important. This is usually easy in most families however if parental separation exists shared historical medical knowledge is essential.

In the case investigated since 1994, in 1993 Fear, Paranoia, Agoraphobia, were observed in a 10 year old child. In matrimonial proceedings the Hertfordshire Family Court Welfare Service failed to comply with such needs and the Family GP Practice led by a GP Police Surgeon failed to comply with a Court Order ordering the 11-year-old Child's Medical Records be placed with the Court and the parties concerned. This conduct by the NHS GP Practice was criminal obstruction of justice. In March 1996 before the High Court of Appeal, London, the same NHS GP Practice led by the same Police Surgeon GP obstructed justice in failure to arrange Expert Medical Report and place with the High Court of Appeal. In November 2000 in Manchester Crown Court the Court refused to allow disclosure to the Court of the Medical Records of Mother/Daughter relevant to undiagnosed Addison's Disease. In November 2020 St Albans

Magistrates' Court took on board an application to address a misguided alleged breach of a Court order from July 2000 which had been placed with the wrong Court after Counsel Advice October 2003 by the Court Clerk to the Justices and was triggered by the daughter, now a mother of 41 years of age with suspected Hypopituitarism Mental Health issues and failure to diagnose by NHS England. Required referral to the patient GP identifies failure by the husband and Police Constable to implement and instead have obstructed justice and on-going clinical research.

The legal debacle and unnecessary stress caused along with the apparent failure in an Essex Village by the NHS GP Practice involving suspected Genetic Inherited Foetal Alcohol Abuse triggering difficult daughter patient health issues with poor patient learning and added partner father likely Dyslexic with endocrine disorder welfare, suspected to have been poorly managed in healthcare for many years is a challenge. Combined these issues have caused T1D Diabetes Patient to suffer Hypertension with unusual symptoms with (-) Covid test and associated with unique symptoms of Long Covid to include infection symptoms requiring oral Antibiotic treatment.

Otitis Externa and Osteomyelitis: Recurring ENT clinical issue has remained a discomfort issue.

Quinsi: Rare Endocrine throat infection caused by reduced Immunogenic Infection Resistance following injury of wrong insulin and dose 1987-1994 identified as common law assault in breach of Offences Against the Person Act 1861.

Hypertension in Diabetes with endocrine link to Raynaud's Disease Genetically Inherited from father with vascular circulation clinical complication associated with unnecessary stress caused by family misunderstanding leading to potential avoidable stress situation.

This long term T1D Diabetes patient experience is a sound supported link to Pulmonary Hypertension, Raynaud's, Pulmonary Hypertension, Immunogenic Insulin issues, Ref: ADA Human Insulin December 1993 G Schernthaner December 1993; Hypertension in Diabetes Mellitus, Feher 1993; and Practical Diabetes, Levy,1999.

The patient journey in T1D Diabetes is ongoing for inclusion in Patient Autobiography [1,2].

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