

What New OECD Patients Consistently Need from OECD Management since 2024

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OPINION

According to the final medical report of 2010 from the World Health Organization (WHO) worldwide research on the relative frequency of fatal Medical errors in decisions in establishing **a diagnosis OR in choosing the correct individual treatment** in all fields of human medicine, in approximately all countries, WHO.

It is approximately the same-threatening permanent fatal errors rate of approximately mostly about 10%, i.e. in all hospital network, so as in net „OUT DOOR“ Health Ambulances in the countries WHO and probable the same has been truth so far also in whole hospital net the OECD.

This is fatally dangerous News for the vast majority of patients and their families living in OECD countries, because a wrong medical diagnosis, for any member of your family is Tragedy for the whole Family, OR the drastic initiation of treatment for a hypothetical diagnosis-and your wife does not have,-it can easily put you in a dangerous situation where you could lose the next week the child that your pregnant wife has been carrying for 4 months in Gravity already and such regardless Treatment was in fields Consequents heavy next derived fatal Problems.

This is really possible and it often happens again daily in many Clinics with many similar daily parallel serious problems, for example, if your new medication for your chronic disease is chosen one sided, your doctor will decide maybe in the risk zone “Excessive-probable more efficient but more risky for Overmedication including” OR if he does not adequately respect the existence of your 3 simultaneous other serious Comorbidities and you therefore suddenly end up at risk of losing your life in a medically induced heavy Stroke OR Heart attack, Allergic Shock in Surgery hall by complicated Cutting OR a spontained dangerous post.operative Fallen of Orthopedic Patient with Age over 63 years with secondary proximal breacking the femoral bone. For example: I have got reoperated my right Artificial joint, there are no Chance for next hip with next other Re-Implanting. This finished often with mortalities with very usual, always fatal Diagnoses by regular Statistics of mortalities often in Orthopaedy, in Geriatrics, in Pulmonary Clinics.

In Czech Republic there are just living about 10.75 million Citizens and in duration 1 year 2021, there were Sum mortalities of CZ Citizens about

Vol No: 06, Issue: 01

Received Date: December 06, 2023

Published Date: January 23, 2024

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Citation: Cuc A. (2024). What New OECD Patients Consistently Need from OECD Management since 2024. Orthop Res J. 6(1):27.

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141 thousand persons. Are you studied _such mortalities by deep Criminal Independent Analyzes in Sample about 850 Units-CZ Citizens in mortal cases in 2021? Have you prepared some additional Pathology Protocols post Mortem, have you Testimonies of Members in_Families, a few Colleaguess in Work, set of Health Personal documentation since period 3 years before individual Death?: etc,

Maybe there was some times a Criminal Illegal Act.-in background of case. Of course you gained views to scientic Aspects in todays Qualities Medical Decisions in OECD-It will be dramatic changed the innovations in Health care in next decades of 21. Century!

By my Cybernetician experimental works in Samplings, there are probable about 35 thousands CZ Citizens dying for heavy Medical Mistakes, often for about 25 thousands CZ mortalities „**out of Regards to explicite Technician Requirements to lists „LEGAL TECHNICIAN WORKING CONDITIONS with Medical Devices „CE“ !**

If I am controlling a used Medical Processing as a State Investigator and there are absence Respects to a Mandatory Technician Medical activitites—for example: to create always the preliminary and verified individual Plan of Orthopedic Implanting Surgery „TOTAL HIP ARTHROPLASTY“, then each Orthopedic Surgery with such repeated similar Mistakes are always fully ILLEGAL MASS MEDICAL WORKS! The post-operational controll for right placement Implants in Space 3D should be ewlised by the Firm RTG installing Masks on Orthopedic Screen—by the 1 Image only, by the intuitive view—without installing Masks , by the ways, without Measurement right Profile to Compare with Great Trochanter—there were in my Surgery performed-FULLY CRUMM! With destruction of the femoral Cavity by my ANESTHESIA by illegal implanting Processing. Despite the Court Medical Message from Forensic Department of the Central ARMY Hospital Prague 6, CZ placed stupid explaining: The Patient A. Cuc some times after a few days, after perfect Implanting the Artificial Joint in femoral bone, he was spontain_fallen with happend additional Crash of successful Implantation in Orthopedics. Many CZ Doctors Jourists—The CZ Judge nor CZ Doctors MU they did never understand to Unique, Criminal Tracing. The CZ Police nor CZ Ombudsmen never took me a judicial Constitutional Human Support for Justify CZ Court Processing! My Culprits are smiling when I am needlessly heavy crippled and preliminary dying, I was crucified in Workdays by petrified habits in CZ Medicine, in CZ Justify, in CZ Criminal Police, by habits in CZ Attorney’s system.

Remember me as a needless crippled and dying lowless CZ Victim contrary trivial Technical Legal Conditions in Human Medicine gilted in harmonized Laws EU/CZ since April 1, 2004-likely similar as other cca 25 thousands CZ Citizens

yearly, so as to detect in year 2021 !

By the Binary Logics, there are definitely, always all identified ILLEGAL MEDICAL WORKS are easy to find such repeated Mass Mistakes in Patient Clinic Databases Medical Processing in each well organized Medical Clinic OECD.

Why we were didn’t till Independent, Regular ATTESTS in Samplings—with comparable reliable Results in similar Statistics Forms in all similar Clinics OECD until todays? I don’t know, you know? None of declared Medical Mistakes could be in Sample undertaken, it_is absurd to repeat similar Mistakes in next Period of Testing Qualities Health Clinics OECD, We should improve Qualities Produce Health care in Clinics OECD for next decades with similar Professionalism—as we are taken in Start of the Cosmic Rackets!

There are absurd the mostly repeated Standpoints of Surgery Medical Staff: in Our CZ Orthopedy Clinic we are never used and create the Clinic Plans-by written,-for each Patient, including we refused duties of the additional asking the Sign. Agreement of our prime Orthopaed each Designed Plan....Of course there are only time to time some Disasters „as happend“ „The Crash Fausse route“. Only time to time we are some casual mortalities tolerated on our Surgery Hall for so weak suddenly Heart attack on processing....there are risks concentrated to much Medical Capacities of our Perfect Orthopedics on such details to precise Preparing Design—we refused it to do in our Mass Produce Medical Processing in our Orthopedic Clinic....Of course there are maybe a ignoring „by happend“ the preliminary Declination of the femoral Neck in femoral bone of the Patient XXXXXX....but our risky Situations in our Orthopedic branch are known before. The **Patient had taken wisdom the Patient Agreement....he was informed about risks in Medical branch.**

And we are as CZ Medical staff in Orthopedic Clinic always fully INNOCENT, despite many part of our Patients are yearly heavy illegally crippled and often casual preliminary dying—We are keeping in CZ peculiar Principle: **CZ Medical Staffes are always fully INNOCENT—we are Doctors MU overworked, burnt out!** Despite it_is Always Nonsense contrary to gilted explicit fixed Technician Requirements the Directive 93/42/EEC Medical Devices, implementing in CZ Judicial Orders since April 1, 2004!

I am offended to the core when my fellow cooperated scientists with the title Doctor of Medicine say provocatively:

“And what can we do about it? After all, in our specific medical branch and also in other fields of human medicine are stabilizing HIGH RISKS IN MEDICAL WORKING, it was always usual facts—STILL IT IS THAT CONTINUOUS TODAYS RISKS-AND ALSO IN THE FUTURE

IT WILL REMAIN FOREVER SIMILAR TOO HIGH RISKS!

So imagine the situation that in the course of 2024, it will be necessary to provide health care for your family of four Members, a total of Attend about various 6 medical clinics, either working independently in a system of independent Clinics OR in some Clinics of your nearest hospital from your place of residence.

It is therefore clear that from the point of view of cybernetics, it does not matter whether the doctors' expertise is in Orthopedics, Gynecology, Hematology, Neurology or Cardiology, but it is absolutely certain that if all the doctors visited only work with an average reliability petrified of 0.9- that is tragic Fact in OECD, with each subsequent next visit, the probability that, in addition to the usual risks of your personal health condition, a new worry will not be aided: as a result of some bad decision by any doctor....coherent reliability that you will have the correct diagnosis and the correct choice of treatment, has unfortunately increased to almou down in cca 50% only.... The certainty that some family member will face a terribly unpleasant dramatic risk, **which always brings a fatal medical error in the Diagnosis OR in the wrong choice of individual treatment!**

If you are sufficiently understanding and empathetic enough as a responsible Man, you will surely start to think whether it would not be good for your family to have your brother, for example, studied the field of practical medicine before 15 years ago, OR at least Problems about adequate financial satisfaction by law in US, so that you can at least gain hope in the family for a fair judicial financial satisfaction for unnecessary damage to health.

Doctors MU in the Czech Republic will never admit acceptance any of their fatal medical errors-even in situations where you have written proof in your hand that during your visit to the Neurologist, you voluntarily told him sincerely and correctly in time-that you believe you are currently experiencing „The Stage 1 of Necrosy head of joint the femur of the left lower limb-although the Orthopedic Radiologist is referring you to Neurology for a re-examination of your health status-because today's X-ray image did not show-and the diagnosis of Necrosis of the femoral head yet! In my case, the visit to the primary Neurologist turned out terribly: Instead of a new Magnetic Resonance to re-examination with more Truth, where it was clearly detectable and correct Diagnosis JUST NOW: Necrosis of the head of the femoral bone, I have studied Necrosis more weeks_ before as a State investigator in mortalities in Orthopaedy....The Neurologist after a thorough physical examination, after finding local pain in the groin and left hip joint, he came to an incorrect cognitive onesided Diagnosis by the intuitive

view “**Irritation of the end of the spinal cord in the nerve node**, with the recommendation of repeated injections of local Anesthesia in the spinal cord”, The neurologist made a wrong Estimate, unverified diagnosis and the choice of inappropriate treatment...for next 5 weeks!

And Consequence for me??? During 5 weeks of regular week visits to Neurology, my ability to walk fully collapsed, I arrived at Neurology hospitalization with my own written hypothesis that it was again “**Necrosis of the femoral head**”. The head of the Neurological Clinic came the next day with a full Medical visit.....“and bitterly complained that in 40 years of practice he had never met” I am wondering to meet a Cybernetician who would dare to enter the hospital with his own impudent hypothesis about the right diagnosis. He sent me to the X-ray department again-and the truth was revealed with certainty: “**Necrosis has completely dissolved the functional surfaces of the hip joint in the meantime**”..... and all the members of the Neurology medical team began to silently hate me worthless to death, (because it was obvious to them that I could ask sure for a huge satisfaction for caused permanent health damage). I have not filed any lawsuits, yet I am heartily hated by many doctors to this day and from a chain of similar Fatal Mistakes in many subsequent Health Clinics, my Fatum-to be healed under my local medical knowledges, despite I am a Cybernetician, none Doctor MU!

I am now nearly dying: with my right leg was false implantation in November 13, 2007 with „Fausse route Stem in right leg“, with a false Reoperated THA since November 30, 2007-**but without a prtocols for a necessary next Neurochirurgic renewing abilities Nervi ischiatici in whole right underknee**,.... but there were since years to years growing Problems with worse „The Vein Bleed Circulation“, with Passive observing firstly in Dermatology small Crack with Length 2 cm in depth 2 mm and then since April 2021 on Chirurgic Clinic VFN Prague 2, CZ „the Crack in the right feet was with Length 3 cm with depth 2.2 mm“, but all Surgons was working carelessness-with ignoring my Message: the light Collapsing Vein Circulation in whole underknee and specifically in right feet for 2 months, for 3 months since April 2021... until October 5, 2021, there was specifically hospitalization since September 30, 2021, but I detected the Pistel in feet since Mai 2021, the Gangrene since July 2021, with a Poissoned Gangrene, visible well since August 22, 2021 by my hospitalization in Chirurgic Clinic there were deeply poisoned Gangrene since September 30, 2021 The first Probe in Vein re-bleeding Surgery in my right leg by Micro-Air-Bubbles Pressure stenting was performed since October 5, 2021.

it was nearly without real Chance to heal-**it was specifically**

TOO LATE in October 5, 2021, coincidentally there were consequent Events in Chirurgic Clinic VFN, Prague 2, CZ as the Law amputated right Leg and the Execaution was carried out in December 28, 2021, and next Problem was: The Relapse of Leukemia B-CLL from February 17, 2022 in Geriatric Clinic VFN 2021, None of the doctors in that Neurology Clinic, in Forensic Medicine Army Clinic, in Orthopedic Clinic Prague 10,, in Chirurgy Clinic VFN Prague 2, department never appologized to me, no stabilities for my Health status to resque at least my right Leg.

I stated that as a Cybernetician, I must know at least the basic methods of finding and verifying diagnostic hypotheses, as well as methods of finding and verifying the right individual treatment, including its ongoing medical supervision. I am powerless to resque my Life among many CZ Doctors MU.

If you want to have the upper hand among the enemy's doctors, try to politely suggest the right Diagnosis by a Cybernetician-Patient, the right Treatment and the Right Supervision.

In the Czech Republic, you will not find understanding and legal journal support-neither at the Regional Attorney's Office Prague, CZ nor at the Criminal Police „Department for Investigation Prague 1, CZ nor at the Main State Regional Prosecutor's Office in Prague, nor by asking at any called Ombudsman of the Czech Republic during the years 2010-2022. Partial conclusion: In extreme dangerous Industries-the Produce of Electric Energy in the CZ nuclear Power Plants, in the Produce Airplanes, in the Produce Weapons, in Produce Cosmic Rackets, in Produce Computers, in managing the international net of Airports, we are in All states OECD to work with Guarantee right Decision makng with elimination the fatal Mistakes under relative frequency usually less under

1 : 10 milions sequential and parallely ordered risky decision in duration 10 years

By the Scientific Medical Message from the World Health Organisation since 2010, there are acceptable Phenomenons defined Medical Decision in Workdays Doctors MU about right individual Diagnoses OR about choice of right Treatments OR about the right Medical supervision over individual Treatments usual in relative frequences of Fatal Medical Mistakes in average about Parameter with the Estimate:

1 : 10 only in all States WHO similar, so as in all cooperated States in OECD in all branches of Human Medicine

..... and it caused my expertised, well rational designed the Estimate:

in CZ about yearly Sum about 25 thousands CZ Citizens

are yearly with needless mortalities, firstly they are illegal crippled and then causally preliminary dying many years before probable Well Being... from whole sumary mortality 140 000 thousands Persons in year 2021 OR casual preliminary consequently illgal dying under of my personal Education in exact Knowledges from CZ Technical University Prague-in **Binary Logics, in Samplings in verified Criminal Technical Legal Conditions in legal usage Medical Devices „CE“, in Medical Radiology in Space 3 D, in branch Criminal Traceing, in Physics, in Statistics, in Artificial Intelligence, in Robotics, in Computing decision in next futural Cosmic Industry....**

Of course, if there are in US sumary about 340 milions Living Citizens US, yearly there are similar Sum mortalities about 4.4 milions yearly dying Citizens US and there are probable about cca **1 million US Citizens dying needless and ILLEGAL**, casual for often false Mass defined Diagnose, OR on illegal choiced of individual Treatments OR often in lack realise Medical Supervisions over Treatments. There are most of scientic works for Clustering, for Computer aided Design, for Computer processing Planning, for Computerised Managing Processing in real time, for Re-design extremal dangerous Medical Workplaces, automatic testing Health status, Computerised mooving abilities of Patients, etc.

What could we fundamentally and quickly improve with the help of OECD Management?

I confess to being fascinated by a set of educational and revocation documentary films about the causes and results of forensic investigations of air accidents in the networks of international transportation providers worldwide, as revoked by the National Aviation Safety Agency in the US, Canada, Japan, France, Switzerland, Australia and Taiwan. I am immensely inspired by the fact that the size and composition of investigative teams always changes very flexibly according to needs-that is, in their professional and international composition, and criminal investigators and scientists from many fields work together very closely and responsibly, where, in addition to aviation experts on aircraft engines, airframes, many medical professions are adequately represented in the field of aircraft pilotage-neurologists, orthopedists, cardiologists, vascular specialists, as well as experts in aviation equipment, pilot personnel training, international air communication between aircraft, experts in civil and military air traffic control, experts to simulate dangerous decision-making situations using the "LAST RESCUE MANUAL". there are experts on training and the work regime and rest of crews, on extreme dense air traffic near airports, on changes in automatic and personnel control of aircraft, on auromatic detection of the causes

of aircraft stability disturbances, on risks during sudden changes in temperature and from icing of wings, on time limit of safe landing in case of emergency, etc., etc. Of course, I am extremely proud that many of the surprising causes of the crash of large airliners correspond well to my education in cybernetics, aircraft design and the system of attestation of all kinds of personnel. You are a leader, so you mustn't get confused-what should you ask in a Hospital of an Orthopedist, what of a Pathologist, what of a neurologist or what of a nutritional expert. Etc. I will say it now briefly: I request, in the interest of all OECD patients, that the OECD Management prepare adequate laws, regulations and exemplary examples of how it should take place in networks of Humanities Medicine clinics in OECD countries, a regular periodic independent ATTEST from a probability sample of about Dimension 5-7% of all performed Medical Processes in tested Period, of approximately 2 years.....including carrying out random examinations of the current health status of a sample of patients in Main Clusters, with what long-term results and their effect on Well Being and on their likely lifespan. All illegal treatment errors will be logged, anonymized and clever published by Standards OECD, both for the future orientation of patients and for the mandatory legal prevention of the repetition of Medical Errors, and also for the needs of improving the quality of work in similar OECD health Clinics. **Repetition of similar mistakes in future periods of time may be the reason for penalizing the Clinic Management as well as the reason for possible legal proceedings against the guilty doctors of the Clinic.**

AND THE CONCLUSION?

I am just asking by written the OECD Management for a created the set of new Law, Regulations, Recommendations and mandatory structure of CONTROLS for the realization and publication of regular, independent, technical and medical mandatory ASSESSMENTS in comparable-understandable, periodical-System at Evaluation of all Health Clinics and verifiable true statistically increased safety of all medical decisions from New Qualities in Produce Health care since first Model for probe in years 2027-2030 as mandatory Limits... in all OECD countries and in all Clinics, from the currently verified ones occurrences of fatal errors in Diagnosis and in Treatment from the usual today current relative bad frequencies of 1:10, but then independently verified quality must be achieved using Binary Logically processes and using the system of INDUSTRIAL INDEPENDENT SAMPLING OF MEDICAL ACTIVITIES IN DIAGNOSTIC AND IN TREATMENT, IN MEDICAL SUPERVISIONS decision-making by the doctors staffes of the Medical Clinic with the occurrence of serious Medical errors should be only less at most 1 : 100!!!

Never in the last 50 years has such a profound and fundamental industrial built innovation in the quality of medical decision-making been proposed. We are the Champions if we are decided contextually, reliable, with sharing best known solvings. Computerized support, we could rescue Millions Patients OECD yearly, we could educate and Test million first Independent international Investigators-first in US for realisation ATTESTS in Improved Qualities Produce Health care in Health Clinics OECD !

Of course, I would like to personally participate in such an innovation Medical care OECD, but unfortunately I am needlessly and severely concatenated crippled in many CZ Clinics, as a result I die much earlier and prematurely unnecessarily.

I wish you WELL BEING, Happy with statistic Guarantee probable till your Age 90+!

With Regards,

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REFERENCES

1. Pavel D., coll. „Orthopedics“ 2nd revised and supplemented edition, CZ, 2014, Grada Publishing, Prague, -... It provides an overview of inflammatory and degenerative diseases, congenital and systemic defects, neuromuscular diseases, metabolic diseases with skeletal manifestations, orthopedic oncology and summarizes the issue of tendon and peripheral nerve disorders.
2. Cuc A. (2023). The industrial Consequent Testing each Partial Activities in each Unique Legal Medical Processing of Human Medicine. On J Otolaryngol & Rhinol. 6(2):2023.