

# Forensic Law in Hypoglycaemia-1

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## Abstract

Hypoglycaemia, low Blood Glucose BG when BG falls below 3.0mmol/l exhibits Physiological Symptoms of Tremor, Sweating and Hunger, requiring prompt glucose treatment input which if not corrected leads to Confusion, Sensory Disturbance and Behaviour Change at 2.0mmol/l described as Neuroglycopenia. If Blood Glucose BG falls to 1.0mmol/l or 18mg/dl Diabetic Coma is likely to occur leading to unconsciousness and without fast acting glucose severe risk of death. An estimated 600 million patients with Diabetes are thought to exist in the World in 2022 and an estimated 4.5 million in the UK. It is estimated 10% of Diabetes patients are T1D Type 1 Diabetes Insulin Dependent and 90% T2D Type 2 Diabetes Patients Non-Insulin Dependent. Many T2D Patients may require Insulin Treatment several years after diagnosis. Does society really understand the daily burden the diabetes patient faces and the need if things go wrong to provide emergency patient support or the need for A&E Red Alert Emergency support in a hospital, and Paramedic Ambulance support in the Community? This is identified in the UK alone as over 95,000 Emergency Diabetes Hypoglycaemia Calls every year, many of which are potentially avoidable with better understanding and education with family and/or friend witness support.

**Keywords:** hypoglycaemia, neuroglycopenia, insulin, diabetes, Addison's disease, Addisonian adrenalin crisis, thyroid disease; endocrinology, temporary mental health impairment, statute law, legal issues with hypoglycaemia and neuroglycopenia, fast acting insulin, slow acting insulin, glucose, fast acting glucose to treat hypoglycaemia, hypoglycaemia unawareness, Purkinje cells, stiff person syndrome, ambulance emergency calls for hypoglycaemia

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**Case Study:** Was near fatal Hypoglycaemia and Neuroglycopenia 23 February 1994 a case of Mistaken Identity of Clinical Error and 28-year Chicane Legal Block; or an Attempted Organisation Cover Up to avoid Culpit Blame and loss recovery of £275,000 with attempted reliance memory imbalance involving Genetic Inherited Undiagnosed Addison's Disease and linked Diabetes?

This case study introduction to Hypoglycaemia

in Forensic Law is one of ongoing case study investigations based on 28 years of Forensic Research initiated in 1994 by the local Police Constable of Bricket Wood, St Albans, Hertfordshire, England, after the author almost suffered Unexplained Death caused by incorrect Insulin Treatment between mid-1987 to 1994 to treat T1 Diabetes, Insulin Dependent, by the local NHS GP Practice based in St Albans, and a branch GP Practice based in the Church Hall of the Parish Church, Bricket Wood, St Albans.

Neurological health associated with Civil and Criminal Law has been known about for many years leading to challenging case studies in law and addressed in Courts of Justice. The link to Hypoglycaemia in alleged murder cases has been summarised in case law by Prof Vincent Marks and presented at the Banting Lecture 1994, Hypoglycaemia Real or Unreal, Lawful or Unlawful. Kenneth Barlow, 1956, involved his suspected to be pregnant wife, was it murder, probably not, but effect of unauthorised medication to terminate pregnancy leading to Hypoglycaemia and Neuroglycopenia and tragedy. Beverly Allitt, SRN, 1991, involving murder of four or possibly more very young children in her care in Grantham Maternity Hospital leading to manslaughter on the grounds of diminished responsibility.

In 1922 after Banting, Best Macleod, Collip, discovered insulin a patient Dr Jim Gilchrist, was treated with insulin and when with friends in Toronto when celebrating he became unwell with seizure type behaviour. The police were called and after he rested overnight was found to be all right. This was the world's first case of recognised hypoglycaemia and identified as a clinical event and not a criminal event of drunkenness as often identified as by courts, lawyers and the police. Previously in Banting and Best's research a dog when treated with insulin became comatose and died which at the time was described as 'a mysterious something' when the dog died.

100 years later in 2022 we have the case of a Maternity Nurse with a University degree in nursing at Chester Hospital, England, being identified as a common link in tragic neonatal baby deaths with ongoing forensic Hypoglycaemia and Neuroglycopenia interest facing a criminal trial. The insulin disclosed at trial is identified as Novo Actrapid, fast acting insulin. In 1994 the author had been prescribed Novo 30/70 Mixtard, ie 30% fast acting insulin, 70% slow acting insulin with similar packaging. Today newly published genetic neurology findings identify the possibility of immunogenic cellular inheritance in molecular cellular structure where the environmental health of Purkinje cells may lead to sad baby passing by hypoglycaemia with low blood glucose levels not always apparent without post mortem and full forensic investigation.

In 2022 the disclosure of environmental disturbance in the diet blood glucose fluctuation

in neonate babies and youths, adults, prone to hypoglycaemia unawareness and hyperglycaemia unawareness with diet and obesity issues, and on occasion linked to alcohol abuse, has been identified in publication associated with Purkinje Cell Cerebellum Environment from a single long axon then enormous intricate dendritic tree with complex branching arrangements. The environmental factors associated with diet is likely to address the neurological complexity of Purkinje Cells when they benefit from healthy food pattern leading to Normoglycaemia however may become starved of glucose in the event of unrecognised Hypoglycaemia and low BG Blood Glucose. These cells are likely to suffer abnormal environmental experience in the event of exposure to excess glucose and sugar input. If alcohol is added to the nerve cell environment equation on the balance of probability the cells may experience Hypoglycaemia which in the event of attempted pregnancy may cause Purkinje Cell environmental damage to baby prematurity and post birth until such time as baby is able to maintain environmental stability from the mother's feed, which could be contaminated if alcohol has been consumed during pregnancy, or through baby feed diet process. In the event Genetic Immunogenicity between parents is recognised then such as being prone to other health conditions such as Diabetes, Addison's Disease, Thyroid Dysfunction, then a major environmental cellular health issue may emerge often not immediately apparent at birth but may be the cause of tragic death or later healthcare issues.

In a case of such type a court must ask of those responsible for the welfare of the baby of external influence such as Genetically Inherited issues; influence of precedent case law which could mislead or obstruct justice; denial of learning opportunity by investigators to take on board clinical science understanding in 2022 from knowledge of 30 years ago which has been the experience of the author since 1994; blame transfer such as it is not my/our fault but the only common denominator could be a single nurse or clinician present in tragic event, but in fact was that a justified cause in law when within the large organisation of the NHS hollow lacuna law education and knowledge transfer may be identified to the failure and refusal to accept learning based on misaligned blame culture and may be a cause and justified in the

need for further detailed forensic investigation.

The stigma needs, not to disclose and share knowledge that could be helpful subject to forensic review often stems from historical wartime experience such as the PTSD injury associated to fatality loss in the trenches in Flanders in WW1; the secret warfare of the SAS and intelligence non-disclosure after WW2; and other wartime traumatic experience with subsequent generation approach of 'leave it' or 'just keep quiet it's not our problem'. In effect the questioning mind of the patient leaves a lacuna environment. This is similar to the effects of alcohol abuse of parents during and pre pregnancy which if uncorrected promptly and refusal to co-operate by some patients due to stubbornness and social misalignment can easily cause serious family health problems which if not corrected promptly can easily rapidly extend to all family environment members and ill health.

The case started in England where the author resided within the jurisdiction of English Law. The author has relocated to Scotland where Scots Law jurisdiction applies. The case sits in the English Courts and an alleged obstruction and perverting of justice in Trafford and Manchester in Criminal Law followed loss recovery attempts in Civil Law as was correctly suggested following disclosure to the author of 'Human Insulin Advice' Forrest and Evans, December 1992 at a cost of £500,000 to the British Taxpayer. This matter does not challenge Counsel Opinion of Human Insulin but addresses an area within the Counsel Advice where prescribing NHS England GP General Practitioners breached the advice of the Department of Health Medicines Control Agency prescribing guidelines for General Practitioners with possible advice from Secondary Care Endocrinologists how to treat patients with T1D Insulin Dependent Diabetes.

On discovery of error when warning signs of impending Hypoglycaemia Unawareness returned to the patient the NHS England GP Practice ran to the High Court, RCJ, Royal Courts of Justice, London, removed the patient from the GP Practice Patient List, and ganged up by alleged conspiracy to obstruct and pervert justice.

In the 1994 Banting Lecture Vincent Marks described Hypoglycaemia as Real and Unreal, Lawful and Unlawful. Like the author his 107

references start with Bliss M The Discovery of Insulin, Chicago University Press 1982. This reference identifies the experience of Dr Joe Gilchrist who in 1922, the year Insulin was first discovered, purified, and used to treat Banting's first patients, a 'Mysterious Something' was described when a dog was injected with insulin leading to convulsions and seizure in the dog which Banting put down to a failed experiment in research for a cure for Diabetes today affecting 4.9 million people in the UK and an estimated 600 million people worldwide.

Dr Jim Gilchrist was discovered in a state of Hypoglycaemia Unawareness in Toronto in 1922 the Toronto Police were called, he slept off the Clinical effect of Hypoglycaemia to recover in the morning.

This single event defined Hypoglycaemia as a Clinical Event and NOT Drunkenness as often mistakenly identified in England in legal cases.

Professor Marks over the years built up a global reputation for his knowledge and understanding of Hypoglycaemia Unawareness and was often called on by the police in England and Home Office Pathologists to provide an expert opinion in specific fatal event or near fatal event cases. A problem arose in some cases when it was impossible to prove deliberate perpetrator intent to cause injury or death of a victim. When a Diabetes or Addison's Disease patient is prescribed insulin or hyperglycaemia lowering agent to treat their health disorder and places trust in the prescribing general practitioner to get the treatment right correct in terms of type of medication, for example, Insulin to treat Hyperglycaemia in Diabetes, and be given the correct dose and patient advice to fit with a patient lifestyle and diet and all goes well based on regular ongoing welfare check-ups, in the UK the responsibility of the prescribing General Practitioners which could be based on advice and proposed prescription suggested by Secondary Care Clinician, for example, a Specialist Endocrinologist, with sometimes other Secondary Care input, e.g., Ophthalmology; Cardiology; Neurology; Nephrology; Orthopaedic; Psychologist; Psychiatrist: or Child Specialist; then all should be well.

Endocrinology raises complex Clinical Medicine issues for patients, GP General Practitioners and Secondary Care Clinicians. Cases are very often unique with leaning opportunity for many. Complacency occurs when it is assumed all is

well and for some reason, possibly only known to the patient or their family it is not. The importance of Duty of Care compliant with the Health and Safety at Work Act 1974 in English Law and the Human Rights Act 1998 is essential to protect the welfare of the patient diagnosed and treated for many health conditions including Diabetes, Addison's Disease, Respiratory Conditions or in fact most patients requiring Department of Health approved medication with Medicines Control Agency Drug Approval both today and right back to the time a drug is authorised to receive marketing approval for prescription to patients. Empathy and understanding of patient beliefs and feelings to build a good patient doctor relationship in time leads to a good level of trust when a patient believes a doctor is doing his or her best for their patient and the patient understands the importance of respect for knowledge and guidance for welfare benefit.

In Victorian times of the British Empire many advances in medicine and discoveries took place overall to improve patient welfare. Housing conditions were often poor, a stigma existed associated with Mental Health and this affected many health conditions especially in Endocrinology. Medicine and science progressed, diets improved, wealth and patient welfare improved. The Thalidomide scandal leading to malformed babies opened the door to the fact that the doctor is not always right and the importance knowledge and awareness of error prevention and prompt correction of wrongdoing to prevent other patient's suffering needlessly.

The statement 'The Doctor is Always Right' was a childhood memory which the author learnt from his grandparents in the 1950's and 1960's and the comment about Diabetes 'Well she's got Sugar' became a saying but Diabetes is not a simple health condition or illness. It is very complex. In 2022 and 100 years after the discovery of Insulin to treat patients in Toronto, Canada, and description of the World's First Diabetic Hypoglycaemia event confirms this. We have come a long way to understand the lifestyle, diet, type of insulin and dose, to best treat patients with T1D Insulin Dependent Diabetes. Has society followed the healthcare understanding of Diabetes, some has, some has not. Why? This is an open question. How should it be answered? To enable trust in Doctors, Clinicians, Nurses, honest belief and patient

treatment and care compliance is essential and the support and understanding of family and friends is so important.

BHI Human Insulin was granted a licence by the MHRA at the Department of Health in the UK on 26 August 1982 to be prescribed by the NHS, National Health Service, UK, to be prescribed to treat patients diagnosed with T1D Insulin Dependent Diabetes, based on a trial of 300 patients and advice to prescribing doctors to lower insulin dose until a dose best suited to treat the patient lifestyle was established. Dose had to be suitable to enable patients to live a reasonable lifestyle with sensible diet and exercise pattern so as to avoid and minimise long term complications of Diabetes and on a daily basis avoid whenever possible the onset of unrecognised hypoglycaemia requiring urgent sugar input.

In the late 1980's and early 1990's tragically an incidence of unexplained T1D Diabetes patient deaths arose and often Unexplained Death in Bed, usually teenagers and young adults. Pathology understanding of the cause of death was very much based around the work of Vincent Marks and several other Expert Witnesses who were invited to forensically examine case notes from GP General Practitioners, Secondary Clinicians, the Police, and possibly Social Workers. The author's experience of the Social Worker Report of late 1994 identified complete ignorance of Diabetes and Addison's Disease and the refusal to accept or take on board the guidance and advice of an Expert London Diabetologist Clinician who had previously been the Medical Director of one of the two Insulin Suppliers of the time and moved to Private Medical Practice in London with focus on Diabetes.

In forensic analysis of an 11-year-old child report prepared in Hertfordshire in 1994 failed to address the key forensic clinical issues of Hypoglycaemia, Hypoglycaemia Unawareness, and Genetically Inherited Addison's Disease leading to Hypoglycaemia Addisonian Adrenalin Crisis and was incomplete. The lacuna law in content should never have been allowed to be placed with any Court in England. In *R v Ramdoo*, Northampton Crown Court, 3 November 2000, a residential care home owner was found guilty on two counts of ill treatment and wilful neglect towards an 89-year-old male resident leading to his death. The alleged charges were proven to be guilty by the



prosecution under the Mental Health Act 1983 and sentenced to imprisonment.

The investigation led by DI John Meridith, Oxford Family Protection Unit, involved a multi-agency collaborative joint investigation involving the police, the health service, and social services. This case has been researched over 28 years. 28 years of chicanes has been a challenge to the author. Recent forensic evidence analysis developments demonstrate there can be no time limits in the pursuit of justice and especially when disclosure similar to in any disclosure in a Coroner Report of a Fatality with advice and guidance to prevent recurrence is clearly in the public interest despite any threats in the use of the Harassment Act by alleged malicious conduct being a typical example of the ignorance of an Insurance Broker who to prevent a legal and justified insurance claim described 'Diabetes as Nonsense' and 'Hypoglycaemia as a Joke and as Domestic Violence'. Society in 2022 must correct this ignorance and a duty of care exists to do so.

How should society address such ignorance and determination by for example Hate Crime used to cover up alleged breach of the Health and Safety at Work Act 1974 and the Human Rights Act 1998? Is a Legal Judicial answer justified? One would think so.

The issue was researched in law in detail by Alistair Forrest and Hugh Evans when at a cost of £500,000 'Human Insulin Advice' was published in December 1992. The key point is the advice was sought to identify whether Human Insulin was safe for patient use and marketing of the drug by the Pharmaceutical Industry was in compliance with EC Product Marketing Approved Standards.

Human Insulin was found to be safe to treat patients with Diabetes and the marketing approach used was found to be compliant with professional marketing expectations and legal compliance. The author had studied Biological Science and Business Studies including Marketing at University and Law of Contract at University and of course the fact that marketing claims required to be substantiated while at the same time a Duty of Care exists to address and create awareness of potential risks and create warnings of possible exposure to risk or ill effects.

When approval was granted to market BHI Insulin in the UK due diligence was undertaken

despite the fact that the patient sample was small, 300 patients in 1982. Today Clinical Trials of around 3,000 are common for new widely used drug preparations unless of course the target treatment is a very small, rare disease population when compliance exceptions may be considered.

The key point is the importance that the prescribing GP or Clinician signs off on prescribed medication having read in detail product insert and advising patients to whom the prescribed medication is to be taken to achieve welfare benefit. It is also essential in law to ensure that a patient carer is fully aware of the use of the medication to treat the patient, the dose guidance, the frequency of medication input, and to have some degree of understanding of potential risks and ensure medication is correct type, dose and frequency. It is also important in law to understand the potential risks of wrong or incorrect medication dose.

In the period 1979 – 1994 when the author lived with his ex-wife, a State Registered Nurse trained at Lancaster Royal Infirmary, England, she was diagnosed and treated for Addison's Disease with Hydrocortisone. This drug can cause Hypoglycaemia Unawareness with mood swings, muscle stiffness, tiredness, and other witnessed potential mental health issues requiring regular clinical checks and monitoring to ensure correct dose. Fear, paranoia and agoraphobia are also symptoms of Addison's Disease.

The author's ex-wife was fully aware that the author suffered from T1D Diabetes, Insulin Dependent, and required regular injected medication. The sad fact is that she often stated Diabetes is not an illness. Diabetes is a chronic illness with no cure.

It is known that Addison's Disease is often a Genetically Inherited disease. It is known diagnosis took place in Australia where the author's ex-wife working as a nurse pre-1979. It is suspected her brother's family have inherited Addison's Disease within the family. It is known that her younger sister's daughter showed signs of small, hunched stature as a child typical of Child Growth deficiency often associated with Endocrine Growth issues. It is therefore suspected that mental health impairment associated with Addison's Disease was known of within the family but due to the stigma

associated with Mental Health issues in England and the stigma of such from Victorian times and shell shock PTSD Post Traumatic Stress Disorder injuries sustained from World War 1 and World War 2 that historical family knowledge of stigma associated with illness was not spoken of in these times leading to lack of clinical understanding of the cause of psychological and psychiatric illness with Mental Health issues.

Statute Law in England within the Mental Health Act 1983 is hopelessly out of date and as we emerge from COVID-19 Pandemic and observe the Mental Health tragedy associated with Temporary Mental Health Impairment. The tragic case of *R v Ramdoo*, Northampton Crown Court, 3 November 1999, involving a care home resident death, investigated by Oxfordshire Family Protection Unit; involving Multi Agency collaborative working with the Police, Health Service and Social Services, along with photographic and documentary evidence, is a key to a successful prosecution caused by neglect. The author by being denied on 23.2.1994 at 6.30 pm when in a state of temporary mental health impairment caused by mismanaged insulin issues by NHS England registered GP General Practitioners not only have the prescribing General Practitioners committed a criminal offence in breach of the Mental Health Act 1983 all those in attendance namely the author's ex-wife, daughter, 2 Police Constables, the neighbour who telephoned 999 for emergency support are all guilty of criminal neglect, the two Police Constables when in Public Office, as are the GP who failed to attend as was previously identified in legal opinion, along with the ex-friend who lived locally and could easily have helped, and especially ex-wife sister who knew the author suffered from diabetes and was treated with insulin for such and knew her sister, the author's ex-wife, suffered from Addison's Disease. The evidence available today in 2022, 100 years after the World's First Hypoglycaemia Event, Toronto, 1922, is now adequate beyond reasonable doubt, to enable the Police and Crown Prosecution Service to summons all witness at event 23.2.1994, and those summonsed to help, to be summonsed to appear in Court and face charges of criminal liability and if found to be guilty to face a maximum of 3 years imprisonment plus loss recovery in Civil Law.

This case study in law identifies the misuse of statute law associated with hollow law

harassment law statute deliberately used by the perpetrators of near fatal event cover up in tragic chicane. On 22.12.2022 an investigation has been launched into policing of stalking following a super complaint announced to investigate alleging systemic failures. HM Chief Inspector of Constabulary and Fire and Rescue Services (HMICFRS) has stated that officers are failing to identify offenders or protect victims are 'eligible to be investigated'. Anti-stalking campaigners supported by the Suzy Lamplugh Trust arguing that police are failing to launch effective probes into stalking crimes.

The HMICFRS, which inspects police forces in England and Wales, will now be asked to investigate the claim alongside officials from the Independent Office for Police Conduct, IOPC, and the College of Policing. The police super-complaints system is designed to consider complaints about systemic issues in policing. Only bodies designated by the Home Secretary can make a super complaint. The super complaint from the Suzy Lamplugh Trust formed after the disappearance of Estate Agent Suzy Lamplugh in London when involved in a house sale viewing whose body has never been found.

A group of 21 expert individuals and organisations called the National Stalking Consortium have identified only 5% of stalking cases in England and Wales result in a charge and comes 10 years after a law change which makes stalking a specific offence.

In this case following advice from Hertfordshire Constabulary in 1994 to investigate events from the Department of Health MCA Medicines Control Agency marketing approval 26 August 1982 to allow BHI Insulin to be prescribed to Diabetes Patients in the UK and advised by Hertfordshire as a Civil Law case until Greater Manchester Police relied on misguided and false evidence of an Addison's Disease patient mistreated by NHS England; the patient daughter likely to have inherited Addison's Disease or equivalent Thyroid Disorder from her mother was based on ignorant advice given by a registered Insurance Broker designed to lead the Court in attempted malicious prosecution, deception, disruption of justice in a justified Clinical Investigation to address wellbeing of an 11-year-old child in 1994 and thereafter but Munchausen Syndrome by Proxy was used as a weapon tool to cover up Gross Medical Negligence in Public Office.

This case remains outstanding in the English Judicial System and on these grounds will also be referred to the Suzy Lamplugh Trust to offer to the HMICFRS to assist in investigation as in 2020 following misdirected referral by a Transaction Director, EY Ernst Young, and his wife to Hertfordshire Constabulary, no attempt was ever made to contact the author to investigate the complaint and his wife, suspected to be ill with genetic inherited and undiagnosed Addison's Disease and possible PTSD injury never diagnosed nor treated in breach of High Court RCJ advice to the Official Solicitor to the Supreme Court 27 March 1996.

This Forensic Law Case Study described here and with the 2022 added opportunity to identify environmental experience of Purkinje Cell disruption in the role of Purkinje Cell environmental health and diet support in Neurology will now lead to better understanding of Hypoglycaemia associated with Mental Health and eating habits to benefit welfare and minimise hypoglycaemia risk. New research undertaken at Monash University, Malaysia, presented at IDF International Diabetes Federation Conference, Lisbon, December 2022, attended by 5,600 delegates, shows out comes demonstrated Neuroprotection of the Purkinje and Pyramidal cells at the cerebral cortex and hippocampus when treated with environmental enhancement (EE). All current evidenced based reports identify this as promising to gain better understanding of the Hypoglycaemia associated with Mental Health and identify eating habits to benefit welfare and minimise hypoglycaemia risk, especially in Neonates and Paediatrics when tragic fatality is often left as a family mystery and likely caused by parental genetic inheritance and infection exposure leaving a challenging fatality very difficult for a Coroner Court to be able to extract and explain to families exact cause of death.

New forensic identifications in Clinical Science associated with antibiotic interference to treat infection led to unexplained lowering of BG Blood Glucose level and exposure to Hypoglycaemia along with parental Genetic Inheritance in families, for example in Addison's Disease with Mental Health mood swings associated with Fear, Paranoia, and Agoraphobia, with association of fear of death was noted on the discovery of Addison's Disease 1860 by Thomas Addison. Significant Thyroid Research

and Investigation has been ongoing in several clinics throughout the World, e.g., Mayo Clinic, Cleveland Clinic, Dubai, and many others, and this work along with research into Unexplained Death in Bed Syndrome brought to light in the late 1980's early 1990's is now identified as a Clinical Endocrinology and Thyroid area of concern requiring fast track further investigation to establish definitive conclusion in the Public Interest.

The disclosure of SPS Stiff Person Syndrome being an area of Endocrinology also potentially Genetically Inherited with symptoms of Hypoglycaemia Unawareness at present classified as a Rare Disease may not be as rare as suggested and certainly interference of loud noise at certain frequencies may be a culprit in exposure to loud environmental music concert events.

The identified lacuna law issue of how to legally address 'Hypoglycaemia Unawareness' was explored in 1994 in the Banting Lecture and continues to remain misunderstood in Courts and open to misinterpretation and use of wrong law leading to serious miscarriages of justice in the Judicial System in England.

Robust uplift is required to protect patients with Diabetes, T1D and T2D exposed to Hypoglycaemia Unawareness through no fault of their own and exposure of Mental Health stigma associated with Addison's Disease is an area of Law where further research and understanding is required to educate the Legal Profession, Courts, and Law Enforcers, the Police, Prosecution Services, and welcomed with encouragement by Police Scotland in recent conversation.

Legally in England it is very clear of the stigma of mental health and diet in Thyroid, Addison's Disease and Diabetes for years, really from Victorian times in the UK. The author believes there is a good opportunity to open this up as learning and knowledge for future generations. Prof Vincent Marks did a good job with the murder issue of Hypoglycaemia, but he was delighted when the author reviewed his book *Forensic Aspects of Hypoglycaemia* in late 2019 and presented at World Diabetes 2020, Sydney, Australia. The murder issue is a tragic happening but only affects a few nasty people. The real issue is what patients with Endocrine Thyroid Diabetes Health Conditions that affects them every day, 24 hours a day. That is where I

feel confident merging of knowledge from several key points will make a big difference in the future. Prof Euan Ashley, Stanford, ex Glasgow, Oxford, successfully took the Genome Odyssey with Cardiac Disease to the White House with President Obama. David Cameron, ex PM, was interested in the UK but Brexit caused a chicane. The Princes Trust in the UK and Commonwealth has been amazing in some areas. King Charles III hosted a meeting at Dumfries House to address allergic effects of IgE and allergy triggers from eg peanuts and other food allergies. This was in the week Queen Elizabeth II died at Balmoral. The author submitted an input at the time and with interest but of course events overtook the meeting. With Malaysia part of the Commonwealth and Dubai previously associated with the British Empire a joint approach to Dumfries House with the knowledge could easily attract Royal Family attention for pooled Commonwealth knowledge added to US knowledge input. A Hypoglycaemia Course for Students over 3 years as part of Clinical Doctor training is in the conceptual plan.

Vitamin D is very important in attenuating and improving many inflammatory chronic medical conditions. Most people are found to be deficient when their pathology was tested. A routine testing protocol in the Eureka VA CBOC by convincing clinic medical providers to begin routinely testing all patients. The only patients with normal levels were those being treated by VA Med Centre San Francisco's endocrinologists. Clinic patient health began to improve after their Vitamin D levels normalized.

### Conclusion

Thank you for allowing me to share this investigation to help and benefit others.

This case identifies Hypoglycaemia to be a complex medical and legal issue where research is required to address misbeliefs and misunderstanding in the clinical science of hypoglycaemia.

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### **Law – Justification of Legal Investigation – For Further Inquiry**

Prima facie evidence suggests preparation of the LOW Task Force Report and Human Insulin Advice 1993 addressed by a Steering Committee was limited to investigation of whether insulin was properly marketed as safe having been granted MCA approval in the UK 26 August 1982.

Prima facie evidence suggests management of information by the MCA and the BDA British Diabetic Association did not address nor involve whether or not GP's were or were not right in prescribing it. Errors in law has left some patients with T1 Diabetes at risk of poor health and put lives at risk (Corby).

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Mental Health Act 1983.

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Donoghue v Stevenson AC562 1932 (Duty of Care).

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Offences against the person 1861.

Cunningham v North Manchester HA C of A 1994.

Home Office v Dorset Yacht Co Ltd H of L 1970.

Access to Health Records Act 1990.

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Child Abduction Act 1984 S4 1761-2-b,a.

Perverting Justice.

Law Year Book 2000 – Striking out, abuse of process, fraud on part of litigant presenting evidence, fair trial no longer possible.

Turpen v Microsoft Corp. 2000 – Harassment.

Protection from Harassment Act 1997 – Excluded if it was pursued for the purpose of detecting crime, preventing crime. Learning for Police to detect crime and prevent crime of patients incorrectly treated with human insulin.

The Data Protection Act 1998, Section 56 – Enforced Subject Access.