

Incident details

Incident No.	1	Nature of Incident	
Date	4/4/18	Time	5 p
Location where incident occurred			
Reporting person's name		Grade (if employee)	
VICTOR WOLF		SN	
Witness/es names		Grade (if applicable)	
Patrick Favara		SN	

Other people involved

Details of Incident/Accident

pt was taking photos of food in trays,
claiming that food is stolen

Incident report drawn by

Name	V. S. Wolf	Signature	
Grade	SN		
Date	5/4/18	Time	5 p

Reported to:

DMN/SNO	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Commissioner	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Ward/Duty Doctor	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Police	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Consultant	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Other Authorities		

Part B

Medical description of Incident/Accident

Escalation of behaviour with inappropriateness secondary to inappropriate beliefs as identified in patient's file.

Clinical management of Incident/Accident

well-documented in pt's file and nursing report.

Follow up

Plan as per file

Incident report drawn by

Name of Physician	Dicote Subernas	Signature	DSG013
Grade	F41		
Date	5/4/18	Time	11.00

Part C

Actions taken

Immediate:

pt told that he ~~cannot~~ is not allowed
to take photos in hospital grounds
Camera taken from pt.

Long term:

pt was reviewed the next day by
Dr Maria Becerra Xuech. The consultant was
informed and pt Rx adjusted.

Review of case (by Review Board):

Change in protocols, guidelines or hospital practices in response to event

Transcript of above report:

(p.1)

Incident Details

Date: 4/4/18

Reporting person's name: Victor Gelfo, Grade: Senior Nurse

Witness/es names: Patrick Farrugia, Grade: Senior Nurse

Details of Incident/ Accident: **Patient was taking photos of food in tray, claiming that food is stolen.**

Reported to: Senior Nursing Officer, Consultant.

(p.2)

Medical description of Incident/ Accident: Escalation of behaviour with inappropriateness secondary to **inappropriate beliefs** as identified in patient's file.

Clinical management of of Incident/ Accident: Well-documented in patient's file and nursing report.

Follow up: Plan as per file

(p.3)

Actions taken - Immediate: Patient told that **he is not allowed to take photos in hospital grounds.**

Camera taken from him.

Actions taken - Long term: **Patient was reviewed the next day** by Dr. Maria Bezzina Xuereb. The **Consultant was informed and TREATMENT ADJUSTED.**

My notes:

Worth noting the term "Camera taken from him" - they took it to delete the evidence which would have incriminated them and paved the way to instead portraying their crimes as if they were my illusions, those referred to as my "inappropriateness secondary to inappropriate beliefs," and consequently a necessity and an excuse based on such a blatant lie to be drugged and sedated further.

REGULAR PRESCRIPTION

Treatment chart rewritten on:

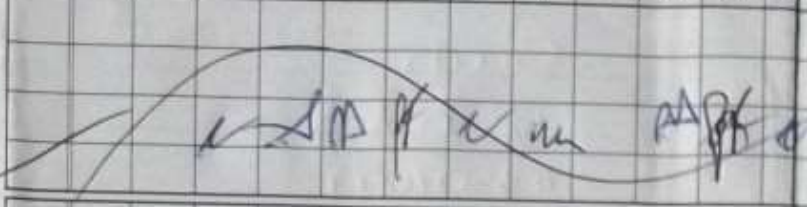
DRUG (Generic Name)			DOSE
olanzapine			5mg
DATE STARTED	ROUTE	M.O.*	FREQ
7/12/17	PO	S	rate

DRUG (Generic Name)			DOSE
GLANZAPINE ORODISPERSIBLE			10mg
DATE STARTED	ROUTE	M.O.*	FREQ
5/4/18	PO	QD	ON

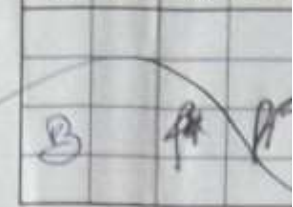
DRUG (Generic Name)			DOSE
DATE STARTED	ROUTE	M.O.*	FREQ

DRUG (Generic Name)			DOSE
DATE STARTED	ROUTE	M.O.*	FREQ

SURNAME	NAME	ID NO.										
TIME	1	2	3	4	5	6	7	8	9	10	11	12



MONTH	13	14	15	16



always
dissolve
in a
glass
of
water

My notes:

As one can note, the dosage was all that easily and so vilely doubled the day after 5-Apr-18 from 5 to 10mg, an impressive 100% increase! Note how I was prescribed this pill at twice the dosage and to "always dissolve in a glass of water" and of the type of "orodispersible" which dissolves almost instantly when in contact with water / saliva for the Psychiatrist to ensure I am taking it and hence suffer the intended diabolic side effects and sedations even more. Even if the doubling of the dosage didn't have the full intended effect, the indirect intention was to remind me of the voiceless and the guinea pig I am at their hands: whatever you dare do against them not only you end being no match to them but you will pay that high price with your very own health, like next time the side effects will make you suffer from urinary incontinence, then will make you sick with diabetes and so on and so forth. With Psychiatry being that fake and the art of blatant lies, they found the usual lie vilely turning them as me having "inappropriate beliefs," yet in the same incident report they being that fake are somewhat contradicting no other than themselves when they wrote down that actually it was because patient "is not allowed to take photos in hospital grounds (guess [for these](#) it must be an exceptional case)." So using their very own sadistic logic, it must mean that by doubling the dosage, the patient, the victim, will in SOME PURELY SADISTIC WAY be prevented from once again have the physical and mental ability to merely dare "take photos" to incriminate them - in other words, the usual diabolic psychiatric drugs will solve your "inappropriate beliefs" once for ever by disabling you, by destroying you, and in the long run by killing you prematurely, just like Silvio Mangion and Joseph Harrington (they both died young in their 50s when at the Forensic Ward MCH when supposed living on a healthy diet at Hospital, but maybe a bit drugged too much and destroyed with side effects), after having spent the last years of your life as reduced to a complete disabled imbecile. Actually one is not allowed to take photos of patients, and not say of vile abuses by staff like taking home food intended to patients, to feed their animals and themselves, etc. (letting this be done leads to the abuse of intentionally ordering more food than necessary for more to remain for the staff to feast on and to take home - guess why so many nurses in this hospital, especially women, are as fat as a cow - they so blatantly feast on patients' food and at night having almost nothing to do with the patients drugged up and sedated, they just enter to sleep with Psychiatry being such a rewarding career for them - why blame that Theuma for being paid for just 3 months for which he never actually went to work and not these so blatant thieves?). As regards the words "inappropriate beliefs," it is another word for hallucinations, symptoms of schizophrenia seeing visions and hearing voices, or in other words a way for Psychiatry the art of blatant lying to discredit what you are saying turning facts as if they were just your imagination your illusions. In this incident I had also asked Psychiatrist Maria Bezzina Xuereb in vain to see the evidence in the camera and to inform the Police, but in Psychiatry evidence and facts are never considered for instead cover-ups, lies and manipulation of facts as they suit them are what only matters to them - being that fraudster herself she instead ensured this evidence be destroyed without any chance of ever recuperating it and I to be drugged further with the hope I will be disabled to not ever be able to report abuses again and in particular her criminal act in covering up those involved. As regards "the Consultant was informed," it is confirming David Cassar had full knowledge of the happenings and once again was siding with those who were abusing their position (this time, the staff stealing patients' food to take home, that is cover them up by instead attributing maliciously to me "inappropriate beliefs"), really a case of old habits die hard. This time he had all support from staff to so vilely overdose me doubling me the dosage (before they used to tell him that I always behaved well so he couldn't have that necessary excuse to drug me further). I had reported him to that fake Commissioner for Mental Health John Cachia the day after on 6-Apr-18, who first ignored me vilely just didn't care to reply my email (I have the email as digital proof I had informed him), and when almost 2 weeks later wrote him again on 19-Apr-18 threatening I will end inform the media, he just sent 2 puppets from his office (Psychiatrist Joe Saliba and a certain Dr. Noel Vella) to do the necessary cover-up as if to appear they came to investigate and found nothing wrong (if Cachia really was serious he would have acted immediately on my first email and not after many days had already elapsed on the second email - would the Police, if they are

serious, act instantly when it is reported a teacher had molested a student or just wait several days possibly informing the teacher to even take his revenge on the student in the meantime and have time to corrupt the witnesses / evidence and help in the cover-up?) but obviously were prejudiced against me a mere patient (a doctor never contradicts another one, and especially in Psychiatry, THE PATIENT IS ALWAYS TO BLAME, and no opportunity is ever lost to experiment further vilely on him) and of course no action was ever taken (they see the speck in the eye of the patient if any, and not the big enormous log in the eye of the staff and fellow doctors, in other words they are made to be corrupt: to maliciously cover-up the abusers and to blame innocently the victimized victims). Regarding those nurses, the one listed as witness, Patrick Farrugia, was the one who in the rage ended throwing me away the food I had for the evening meal on 4-Apr-18, while regarding the other one who is filing the report, Victor Gelfo, is just doing the necessary cover-up giving a helping hand so that I vilely end drugged up and overdosed with double the dosage for simply trying to uncover abuses of staff he was fully aware of, and should have reported himself in the first place, and not instead unbelievably ended reporting me (it's like reporting the abuses of a teacher and instead of finding help, ended the victim twice with all cannons pointed towards me and even labeled me the mental to further discredit me and destroyed the evidence I had, to make it worse).