

PE1651/EEEEEE

Ann Kelly submission of 28 January 2018

SYSTEMIC NON DISCLOSURE OF FACTS TO PATIENTS

Information that patients need to know that affect their lives.

Patients are given these drugs for pretty much anything at all: divorce, job loss, relationship ending, general low mood. The DSM manual states that if a patient is distressed after I believe it is as little as 2 weeks or shorter, then antidepressants can be suggested. (In other words you have 2 weeks to get your act together or the state will not tolerate your absence from work!)

The 'chemical imbalance' theory was proven to be nothing more than a marketing ploy to get patients to take the drugs. Patients are told that there is something biologically wrong with them. They are told they have a chemical imbalance that the drugs will fix.

The drugs have been trialed for a very short length of time (2 - 3 months). Doctors don't make the patient aware of this. The long term outcomes of taking these drugs is not known. Doctors don't make their patients aware of this yet, they park patients on these drugs for decades. When the patient stops the drugs and their body is thrown into chaos, the patient is blamed. They almost never tell the patient that the drugs have caused the thunderstorm that is happening inside their bodies.

When they try to discuss with the doctor about the drugs contributing to their illness and disability, they are fobbed off, ridiculed, guilted, silenced, and a different or stronger drug is often prescribed. You heard Maureen Watt say as a response to the submissions, that they intend to deal with these problems by prescribing "stronger for longer".

When patients try to access specialists who can confirm the harms and damage done by the drugs, their efforts are stymied so they end up having to come back to their original prescribing doctor.

When the patient recounts to the doctor what they are experiencing, the doctor is recording it in the patients records as "medically unexplained symptoms" which is not often told to the patient. The problem with this, is that it is not a description... it is a medical diagnosis. It is suggesting that the patient has a mental illness that means that they manufacture these symptoms in their own heads. The implication of this diagnosis which is available to any doctors that the patient sees, is that they are trained to deal with the patient in a very specific way.

The following link explains how doctors deal with "difficult patients". <http://bjgp.org/content/67/656/106> Please can you look through it. (The implications of this are very disturbing to read).

For myself, as things presently stand I have been told only yesterday from the PIP award letters that they are not giving me any form of income. They have taken

away the allowance that I was getting up till now. It appears that they think that I am fit for work. They have said that because I have put on weight, this suggests that my body has added nutrition. I have put weight on because I won't walk around because of my eyes hurting and my brain burning, my knees swollen, my vision distorted, my stomach shaking inside, the fatigue and general distress. I have had to sell my house so that I have an income. I live in a caravan. I am spending £1,300 on Tuesday having teeth taken out by a specialist dentist in the hope that if I take out the remaining heavy metal out of my mouth, my body might heal. Its a very long shot, but I have no option. I am put into an impossible situation and can't see a way forward.

My life is mine to navigate... (whether that means making good choices or messing up!)... It is not yours (psychiatrys) to hijack!

This is the RCGP MUS 'guidance':

http://www.rcpsych.ac.uk/pdf/CHECKED%20MUS%20Guidance_A4_4pp_6.pdf