

Subpoena

General Practitioner Christina Frost Larsen

Lægerne Rønnedevej, Rønnedevej 31, 4640 Faxe, Denmark.

Rigshospitalet

Reumatologisk ambulatorium - Blegdamsvej

Afsnit 4242, Blegdamsvej 9, 2100 København Ø, Denmark. CVR 29190623

The Danish Ministry of Health, Sundheds- og ældreministeriet

Holbergsgade 6,

1057 København K, Denmark. CVR 12188668

Friday 2018 November 30

Niels Ulrik Reinwald

Danish Central Personal Number

[Centrale Personregister]: 191263-2055

Skolebakken 22, 6430 Nordborg

Niels Ulrik Reinwald wanted to deliver this as a private document directly to Laegerne Roennedevej (General Practitioner https://en.wikipedia.org/wiki/General_practitioner Christina Frost Larsen) but Niels Ulrik Reinwald has decided to subpoena the case because of reasons such as delimiting communication by Laegerne Roennedevej and the non response in this relation to non working communication electronically via Laegerne Roennedevej login system (homepage). This indicates a cause with motive to silence Niels Ulrik Reinwald and all preventive measures will be taken. Above three left entities are hereby subpoenaed (see section Summary).

Introduction

It shall be noted with vigor, that there are extremely good Physicians/Doctors who perform and save and nurture life from maternity wards to any other type of ward. I have personally experienced good Physicians/Doctors and i shall mention one doctor by name; Doctor Rolf Mantorp who is a Swede and worked at Lund University Hospital [<https://www.med.lu.se>] in Sweden and who worked at Rigshospitalet at the time I was admitted on my initiation to Righospitalet from Hilleroed Hospital back in 1981.

Emphasizing (“on my initiation“) it must be understood, that the only reason why I ever got to see Doctor Rolf Mantorp at Rigshospitalet was a series of events which was about to kill me at Hillerød Hospital in Denmark had I not intervened and *demande*d that the doctors at Hillerød Hospital had basically given up on me and as told by Doctor Rolf Mantorp: “had your son come one day later I would not have been able to save his life” (this told to Niels Ulrik Reinwald’s mother at admission to Rigshospitalet).

The details is rooted in symptoms which started while I was 17 years of age in late 1980. I had fever and in bed for two weeks while six doctors came to visit (in 1980 home visits by doctor was common practice) each giving their own diagnosis which was treated with antibiotics (as I recall it). The sixth doctor however noticed my testicles were swollen (as I told him this) and the doctor did by himself notice

that my spine was twisted and no longer straight. I also had fever. This led the sixth doctor to admit me to Hillerød Hospital. A long series of tests at Hillerød Hospital led to giving me Prednisone but in a far too small a dose and fever and continued illness finally led to such deterioration that I was left alone in the hospital with deep pain and fever without any treatment that made any difference. One afternoon in Hillerød Hospital I realized the gravity realizing my life was rapidly fading out. I decided to walk to the office of the nurses and I said: "You are not doing anything and I ask to see a doctor now". I was told to take a seat. I did. Three minutes later a doctor arrived and I told the doctor nothing was done and treatment was going nowhere. I was told to return to my bed when I understood that the doctor and nurses understood that I knew I was given up. The doctor removed all medication shortly after (within hours) and I was told I would be transferred to Rigshospitalet Reumatologisk Ward (where I met Doctor Rolf Mantorp). Within the hour of admission to Rigshospitalet Reumatologisk Ward Doctor Rolf Mantorp gave me medicine and the next day fever had subsided and I was up and walking. A failed lung-biopsy later at Bispebjerg Hospital was an event which almost killed me and Doctor Mantorp did not believe it when he realized that a doctor at Bispebjerg Hospital had punctured my lung. Looking back knowing the situation now where I at Bispebjerg Hospital mentioned something was wrong could actually constitute attempted murder (nothing was done at Bispebjerg Hospital when I mentioned strange and painful symptoms). When I was returned next day to Doctor Mantorp I mentioned the symptoms. First Doctor Mantorp ignored it in disbelief. However I persisted and he ordered an x-ray and it showed a collapsed lung. 10 medical students attended as drain was laid in under full anesthetics. The incident with the collapsed lung was one major reason why I became deeply depressed. The details on this is so grave that other similar events could be mentioned related to my diagnosis with systemic lupus erythematosus (SLE) Wegener's Granulomatosis (Granulomatosis with polyangiitis) - and especially the medical treatments/tests.

I have earlier asked for medical journals from Rigshospitalet but I have been denied to see or obtain these journals. They are, as I understand it, filed under medical research. The question then has to be asked as a natural follow up; why am I, Niels Ulrik Reinwald, denied access to journals which relate to the history of an illness which afflicted my body. I am too stupid and I am not allowed to see and read files for reasons by law (see Notes #9)? There is a motive here and I believe it relates to a few things:

1. I was given a pension and here I was classified as Borderline Personality Disorder [BPD] (which is totally nonsense and will be proven within the range of 2019 (when proven false I will demand compensation from The Danish State)) which has nothing to do with the primary cause of seeking a pension which deeply relates to SLE and its medical treatment which is also filed by Dr. Rolf Mantorp related to eight month medical treatment after receiving prednisone (lowering the dose; withdrawal) which exactly can give rise to mental issues (psychosis) (The BPD drawer is the usual place to stuff individuals in and is a great performance feature to *prove* a person has a problem - and not the public system (make the bad public system look good by making something else look worse even if false)). If I suffer from BPD then why has it not been treated by the Danish public health system which gave the diagnosis - rhetorical question at this time; however actually proves that BPD is not present because never treated by any private/public medical facility in Denmark; you can't treat something which is not present; case proven (will emerge during 2019).
2. In fact I believe the journals contains information that I am not supposed to read related to how The State of Denmark suppresses information to control and litter citizens. (Secondary causes and problems can arise from having SLE and SLE is lifelong even if not active). Including the fact that I also received Endoxan and similar drugs, Imurel, which gave rise to hair-loss and all in all also

gave rise to a loss of identity in the teen-years (17-19) related to a very powerful illness (SLE) and the medication given (Prednisone is known to give rise to psychosis (and other side-effects) when lowering the dose). These facts are as natural as a progress of illness and treatment and was known by Doctor Rolf Mantorp who was prepared for this and admitted me to mental hospital at Rigshospitalet closed mental ward when I was still under his treatment during the summer/autumn of 1981 when I was 18 years of age (I believe the location/address is Tagensvej (part of and near Rigshospitalet)). Rolf Mantorp kept visiting me on a regular basis and was the backbone of my recovery.

3. Disallowing the patient access to journals is a way for the medical system (state when public hospitals) to hide and twist and perhaps even change the case and journals to support/benefit the state and hide facts pertained to the patient which could have benefitted the patient and the journals might contain damaging information leading to knowing errors occurred.

Related: I also received a kidney biopsy at Hillerød Hospital and as I recall no sedative was given. I felt a deep pain as a large biopsy-needle (taking out a test) entered the kidney and for three-five days I was so ill and tired from this biopsy that I told my mother I felt life draining out of me. The tests alone could have killed me and I wonder to this day why such a pain was felt in the kidney and I also wonder if the biopsy might actually have inflicted the kidney to somehow deteriorate (this may be doubtful but thinking back nothing is impossible; one kidney is smaller than right kidney and has a 2 cm. cyst).

This preliminary story could be fully described and it would be rather long and at this time not needed to describe in all details unless the receiving end does not understand (with the danish medical journals as documentation) that a profound array of errors were pertained from preliminary admission to hospital back in 1980. Errors will occur in medical treatments but an array of such including giving up on patients systematically is of such a grave flaw that had I died of *natural* causes (kidney failure, fever, SLE) in Hillerød Hospital I would not be here to tell the story and any other version would be the absolute truth. Since I am still here I am telling this story also to describe that many people die and have died in hospitals because of being left to die with or without treatment because doctors are people just like anyone else and bias and prejudice and a range of untold/secret judgements decides who shall live and who shall die. I have naturally other stories which relates from other patients I have known and they should in fact be documented also. However not at this stage. (See Note #11)

Case

I have included emails as correspondence with the State of Denmark (public health system) related to visiting Denmark and in my hope of treatment and follow up of related SLE and its related longterm effects. (Other symptoms and illness can arise that are not related to SLE). For around 35 years I have at times been to general practitioners in Denmark and have at times asked for a medical checkup on SLE. No thorough tests were ever done. As I recall sometimes a blood-test with the result that SLE was not active. Which is perfectly nice and great. However SLE is so complex it requires a deep understanding of very complex issues and a general practitioner is not adequate to in full scope to determine the long term effects of SLE on a multitude of levels.

Back in August 2015 I arrived in Denmark and visited Lægerne Rønnedevej (roennedevej.dk) 2015.08.24. I enclose documentation as emails and Appendix file i.

I lived officially at the time in Thailand and in Thailand my right leg was in deep pain and I had received medical attention which was related to Vasculitis (red infected line on the lower part of right leg). My blood circulation has since SLE in 1980+ been lower (narrowing of blood-vessels (which to this day is visible with the naked eye on close inspection and some vessels are narrow and hardened)). In approximately 2007 I had a mini-stroke and was paralyzed in the left side. I was hospitalized (on my demand because the hospital believed initially I was drunk and wanted me to exit the emergency to go home) in Sweden at the hospital in Ängelholm (I lived officially in Sweden at the time).

When returning to Denmark September 2015 on a visit it was obvious I had symptoms and I believed it was time for a checkup on all levels especially related to my history with SLE. In fact the primary reason why I travelled to Denmark was to obtain medical attention. I ordered a time and saw the general practitioner Christina Frost Larsen, Lægerne Rønnedevej. She had a coworker present as witness as I entered her clinic and office. She said it was for educational reasons. A loose handshake later I realize in hindsight that medical attention was far away especially considering a witness was present. This witness may be brought forward. Christina Frost Larsen ordered a blood-test and talked briefly and it was clear she did not have much understanding of the impact of SLE. (I also told Christina Frost Larsen I had insomnia and medicine Circadin [https://en.wikipedia.org/wiki/Circadian_rhythm] (Melatonin) was given as prescription medicine (Melatonin can be purchased online without prescription but entering Denmark it will be stopped). <https://en.wikipedia.org/wiki/Melatonin> “*Melatonin is sold over the counter in the United States, Canada and some European countries. In other countries, it may require a prescription or be unavailable.*” and in Denmark Circadin is ridiculously expensive (See Notes #2) beyond the actual value of the *medicine* (hormone). I wrongly presumed Christina Frost Larsen would ask Rigshospitalet for admission (outpatient) and I wrongly assumed Rigshospitalet declined and refused me (see section Rejected to clear this matter up) and Christina Frost Larsen told me to seek private consultation. I did and found online via The Internet the medical facility named Aleris Hamlet:

(<https://www.aleris.dk/vi-tilbyder/aleris-hamlet-hospitaler/>).

(See Appendix with email as file f.) I soon had to return to Thailand because neither medical treatment nor medical attention was given in Denmark and because of personal reasons. Therefore neither followup on SLE in Denmark as a precautionary measure and no treatment what-so-ever and in fact refusal to treat anything except giving Melatonin. Aleris Hamlet demanded up-front insurance payment. At the time, as I recall it, I did not have that amount of cash on hand. See Appendix for file f.

I told Christina Frost Larsen that my leg was in pain and I believe I mentioned Vasculitis/Gout and Christina Frost Larsen said there was a “form of activity” in the SLE (see Appendix with related enclosed email files c, d and f) and the creatinine level can be seen high which by medical treatment can be lowered as it was in Thailand in October 2018. Other values from the blood-test are indications which together with my history should have sparked action leading to care (curiously; Christina Frost Larsen mentions a “form of activity” (but this may have been a lie unless you know what to look for in the blood-test (investigation will show))) and at the time only a short hospitalization (out-patient perhaps) could/would be required. At the time I also had abdominal pain on a regular basis leading to double-beats of the heart. When I moved to Denmark 2017 I visited a general practitioner near Hals, and when I mentioned double beats of the heart, related to abdominal pain, and I mentioned the fast beat, he said: “yes, this is what we are are looking for”. A very cryptic message. Who are “we” and why wait for a fast heart-beat which can be lethal.

Early 2018 I contacted a general practitioner (Lægekompagniet Nordals) in Nordborg who would out-patient me to Soenderborg Hospital related to kidney test. 13 March 2018 I visited the hospital. (See Appendix file r page 3-5). There are discrepancies which will shortly be mentioned here:

- See Anamnesis (medical history, ανάμνηση) -> Tidligere (eng.: earlier), page 3: It is mentioned that the patient tells of medical history and there are no journals/notes available in Cosmic (See section Miscellaneous) or health journals related to the period. That is why journals are important and that is why they should be available so the patient does not make up patient’s own ανάμνηση.
- See; Objektiv undersøgelse (eng.: objective examination) - standard, page 4. “*Kunne ikke gennemføres. Pt. kom 40 min. for sent, hvorfor samtale også bliver lidt afkortet.*” eng.: *Could not be completed. Patient came 40 minutes late, which is why conversation is slightly shortened.* Niels Ulrik Reinwald has no recollection of coming 40 minutes late. Exclamation here related to no objective examination!
- See; Konklusion og plan (eng.: conclusion and plan): there are no blood-tests in Cosmic prior to 2018. New time to visit hospital/Doctor is in *four month*. True, in July I receive letter to see Doctor again so the overall understanding by Niels Ulrik Reinwald is that there is no emergency.
- On page 5-6 in file r is a medication list. Eight medicines listed. At the time of writing this case 2018 Nov. 27 Niels Ulrik Reinwald gets two medications and non are of those mentioned in file r on page 5-6 (See section Current status.)

In Appendix file q, Soenderborg Hospital, Chief Physician Gabor Graenn, 10. Aug. 2018, mentions advanced kidney failure [Nefropati]. Same Doctor also says that there is a misunderstanding: how can this be when Niels Ulrik Reinwald was the one who mentioned SLE/Wegener’s and Niels Ulrik Reinwald is the one who was told by Doctor Rolf Mantorp that kidney function was damaged (Wegener’s) and Hille-roed Hospital left me in pain from peeing leaving me to die unattended. Niels Ulrik Reinwald has tried to follow up since 1981 and tried to receive regular checkups from General Practitioners during the years. Chief Physician Gabor Graenn says there is an advanced kidney failure. Failure! This may have been prevented as I tried to, also during 2015 visiting the danish health system, to no avail. Data seems so limited and no journals are available within the health system; perhaps they have all been deleted and non exists which would explain why Niels Ulrik Reinwald is met by ignorance.

Advanced kidney **failure** and a wait for four month and absolutely no misunderstanding by Niels Ulrik Reinwald because Niels Ulrik Reinwald is the patient with SLE/Wegener's (in remission; kidney, skin and lungs). This is also why Niels Ulrik Reinwald understood it was important to tell the hospital to tell Niels Ulrik Reinwald anything of importance (See Appendix file p). So done which lead the hospital to write 10. August 2018 (see Appendix file q, page 3 from Gabor Graenh) which is four weeks, 9. Sep. 2018, before Niels Ulrik Reinwald and his wife travels to Thailand on holiday and tickets ordered.

Because the doctors at Soenderborg Hospital first were giving no treatment and were silent (four month) I actually thought I was probably okay considering it was professional doctors who did nothing at first; only on my initiative did the hospital raise the bar to accommodate the actual findings; probably the doctor/hospital realized it was better to notify the patient since there in fact were alarm-bells - namely that the patient raised the bar and Niels Ulrik Reinwald's sense that something was in conflict.

I enclose documentation from Thailand related to a five hour operation in the abdominal region. Mid-November stitches were removed in Thailand from an approximately twenty centimeter long scar.

Since my danish journals (Rigshospitalet) has been filed under medical research (told to me by Christina Frost Larsen) it is in great awe that I have been left alone without real attention from either general practitioners and Rigshospitalet itself (who has classified my journals and filed them under medical research). SLE and its derivatives and me as a patient is of vital importance for future developments/ treatments of SLE. Why leave such vital data flow unattended when it would benefit future knowledge of SLE and benefit many patients to actually use me to investigate and learn; meanwhile I benefit also receiving at least the minimum of attention (more than given to this date). All in shared beneficial collaboration. I would even set aside time and my body and allow for tests such that future patients would benefit (which I have in fact done already). The immune system is complex and can be flawed and immunology is vital on many fronts to fight decease. SLE is also related to Autoimmune Deficiency Syndrome [AIDS] versus Acquired Immunodeficiency Syndrome [AIDS] (more popular known as HIV).

When visiting general practitioners in Denmark and when I mention I have SLE they usually say: "Are you sure it was SLE and are you sure you have SLE?" at which point I remind the doctors that SLE is a chronic decease at which point doctors usually diminish SLE as a chronic decease (SLE can go into remission but can flare (See Notes #6)) and at which point I have to refer to SLE and Wegener's Granulomatosis and at times remind doctors that one per year in Denmark get WG. I am to say the least in very little respect of such and it only tells me that a specialist is required. But if general practitioners and Rigshospitalet denies me access to public health care, as the case is, then the only thing I care about is to get to the bottom of the very low quality care; in fact no care - in cases.

Therefore I enclose billing and payments of treatment in hospital 2018 October for which Lægerne Rønnedevej and personally Doctor Christina Frost Larsen will pay. I am instinctively positive that Lægerne Rønnedevej are financially insured via *Lægeforeningen* or elsewhere.

<https://www.laeger.dk/laegeansvarsforsikring-for-bierhverv-og-fritid> (See Notes #12 LBK nr 995 af 14/06/2018 related to insurance in general).

I await payment in full and it shall be paid to Niels Ulrik Reinwald's bank account (see Summary for details).

I also will be granted full disclosure of journals pertained to hospitalization at any hospital in Denmark and any general practitioner in Denmark and I especially emphasize that I will be given full access to the medical journals from Rigshospitalet. In other words; full disclosure of any documents written pertaining to the current danish citizen Niels Ulrik Reinwald.

<https://www.rigshospitalet.dk/afdelinger-og-klinikker/hovedorto/videncenter-for-reumatologi-og-rygsygdomme/forskning/reumatologi/Sider/default.aspx>

In fact I believe it best that the medical institution of Denmark [Rigshospitalet alternatively governmental health-system] set up a meeting at which place an exchange of matters and files will take place. It can last *no longer than minutes* unless Rigshospitalet etc. find SLE of importance related to a survivor of SLE in the facility and exploration of SLE on a future basis where I gladly will let blood-tests and other tests help future patients.

Statute of Limitation

This case has an origin and date of start which is 2015 August/September. The case related to SLE and health in general that may occur. Since SLE is involved the case has footprints back to 1980 and the case has been told to Niels Ulrik Reinwald to have been filed under research at Rigshospitalet, Denmark, and has as such a prolonged life reaching back in time too. There is no limitation in case the well-being of patients, doctors and medical staff is wished and this seems the case as per portal (see Notes #1). If statute of limitation is sought by any party this will be taken into future consideration related to this case and the case will take on strength (*known case where the hypothalamus was operated out of a patient in Denmark at public hospital (Hilleroed Hospital) when in fact the patient had a kidney-stone (when admitted the patient was asked by the hospital: "Do you have any relatives?" - the patient replied "No")*)).

Earlier statute of limitation was five years. Now I read it is two/three years *] Limitation on the quality of the human mind in which the mind differs and the quality of doctors is subjectively different should be based on longterm objective quality-measures based on merits, no errors, no law-suits and a series of tests periodically which insures any doctor stays qualified so any future patient can trust health systems knowing any doctor is there to do the best possible based on a history of objective merits. Simply passing a/one medical exam does not qualify longterm (persons change over time too). *Creating laws with limitations secures missed (unknown) cases goes unnoticed and should not count - because they are missed - and no one is any wiser.*

*] <https://stpk.dk/da/behandling/klag-over-sundhedsfaglig-behandling/>

Private Health Insurance

Niels Ulrik Reinwald has purchased private health insurance ultimo 2018 with an International health insurance company which also covers in Denmark for both private [and public hospital] and the insurance covers in 120 countries. *The name of the insurance company is not revealed at this stage. Documentation and proof can however be requested.* If the public health system in Denmark is ambiguous towards not working then private hospitalization in Denmark (and world wide) is an option now chosen

by Niels Ulrik Reinwald. Because of the risk of black-listing in Denmark by the public [and private] health system (in Denmark) it is advised by Niels Ulrik Reinwald to seek medical professionals outside Denmark where applicable at extra cost (transportation, etc.). *The unmentioned insurance company [others too] also has Life insurance and any Life insurance is a form of insurance against lethal errors committed by the [public] health system. Private insurance companies should investigate cause of death before paying out and is therefore a kind of guarantee against errors going undiscovered.* In those cases where it is found that the health system is flawed and in error - the health system pays (and the health systems have insurance too so why discuss the matter any further when this insurance is related to errors committed by the health system (having insurance protects the health system and at least tells objectively that errors can happen - why else have insurance? Individual doctors too may have insurance in case of lawsuits against them where errors are committed).

SLE / Wegener's

"SLE is a chronic inflammatory disease believed to be a type III hypersensitivity response with potential type II involvement." https://en.wikipedia.org/wiki/Systemic_lupus_erythematosus

SLE may be related to hormonal issues. Hormonal changes: may take place socially and may inflict SLE and other deceases. Caught fast and treated right can secure a better response. A long hospitalization and treatment gone haywire will in many cases inflict long term issues related to deterioration in afflicted organs/cells.

Wegner's: https://en.wikipedia.org/wiki/Granulomatosis_with_polyangiitis

Kidneys, skin and lungs (mainly as mentioned by Doctor Rolf Mantorp) affected in the case of Niels Ulrik Reinwald.

(1981 I got Raynaud syndrome - to mention that SLE afflicts in many ways)

(Illness/sickness can/will naturally arise in parallel not connected to SLE/WG/Autoimmune-system)

Rejected

[everywhere in the danish public health system]

Communication with various hospitals, and with consultation at Laegerne Roennevej, shows rejection in all locations during visit for primarily receiving medical attention in Denmark part of 2015.

General Practitioner Christina Frost Larsen writes via Cure4you:

See files e & c in Appendix.

"hej niels ulrik, jeg kan sende dine blodprøvesvar her: de viser jo en form for aktivitet, så det er selvfølgelig vigtigt, at du får fat i en rheumatolog. de afviste dig på sygehuset men mente at en privatprakt, rheumatolog skulle se dig. håber alt er vel. mvh christina frost"

Translated: "hi, niels ulrik, I can send your blood tests here: they show you some kind of activity, so it is important that you get a rheumatologist. They rejected you at the hospital, but thought that a private practitioner, rheumatologist, would see you. hope all is well. with best regards christina frost".

It should importantly be noted that General Practitioner Christina Frost Larsen writes **“They rejected you at the hospital”** without specifically saying which hospital. Upon receiving this information I contacted Naestved Sygehus since this was the nearest hospital from Faxe (where I was staying) which would have any Rheumatologist (See Note below). See Appendix file d.

I also on my own initiative contacted Rigshospitalet however was rejected. (see Appendix for file c). Naestved Sygehus goes silent (See Appendix file d (last message from the hospital)).

Note: I have 2018 November via sundhed.dk found journal which shows that General Practitioner Christina Frost Larsen contacted Koege Sygehus. (See Appendix file g).

General Practitioner Christina Frost Larsen [CFL] lets the ball roll and tells me: “so it is important that you get a rheumatologist”. Rather peculiar considering a large structure of public health is in place costing billions of DKK annually (Notes #7). If CFL finds it so important and advises me to “get” a Rheumatologist, then I am in essence pushed out of the public health system and I naturally tried to “get” a Rheumatologist via Aleris Hamlet however their insurance demanded were too high for me to pay at the given time (See Appendix for file f). For personal reasons I had to return to my country of residence; and my primary reason dealing with my health issues for going to Denmark were oblivious - because I was rejected everywhere.

CFL told me my SLE was filed under research, which must be Rigshospitalet, and it is rather peculiar CFL did not consider Rigshospitalet when contacting a “hospital” [Mystery solved; general practitioner is in the region where I stayed in Denmark suppose to contact Koege Sygehus]. Rigshospitalet also rejects me even when I mention Wegener’s; Rigshospitalet should as a professional unit be the one who set the high standard and should/could/would follow up on my contact and contact a General Practitioner (having my danish CPR number) whom did not consider the obvious; instead also a rejection by Rigshospitalet. As per the communication I had as seen in Appendix file g, I may wonder if CFL ever contacted any hospital - investigation will show this or not; which is the case; I have investigated and found that CFL may have contacted Koege Hospital with a message: “Obs. pga mistanke om anden sygdom eller tilstand” English: “Observe. due to suspected other illness or condition” - so why contact Reumatology when dealing with other (“anden”) illness than SLE? (what is this other illness/condition which CFL has a suspicion of?!). Here showing region must contact Koege Sygehus:

<https://www.sundhed.dk/sundhedsfaglig/information-til-praksis/sjaelland/almen-praksis/patientforloeb/forloebbeskrivelser/l-muskel-skelet-system/reumatologi-faelles/>

Intestinal gangrene, Jejunum (hospitalization)

This section is a short description of events leading to hospitalization and operation in Thailand.

Symptoms prior to operation Oct. 2018: For 3.5-4 years I have had reoccurring abdominal pain which would be followed by heart palpitations. I would usually massage the abdominal region and rest and

sleep would over 3-5 days alleviate the pain and the heart palpitations would subside and finally vanish including the abdominal pain. In the same period I have had pain in the right Gastrocnemius (calf) muscle and occasional attacks of gout with red swollen region in the joint of the big toe Hallux Metatarsal-phalangeal joint (creatinine levels elevated since blood-test September 2015 in Denmark; see enclosed message (in Appendix file c, d and e from General Practitioner Christina Frost Larsen).

At the end of September 2018 while on vacation in Thailand, with my wife, I felt a sharp acute pain in the abdominal region (similar symptoms as prior but much more painful). I was admitted to hospital and the diagnosis was gangrene and part of the intestine was removed. The operation lasted five hours and the scar is approximately 20 cm long in the vertical direction (*photo can be requested or can later be submitted as evidence*).

Current status

Currently Nov. 2018 medication administered to Niels Ulrik Reinwald are:

- Wafarin
- Caraten

All other medication administered in Denmark are no longer taken/needed (now). Prednisolon is being scaled back during Dec. 2018 to taking no Prednisolon. Hydrocortisone was given in hospital in Thailand during hospitalization.

Closing

- Summary contains the detailed subpoena.
- Notes are included related to the case.
- Appendix details inclosed attachments for related medical journals/files.

In vigor Niels Ulrik Reinwald would like to express; there are success within health-systems and physician/patient is a very personal/powerful relationship when the health system works top notch. Errors can occur, but when a series of errors, flaws and deliberately littering of people/patients happens, it is only the survivors who can tell the side of the story that might otherwise have died.

“The erroneous mind is in conflict and denial and will try and change any conscious error into a conscious infallibility attempting to make the error subconscious.” - Quote NUR.

Summary

- I. Lægerne Rønnedevej, Rønnedevej 31, 4640 Faxe, Denmark, General Practitioner (see note #14) Christina Frost Larsen (<http://roennedevej.dk/>) subpoenaed to pay hospitalization and medical bills in full for Niels Ulrik Reinwald. The total is **DKK 51,957.00,-** (Appendix file s Hospital bills revised Jan 2019). Bills paid are enclosed in Appendix file a. Payment will take place **no later than 2018 December 31**. Terms, conditions and payment and its amount can change instantly at any given time. Accumulated interest can be charged and started any time. Payment to **Reg.: 7257 Account No: 1388510 (Jyske Bank) IBAN DK2172570001388510, BIC/SWIFT JYBADKKK**.
- II. Rigshospitalet (Denmark, <https://www.rigshospitalet.dk/>) subpoenaed to deliver all journals/documents/files - also classified and research files - related to Niels Ulrik Reinwald.
- III. The Danish Ministry of Health, Sundheds- og ældreministeriet subpoenaed (the danish public health system (danske offentlige sundhedsvaesen)) to deliver all journals/documents/files related to the health system be it from hospitals or general practitioners or any physician related to Niels Ulrik Reinwald to Niels Ulrik Reinwald. Any additional styled documents can also be demanded related to Niels Ulrik Reinwald related to diagnosis within the danish public health system. (sundhed.dk *) and its journals are known by Niels Ulrik Reinwald however journals seems to go back only to 2015 (computer (networked) file system)). *Styrelsen for Patientklager er en institution under Sundheds- og Ældreministeriet* - therefore *Styrelsen for Patientklager* are explicitly subpoenaed too (the obvious implications unmentioned at this time but can be referenced later). The Danish Ministry of Health [Denmark] is accountable/subpoenaed that I. and II. and III. are fulfilled.
- IV. Failed attempts to deliver treatment in Denmark will start the process of using private health insurance and will start a process of demanding compensation from the Danish State [Denmark].
- V. No financial compensation other than the direct expenses (I.) is demanded at this point in time however may be considered later to this case.

*] <https://www.sundhed.dk/borger/min-side/min-sundhedsjournal/>

Summary, terms and conditions (case) can be amended any time.



Niels Ulrik Reinwald, Friday 2018 November 30.

Notes

#1 Governmental portal

<https://stps.dk/da/nyheder/2018/ny-kampagne-skal-faa-patienter-og-paaroerende-til-at-rapportere-util-sigtede-haendelser/>

https://dpsd.csc-scandihealth.com/Form/PublicSubmission.aspx?form=PatientPaarorende_PAA

<https://stps.dk/da/rapporter-en-utilstet-haendelse/>

This governmental portal [links above] created 2018 Nov. 1st. (not 1999 but as late as 2018 which is better than not having it or? Lets see; complaining over the medical system can in fact have severe repercussions such as black-listing the patients complaining (unwritten or even written (in secrecy) (also see Notes #4)) and even medical staff who might complain and/or file a case through mentioned portal or similar filing-systems may receive [unwritten] repercussions. [*The erroneous mind is in conflict and denial and will try and change any conscious error into a conscious infallibility attempting to make the error subconscious.*]

[Errors can and will occur in the *medical industry* much like space-rockets can crash however all preventive measures are tried not making mistakes and when they do happen highly specialized system-operators try to investigate and learn from errors to make sure that systems run optimal in the future trying to prevent same and similar errors.]

#2 Circadin

https://www.sst.dk/da/rationel-farmakoterapi/praeparatanmeldelser/circadin_melatonin

https://www.amazon.com/s/ref=nb_sb_noss_2?url=search-alias%3Daps&field-keywords=melatonin

Please also compare the pricing-difference. Quote from above sst.dk:

“Circadin (melatonin) 2 mg er et nyt sovemiddel med depoteffekt, godkendt til patienter på ≥55 år, der lider af primær insomni.”

Translated: *Circadin (melatonin) 2 mg is a new drug with depot effect, approved for patients aged ≥55 years suffering from primary insomnia.*

#3 Country of residence

2015 August I lived officially in Thailand. I travelled to Denmark 2015 August primarily to get medical attention. As I booked a time 24.08.2015 with Laegerne Roennedevej, and I came in person, I was told I was not covered by the danish *Sygesikringen* (public health security). Very well I thought - I will pay now and deal with changing address soon/later. *I am not certain if danes in general are covered to some extent with residence outside of Denmark when coming and being physically in Denmark; it seemed like*

*not covered and the general consensus is in such cases - in the medical facilities in Denmark: don't bother **]

*] See § 7, § 79 and § 80 in <https://www.retsinformation.dk/Forms/r0710.aspx?id=199871> - this probably makes it *certain* that not much health is available for danish citizens without a registered address in Denmark.

As per the private health insurance I now have; they mention if you are *not* able to call the insurance company, because of [severe] illness, you can wait until later and will deal with it accordingly and solve it. Flexibility is built in. I arrived to Denmark with a primary reason which was to get medical attention and then deal with moving address later when convenient. Health is prioritized. However even when paying myself, as I did, then the danish public health system asked me “to get a Rheumatologist” which I tried but at the time exceeding my financial means. This is also the reason why I have per 2018 November 9th. created a private health insurance because the danish *Sygesikringen* seems to secure only so far and in my case not at all.

When traveling to Denmark 2015 August I had pain, and as we now know to this case, related symptoms in the bowel.

At the time of writing this file 2018 November I am with residence in Denmark with registered address.

I moved address to Denmark to Rønnedevej 88, Faxe, date: from **20.08.2015** to 03.09.2015. Source Centrale Personregister (see Appendix file o). On the date of **24.08.2015** I had first consultation at Laegerne Roennedevej with General Practitioner Christina Frost Larsen - where I was told by her secretary that I had to pay myself; I showed and gave my Danish yellow medical card.

#4 The Global Assessment of Functioning (GAF)

“The Global Assessment of Functioning (GAF) is a numeric scale used by mental health clinicians and physicians to rate subjectively the social, occupational, and psychological functioning of an individual, e.g., how well one is meeting various problems-in-living. Scores range from 100 (extremely high functioning) to 1 (severely impaired).”

https://en.wikipedia.org/wiki/Global_Assessment_of_Functioning

Other means of classifying patients/humans have been and is used and this topic will not be covered here in depth.

#5 The World Medical Association (WMA)

“What is its mission?”

The purpose of the WMA is to serve humanity by endeavoring to achieve the highest international standards in Medical Education, Medical Science, Medical Art and Medical Ethics, and Health Care for all people in the world.”

“Since its official launch in January 2005, the WMA Medical Ethics Manual has been distributed to medical journals and medical schools throughout the world.”

https://www.wma.net/wp-content/uploads/2016/11/Ethics_manual_3rd_Nov2015_en.pdf

(also enclosed in Appendix as attached file k)

Generally:

https://en.wikipedia.org/wiki/World_Medical_Association

https://en.wikipedia.org/wiki/Hippocratic_Oath

<https://www.laeger.dk/laegeloftet> (there are no legal obligations regarding the delivery of this oath.)

<https://en.wikipedia.org/wiki/Ethics>

WMA DECLARATION OF HELSINKI – ETHICAL PRINCIPLES FOR MEDICAL RESEARCH INVOLVING HUMAN SUBJECTS:

<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

Excerpts:

“3. The Declaration of Geneva of the WMA binds the physician with the words, “The health of my patient will be my first consideration,” and the International Code of Medical Ethics declares that, “A physician shall act in the patient’s best interest when providing medical care.”

8. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.”

#6 SLE, chronic, flares, remission

<https://www.lupus.org/resources/does-everyone-go-into-remission>

Excerpt:

“In some people, lupus will flare, become inactive (quiescent), and go into remission—this course of the disease may or may not occur regularly throughout their life. In other people, lupus will remain in a chronic (long-lasting) state of activity. Some people will have fairly frequent flares of illness. Still others may have a flare once every few years, or every 10 years, and be in a quiescent state the rest of the time.

The first five years after being diagnosed with lupus often seem to be the most uncertain for both the patients and the doctors. During this time it is not always easy to find the best course of treatment for the particular symptoms in a particular individual. It is also important during these years to watch for signs of flares or new problems.”

#7 Cost of health

<https://www.dst.dk/da/statistik/nyt/NytHtml?cid=20049>

[Calculations; using 5.806.015 million capita in The State Of Denmark]

16% of DKK 1.103 billion (Danish public budget 2016) is DKK 176.480.000.000 (Danish health budget 2016) annually in expenses to the danish health system which is DKK 30.396 (US\$ 4.651) per capita (average) annually (176.480.000.000 divided by 5.806.015).

Lægeforeningen (danish medical association) need investment (read money):

<https://www.laeger.dk/sundhedsvaesenets-oekonomi>

183.860 public health employees in Denmark (2nd quarter 2018, public health):

<https://www.dst.dk/da/Statistik/emner/arbejde-indkomst-og-formue/beskaeftigelse/offentlig-beskaeftigelse>

That equals 31.5 public health employees per capita [5.806.015 million capita *divided by* 183.860] as an average (lets presume not all danish people are being treated simultaneously but 632.595 *) capita are under treatment yearly; this equals 3.4 public health employees per capita (including medical secretaries). Less people than 632.595 are daily hospitalized/seeking medical attention - presumably - making the obvious observation!

*) source: <https://www.dst.dk/da/Statistik/emner/levetilkaar/sundhed/sygehusbenyttelse>

(Running an idle hospital requires in essence the same resources (read: money))

Medical staff in numbers:

<http://esundhed.dk/sundhedsaktivitet/arbejdsmarked/offentligesygehuse/Sider/Fuldtidsbeskaeftigede+kart.vart.aspx>

It shall be emphasized that the yearly 2016 budget was DKK 176.480.000.000. The following shall be quoted “*Et sundhedsvæsen i verdensklasse er en høj prioritet for regeringen.*“ (eng.: A world-class health service is a high priority for the government).

Source:

<https://www.fm.dk/nyheder/pressemeddelelser/2017/12/regionernes-budgetter-for-sundhedsomraadet-er-historisk-hoeje>

OECD quality of healthcare:

https://en.wikipedia.org/wiki/List_of_countries_by_quality_of_healthcare

Please also read page15 paragraph two:

https://read.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-care-quality-denmark-2013_9789264191136-en

#8 File access

Forvaltningsloven:

§ 9. Den, der er part i en sag, hvori der er eller vil blive truffet afgørelse af en forvaltningsmyndighed, kan forlange at blive gjort bekendt med sagens dokumenter.

§ 9. Any party in a case, in which a management authority will deliver decision, may request to be made known to the documents of the case.

<https://www.retsinformation.dk/Forms/R0710.aspx?id=161411>

Forvaltningsmyndighed: “En forvaltningsmyndighed kan være et nationalt ministerium, en regional myndighed, et lokalråd eller et andet offentligt eller privat organ, der er nomineret og godkendt af en medlemsstat.”

http://ec.europa.eu/regional_policy/da/policy/what/glossary/m/managing-authority

#9 Danish health law (Sundhedsloven)

LBK nr 191 af 28/02/2018 Gældende (Sundhedsloven):

<https://www.retsinformation.dk/Forms/r0710.aspx?id=199871>

#10 Timeline of medicine and medical technology, medical stories

https://en.wikipedia.org/wiki/Timeline_of_medicine_and_medical_technology

<https://www.chw.org/medical-care/neuroscience/patient-stories>

#11 Unconscious (Implicit) Bias and Health Disparities

Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/>

Implicit bias in healthcare professionals: a systematic review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/>

Patient Prejudice: New Survey Finds Bias Toward Doctors, Nurses

<https://www.prnewswire.com/news-releases/patient-prejudice-new-survey-finds-bias-toward-doctors-nurses-300538526.html>

#12 Insurance

Bekendtgørelse af lov om klage- og erstatningsadgang inden for sundhedsvæsenet LBK nr 995 af 14/06/2018:

<https://www.retsinformation.dk/Forms/r0710.aspx?id=202098>

Styrelsen for Patientklager er en institution under Sundheds- og Ældreministeriet:

https://da.wikipedia.org/wiki/Styrelsen_for_Patientklager

#13 Sundheds- og Ældreministeriet > Styrelsen for Patientklager

Styrelsen for Patientklager er en institution under Sundheds- og Ældreministeriet:

https://da.wikipedia.org/wiki/Styrelsen_for_Patientklager

#14 Miscellaneous

- General Practitioner (GP): danish; alment praktiserende læge(r) (praktiserende læge). *alment praktiserende læge(r)*; see LBK nr 1286 af 02/11/2018 Gældende (Sundhedsloven). *alment praktiserende læge(r)* works for/in the danish health system operated by The State Of Denmark..
- Cosmic; <http://www.cambio.se/> Swedish health care system used in Denmark to file patients data.

External links:

- <https://www.doctorswithoutborders.org/>
- <https://www.mercyships.org>, <https://mercyships.dk/>
- https://en.wikipedia.org/wiki/Chinese_hospital_ship_Daishan_Dao
- <https://www.theguardian.com/us-news/2018/nov/18/usns-comfort-us-navy-hospital-ship-venezuela-refugees-tension>
- <https://www.gatesfoundation.org/>
- http://www.who.int/universal_health_coverage/en/
- https://www.who.int/health_financing/universal_coverage_definition/en/
- https://en.wikipedia.org/wiki/List_of_largest_pharmaceutical_companies_by_revenue
- <https://www.thelancet.com/>

Appendix

Attached to this file (the one you are reading) is a series of documents/files appended. Emails are saved as PDF. Other files saved into PDF. The emails relevant IP-numbers as RAW-file text can be delivered upon request as proof of origin and destination. The appended files are to document the timeline and series of events leading up to error/rejection by the public danish medical health system and Lægerne Rønnedevej, Rønnedevej 31, 4640 Faxe, Denmark, General Practitioner Christina Frost Larsen.

Filenames with description:

- **a 2018.Medical.Bills.Hospitalization.pdf**
- invoices/bills/specs. from hospitalization in Thailand.
- **a2 Exchange.rate.pdf**
- **b 2018.Hospital.Journals.Files.Hospitalization.pdf**
- Srinagarind Hospital, Faculty of Medicine, Khon Kaen University.
- **b2 2018.Srinagarind.Hospital.Certificate.psd**
- Name and signature of Doctor omitted (two white squares) by Niels Ulrik Reinwald.
- **c 2015.09.10.reumatologi.rigshospitalet-at-regionh.dk.pdf**
- Communication with reumatologi.rigshospitalet@regionh.dk.
- **d 2015.09.10.NAESTVED.SLAGELSE.RINGSTED.SYGEHUS.pdf**
- Communication with Naestved Sygehus.
- **e 2015.09.08.Message.from.Clinique.Laegerne.Roennedevej.Cure4you.pdf**
- Shows message from cure4You which is a portal for Laegerne Roennedevej.
- **f 2015.09.10.AlerisHamlet.pdf**
- Communication with private hospital in Denmark who requested insurance payment.
- **g Journal.KOE.REUMATOLOGISK.AMB.REGION.SJAELLANDS.SYGEHUSSYSTEM.pdf**
- Journal shows a contact to Koege Sygehus.
- **h 2018.08.10.Journal.Soenderborg.Hospi.pdf**
- Journal shows: “[patient] beder i email om oplysninger "som har interesse for min sundhed"” - English: “[patient] asking in email about information "which is interesting to my health"” - which seems to have started the note by hospital on the date 2018.08.10; the patient is asking questions and the hospital then returns a reply asking me to come to the hospital however at this time a ticket to Thailand was purchased and my wife and I travelled to Thailand 2018.09.09. In the hospital’s note it does seem as if action will be taken however patient have to push very hard to get anywhere. Because of the verbal communication with the hospital I understood there were no alarms however after asking to deliver *interesting information* then the hospital makes a note (Notattekst NYRESYGDOMME AMBULATORIUM, SØNDERBORG DEN 10.8.18) and takes action trying to contact me (this is three years after another doctor; General Practitioner Christina Frost Larsen should have taken professional action; however complete negligence.

- **i 2015.08.24.Consultation.at.Laegerne.Roennedevej.pdf**
- Journal showing consultation on 2015.08.24 at Laegerne Roennevej with General Practitioner Christina Frost Larsen and her co-worker (witness).
- **j 2018.11.02.Laegerne.Roennedevej.blocks.communication.pdf**
- I tried setting up an account with the electronic communication system to Laegerne Roennedevej however it does not work even when I received a confirmation email from Cure4You. I created the account after contacting Laegerne Roennedevej by telephone to no avail related to this case. Phone was disconnected and no notes taken. I then filed documentation as seen in this file to Faxe Municipality which should have a responsible department to forward to - at least.
- **k Ethics_manual_3rd_Nov2015_en.pdf**
- Since its official launch in January 2005, the WMA Medical Ethics Manual has been distributed to medical journals and medical schools throughout the world.
https://www.wma.net/wp-content/uploads/2016/11/Ethics_manual_3rd_Nov2015_en.pdf
- **l 2018.04.23.Journal.Sonderborg.Hospital.Petras.Juska.pdf**
- **m På høje tid at investere i sundhed | læger.dk.pdf**
- Translated: About time to invest in health: <https://www.laeger.dk/sundhedsvaesenets-oekonomi>
- **n Sundhedsloven - Bekendtgørelse af sundhedsloven - retsinformation.dk.pdf**
- **o Address in Denmark 2015 Aug Sep.pdf**
- Extract/screenshot from <https://registerindsigt.cpr.dk/registerindsigt/>
- **p 2018.Letters.Eboks.To.Region.Syddanmark.Soenderborg.Hospital.pdf**
- Letters from NUR to Soenderborg Hospital
- **q Letters.Eboks.From.Sygehus.Soenderjylland.pdf**
- Letters from Soenderborg Hospital to NUR
- **r 2018.Journal.Full.Soenderborg.Hospital.pdf**
- Journal from sundhed.dk from Soenderborg Hospital
- **s Hospital bills revised Jan 2019**