

2016 July 18th

- Dr. Robert Fox, Cleveland Clinic, Cleveland, Ohio
 - Negligence →

There was another attempt at obtaining help for MS in 2016 under Dr. Robert Fox.

Dr. Robert Fox was the attending doctor in Cleveland Clinic, Ohio

The doctor makes a number of clearly medically nonsensical statements that shows his clear attempts at avoiding giving the medications for MS or doing the diagnostics for the condition:

Progress Notes - documented in this encounter

Dr. R. Fox - 07/18/2016 8:44 AM EDT

Formatting of this note might be different from the original.

MELLEN CENTER NEW PATIENT EVALUATION
CLEVELAND CLINIC FOUNDATION

REFERRAL SOURCE: Self Referred

REASON FOR CONSULTATION: Self-referred: The patient is requesting an opinion regarding multiple sclerosis. A copy of my findings and recommendations will be provided to the patient. After my evaluation is complete, follow-up is expected to be with local physician.

PRINCIPLE NEUROLOGIC DIAGNOSIS: concentration difficulties

Narrative Describing Illness:

Around 2008, he started noticing difficulties with attention and focus. There was also pain in his hands, and diffusely affecting the joints. Sometimes, there is numbness instead of pain. In 2012, symptoms began to involve facial numbness and leg numbness.

The worst symptoms are cognitive difficulties: decreased mentation. For example, doing repetitive IT work, and he doesn't have the capacity to pick up basic items. He describes being in "complete states of delirium; repetitive non-sensical thought processes; emotional dysregulation; laughing or crying without reason." These symptoms were worse in 2012, but symptoms persist now.

There are entire phases when "I'm not thinking like myself; not feeling like myself; I have no control over it - there's no reason for it."

There are also some automatic behaviors - "semi-conscious states; almost like my brain turns off; sometimes there's normal intellectual thought process, and other times not normal, nonsensical thought processes."

He was told by his parents that he was imaging things.

He was told that a recent PET scan showed changes characteristic of either Alz. Dz or frontotemporal dementia.

He was started on Keppra for possible epileptiform activity, although that has made irritability worse, with "emotional dysregulation".

My statement that "I don't have the capacity to pick up items" indicates the physically weakened stated due to neuroinflammation of the spinal column. The effects in "delirium" are secondary to MS due to a dementia from neuro inflammation. The FDG Pet substantiates it.

Dr. Fox also ignores all indications of MS and a prominent effect in MS called "pseudobulbar" effect that happens when a specific part of the brain gets inflamed (it only happens in MS). Rapid phases of emotional dysregulation in MS are called "pseudobulbar" effect and the doctor completely ignore it. All of his statements are medically questionable.

ASSESSMENT:

He has a clinical history of waxing and waning cognitive fugues, for which he has significant insight and recollection; waxing and waning pain in his arms and legs and joints. Brain MRI shows no parenchymal changes suggestive of demyelination. Neurological examination is unremarkable. Altogether, there is no evidence to suggest demyelination like that seen in multiple sclerosis, and I don't recommend further evaluation for multiple sclerosis. He asked about obtaining cerebral spinal fluid studies for oligoclonal bands; I explained that test was non-specific, and even if he did evidence oligoclonal bands in his CSF, it would not suggest multiple sclerosis, and he would not come anywhere close to fulfilling diagnostic criteria for multiple sclerosis.

I suspect his underlying condition is psychiatric in nature, particularly given the chronicity of symptoms and similarity in symptoms from 2008. He is insistent that his symptoms are not psychiatric and will never see a psychiatrist again in his life.

The PET scan findings are of unclear significance. For further evaluation, I recommend consultation with our dementia clinic where they can more appropriately relate these findings to his clinical symptoms and potential diagnoses.

He carries a diagnosis of possible epilepsy, for which he is treated with an anti-epileptic that can worsen irritability (Keppra). I recommend further consultation with our epilepsy center to better understand whether he truly has epilepsy.

He asked about an immune suppressant for his symptoms, since that has helped his symptoms in the past; I explained that I don't recommend an immune suppressant because I don't think he has an autoimmune disorder.

He expressed disagreement with all of my assessments, and described my thinking as "unusually rigid." He insisted on sharing previous physicians' assessments regarding his condition. I explained that I was providing my opinion regarding his clinical condition, and that he was welcome to disagree with my assessment.

Recommendations:

1. Psychiatry consultation
2. Dementia clinical consultation
3. Epilepsy center consultation

He declined all of these recommendations.

His statement that "even if he did evidence oligoclonal bands in his CSF, it would not suggest multiple sclerosis" is equivalent to the statement that "even if we found the immunological markers that indicate MS we will still not consider it MS". It indicates the intent of the doctor, he states it in the appointment as well (his objective is to withhold medications even with diagnostics).

The statement is nonsensical and medically questionable as lacking in sound judgement or reasoning. MRIs, LPs, and nerve conduction tests remains the only diagnostic criteria for MS.

His statement that "I don't recommend an immune suppressant because I don't think he has an autoimmune disorder" was later found to be inappropriate.

The aggressiveness of doctors like Fox caused progressive neurodegeneration of the brain and spinal column.

Immunosuppressants were needed in the greatest level of emergency repeatedly in 2017 due to the negligence perpetuated by Dr. Fox and Dr. Sloan with clear evidence requiring further investigation and appropriate medications to stop the auto immune process.

