

OPINION

Clinical.

32. Maurice Kirk's history is highly complex, convoluted and difficult to understand. The clinical picture appears to be of a man who has always had a background of minor cognitive difficulties (poor writing and spelling). He developed a personality characterised by narcissism (an abnormal sense of entitlement), grandiosity (believing that normal rules and regulations do not apply to him) and paranoia (believing he is the victim of persecution). He also shows evidence of poor judgement, impulsivity and a willingness to hold himself hostage by way of hunger strike in an attempt to manipulate his environment. Whilst these personality characteristics have undoubtedly overshadowed Maurice Kirk's life and probably had a negative affect on his social and family functioning, they appear to have been reasonably stable throughout his life. However, Maurice Kirk and the evidence both suggest that over the past two years both his functioning has deteriorated and that his beliefs have " become more intense and overwhelming and at some times, though not others, are clearly abnormal. Maurice Kirk now shows clear evidence of some degree of neuro-cognitive damage (**brain damage**), probably as a result of a combination of normal ageing, previous heavy alcohol misuse and deceleration injuries following plane crashes. The specific area of brain damage affects his ability to monitor and control his behaviour, decreases self-awareness, judgement and decision making abilities and have compounded his paranoid beliefs to the extent that when subjected to further stress, his beliefs intensify so that for periods they have a quality of a paranoid delusional disorder (mental illness characterised by fixed false beliefs unnameable to reason of a paranoid nature).

33. With regard to treatment, neither Maurice Kirk's underlying personality nor brain damage will respond to medical intervention. Due to the transient nature of his clearly abnormal beliefs (as opposed to his general paranoid view of the world) it is unlikely that medication will make any significant impact, though it is impossible to be certain. Appropriate medication has been offered to Maurice Kirk which he has refused.

34. Clinically it is unclear whether Maurice Kirk's brain damage is likely to progress. Should it do so his difficulties will become more marked and he will become more obviously disabled. Of particular concern is that this may well involve increasing impulsivity and poor judgement, features which are already apparent.

35. With regard to risk, risk is always difficult to quantify especially in highly complex cases such as this and it is also impossible to consider Maurice Kirk's risk in isolation from those who he encourages to act on his behalf. The risk of Maurice Kirk continuing with his action against South Wales Police and acting in a way that he feels justified to achieve his ends is high, though whether Maurice Kirk himself would be involved in inter-personal violence is less, is cannot be discounted nor can the risk that others would act violently with his encouragement. If Maurice Kirk's condition is progressive, these risks are likely to increase over time.