

EXTRACT from a blackmailed welsh level 12 police psychiatrist being played in a cinema near you

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

Paranoia is a misbelief.....I can prove the facts but the Dr chooses not to understand

, 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 sometimes, 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**.

Brain scans both before this 'opinion', in Texas, England and Wales and after, in France and Wales, identified no damage beyond the normal aging parameters. Where is the evidence of alcohol abuse other than having been, briefly, a drinking partner of my dear old friend, actor, Oliver Reed?

'Deceleration' injuries as being a possible factor is totally fabricated to justify Professor Rodger Wood using me as a human guinea pig, in Caswell Clinic, for SPEC brain scans requiring intravenous radio c

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 unamenable to reason of a paranoid nature)**.

Poor judgment, alright, in believing normal standards within the local law courts and local police force would be on a par to England!

A total fabrication reliant on the doctor's false premise that I suffer misbelief in what the South Wales Police has done to me and my family.

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.

the relative safety of Cardiff prison within that three month horror as a 'human guinea pig' for couple of ignorant clinicians to play games with. Why on earth did my then loving wife and 10 year old daughter have to bring in my food and water each day and then be subjected to no hope of Ah, so now the police doctor believes his laboratory guinea pig has 'transient beliefs' but all can be proved as psychiatrist 'gobbledy gook' and was contradicted by over a dozen clinicians in Caswell clinic. Just examine the records from their weekly clinician meetings held for all to discuss, at who's expense, their very own captured level 3 category 3 rare specimen to prod with a stick.

Of course I refused any medication I am educated in such matters and to have fallen for having taken any medicine at all, like an aspirin prescribed by a doctor, I would have immediately lost the protection of Section 35 of the 1983 Mental Health Act which allowed my mandatory release back to intimacy or privacy to talk while one or two nurses had been ordered, by the police, to sit within a few feet of us through out?

Stress disorders from well over forty failed malicious prosecutions and incessant police bullying, over twenty five years may well resemble a clinical condition requiring treatment. There was no appropriate medicine required other than for the police to stop bullying.

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.

What utter rubbish, where is the evidence brain damage was ever there?

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.**

Where is the proof of this police doctor's 'mumbo jumbo'?

My case is very simple, the chief constable stops the campaign of police bullying and deceit or stop losing cases in your own police courts.

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.

It cannot be discounted I may, someday, fall under a bus, the prize idiot.

All errors in this Chief Forensic Psychiatrist of Wales' 'opinion', for his recommendation I be incarcerated in Ashworth, were deliberately fabricated at the behest of the Chief Constable, Barbara Wilding, having failed in having me 'lawfully' shot on 18th June 2009.

I had gained access to her private office, deep her police HQ, in Bridgend, to have yet another attempt to 'mutually exchange' witness statements.

All police harassment was designed to prejudice her victim's lawful right to compensation by his lawful right through the civil courts.

Barbara Wilding's reason for her 'shoot to kill policy', with me as the target, was addressed at the 8th June 2009 Barry police station level 3 MAPPA meeting which is why the author of this psychiatric report was so hurriedly summoned to attend and records remain undisclosed contrary to CPR disclosure rules.