Legal Case Summary and Argumentation: Clinical Negligence

Patient: Reinhold Wischnewski ([redacted])
Case Reference: Gozo General Hospital Admissions (April 2026)

1. Executive Summary

This document outlines the timeline and legal argumentation regarding the suspected medical negligence by the medical staff at Gozo General Hospital. The core of the claim rests on the failure to diagnose and act on the 20th of April 2026, which directly led to the irreversible neurological damage (loss of speech and mobility) manifested on the 21st of April 2026.

2. Detailed Timeline of Events

Date	Incident / Observation	Clinical Failure
April 1st - 9th	First hospital stay. ER failed to detect a stroke via standard tests. It was a day later confirmed the patient had suffered two strokes during this period.	
April 20th	Emergency Room visit. Patient presented with brown urine, sudden hearing loss, extreme loss of vitality, and early signs of speech difficulty.	**The Critical Turning Point.** The attending physician (the same as on April 1) failed to test the urine, dismissed hearing loss as mechanical, and ignored the general physical decline. No neurological screening was performed.
April 21th +	Full manifestation of severe symptoms: Total loss of speech (aphasia), inability to walk, and left-sided paralysis.	The window for life-saving intervention (thrombolysis/monitoring) was closed due to the discharge on the 20th.

3. Core Legal Arguments

3.1. Breach of Duty of Care (April 20th)

The medical staff breached their duty of care by failing to perform essential diagnostic steps. Despite the patient presenting with multiple "red flag" symptoms (brown urine, hearing loss, visible extreme aging), the physician performed only minimal blood tests and failed to conduct a neurological assessment. A reasonable physician, especially knowing the patient's recent history of actual strokes, would have ordered imaging (CT/MRI) or a specialist consultation.

3.2. Misrepresentation and False Reassurance

The hospital staff repeatedly suggested that the patient's condition was "normal" for his age or situation, stating "nothing can be done" or "this can happen." This false reassurance actively prevented the family from seeking a second opinion or pushing for immediate hospitalization during the critical hours when the damage could still have been mitigated.

3.3. Causation

There is a direct causal link between the discharge on the 20th of April and the catastrophic health failure on the 21st. Had the patient been admitted and monitored on the 20th, the emerging neurological deficits would have been detected and treated in a controlled medical environment. The decision to discharge the patient was the direct cause of the loss of the "Golden Hour" for stroke treatment.

4. Impact on the Family and Quality of Life

- **Patient:** Permanent loss of independence, speech, and mobility.
- **Wife ([redacted]:** Subjected to sudden, overwhelming 24/7 caregiving duties which she cannot manage alone.
- **Daughter:** Forced to drastically alter her life and travel plans to assist with care, leading to significant financial and emotional strain.

5. Conclusion

The evidence indicates that the current state of Reinhold Wischnewski is not an unavoidable medical outcome, but the direct result of diagnostic failure and negligence on the 20th of April 2026. We hold the hospital liable for all resulting damages, care costs, and loss of quality of life.