Urgent Medical Update: Continued Negligence and Critical Care Failures

Patient: Reinhold Wischnewski ([redacted])
Date of Update: May 1, 2026

Overview of Recent Critical Failures (April 28 - May 1, 2026)

This document serves as an urgent update to the ongoing medical record, documenting severe deficiencies in the current inpatient care at Gozo General Hospital. These ongoing failures acutely threaten the patient's life and chances of recovery.

Date	Incident / Observation	Implications of Negligence
April 28	Diagnosis of a severe bladder infection.	Confirms the diagnostic failure on April 20th, when the patient presented to the ER with brown urine and was ignored. Alternatively, if hospital-acquired, indicates severe deficits in basic care and hygiene.
April 30	Two failed, "blind" attempts to insert a gastric feeding tube without any optical or imaging assistance. Continued refusal to examine the patient's hearing loss until explicitly demanded again by daughter Jasmin Kalski.	Demonstrates the hospital's inability or unwillingness to use standard, safe medical imaging for artificial nutrition. Highlights a systemic dismissal of the family's valid medical concerns regarding ongoing sensory deficits.
May 1 (Today)	No medical action taken. The patient has now been without nutritional intake for almost **five days**.	**Acute Endangerment.** The hospital is willingly accepting and tolerating the severe malnourishment of an already critically weakened stroke patient.

1. Prolonged Malnutrition (Starvation Risk)

As of May 1st, the patient has been completely without food for nearly five days. The lack of any intervention today shows that the medical staff is deliberately tolerating the severe undernourishment of an already critically vulnerable patient. This delay drastically reduces his physical resilience and recovery potential.

2. Incompetent and Unsafe Medical Procedures

The two blind attempts to insert a feeding tube on April 30th subjected the patient to unnecessary trauma. The hospital appears entirely incapable of initiating artificial nutrition using standard, safe imaging procedures (such as fluoroscopy or endoscopy). This technical incompetence is unacceptable.

3. Severe Bladder Infection (Delayed Diagnosis)

The severe bladder infection diagnosed on April 28th directly ties back to the ER visit on April 20th. The patient explicitly presented with "brown urine," which the attending physician failed to investigate. Leaving an acute infection untreated for over a week has significantly compounded the patient's physical decline.

4. Systemic Ignoring of Symptoms

The patient's hearing loss continues to be completely disregarded. It required repeated, explicit demands from [redacted] yesterday to force the medical staff to even acknowledge the issue. This demonstrates a persistent refusal to comprehensively assess and treat the patient's post-stroke neurological and sensory deficits.

5. Willful Isolation and Denial of Communication

In addition to the aforementioned failures, there is evidence of deliberate isolation. The patient, despite his severe condition, has attempted to communicate pain and distress. Shockingly, the nurse call button (bell) has been deliberately removed from his room, stripping him of his only means to call for emergency assistance. Furthermore, while all other patient rooms on the ward are reportedly staffed with a dedicated attendant or supervisor, the patient's room has been left entirely unmonitored. This active deprivation of communication and supervision is a blatant violation of basic patient safety protocols and strongly suggests willful neglect.

Conclusion

The current standard of care is dangerously inadequate. The failure to provide basic nutrition, the unsafe medical procedures, the willful isolation, and the continued dismissal of the family's valid medical concerns constitute ongoing, severe clinical negligence.