

MEMO TO DR. CHARBONNEAU: 23-JUL-14 AT 9:00 A.M.

JULY 24, 2014 DEIRDRE MOORE LEAVE A COMMENT EDIT

Re: Re-application to the Consent & Capacity Board to contest the Form 3

On Sunday at 4:00 p.m., I realized that my lawyer, Arthur Ayers, was incapable of working on my behalf. (He admitted that he had never represented anyone caught up under the Mental Health Act before.) At 4:15 p.m., I phoned him and relieved him of his duties.

On Monday morning, recognizing that I had no representation for Tuesday's hearing, I chose to "accept treatment" for "bi-polar disorder" and "psychotic features" (your two "diagnoses") even though I have no symptoms of these disorders. My decision to "accept treatment" was solely based on the fact that you repeated told me that you could not place me on Voluntary status until I "accepted treatment".* I agreed to "accept treatment" only as a means to get a day pass to see my two children Sean (8) and Cate (6).

* Jim of the Rights Advisor's Office has confirmed this to be untrue. This was not surprising.

On Monday evening, I learned that, for me, your proposed "treatment" cocktail of lithium and olanzapine is both highly toxic and ineffective.

On Tuesday afternoon at 1:00 p.m., although you were in a terrible rush because you were on your way to "help out" at the Monfort, you asked if I had any questions about the "treatment". I did ... and I asked (among other things):

- a) What is your rationale for prescribing a highly toxic and ineffective treatment?
- b) What were your diagnostic methods to arrive at "bi-polar disorder" and "psychotic features"?

Your answer to question a) was: Treatment dosages are based on "basic human physiology".

Your answer to question b) was: My diagnosis of your disorders was based on “repeated clinical interviews”.

Dr. Charbonneau, there is an abundant amount of research available that indicates your responses LACK ANY SUBSTANTIAL OR MEANINGFUL INFORMATION.

Accordingly, as an intelligent woman, respectful of my mind and body, I re-applied to the Consent and Capacity Board to contest the Form 3.

PS. I very much look forward to defending my mental capacity at the next hearing.

PPS. Would you please ask to have my meals adjusted so that I am receiving a daily total of 30 g of fibre (including soluble and insoluble) and 100 g of protein, while keeping the sodium level below 1,000 mg.

PPPS. Would you please request an interview for Occupational Therapy? I am running out of fun things to do.

ALMOST TIME TO LOG-OFF: A QUICK SUMMARY OF WHAT THE FORMS SAY

JULY 22, 2014 DEIRDRE MOORE LEAVE A COMMENT EDIT

On July 10th, a Form 42 (which locks up a person involuntary for up to 72 hours) was delivered to me by Dr. Eric Mikhail after I was tending to a blister on my toe with a band-aid provided by nursing staff (and just before I was about to floss my teeth). It states that:

Physican has certified that he/she has reasonable cause to believe that I have:

- shown or are showing a lack of competence to care for myself

and that I am suffering from a mental disorder of a nature or quality that likely will result in:

- serious physical impairment of me.

On July 11th, a Form 3 (which locks up a person involuntarily for up to two weeks) was issued by Dr. Charbonneau. (Via a forms 30 & 33) it states that:

- I am not mentally capable to consent to treatment of a mental disorder and

- I have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in substantial mental or physical deterioration of me AND

- given my history of mental disorder and CURRENT mental or physical condition, I am likely to suffer substantial mental or physical deterioration.

On July 17th, a Form 4 (which locks up a person involuntarily for up to four weeks) was issued by Dr. Charbonneau. It has the same statements as the Form 3 does. (Hey, why the rush Dr. C.?)

Oh, and because of all of this incapacity I am currently “Under Close Observation” without any Ward privileges such as access to personal electronic devices.

ps. A bunch of other atrocities happened on July 11th but I’ll save those for another story and another hearing date.

HYPERTHYMIC TEMPERAMENT! I ALMOST FORGOT!!

JULY 22, 2014 DEIRDRE MOORE LEAVE A COMMENT EDIT

After my release from the Civic last May of 2013, Dr. Mercer, an out-patient psychiatrist of the Ottawa Civic Hospital diagnosed me as (not being bi-polar) but having a Hyperthymic Temperament After a look at the symptoms, and admittedly having all but three, I agreed with her.

Here is a summary from Wikipedia:

Hyperthymic temperament, or **hyperthymia**, from Greek *hyper* (“over”, meaning here *excessive*) + [θυμός](#) (“spirited”), is a proposed personality type characterized by an

excessively positive disposition similar to, but more stable than, the [hypomania](#) of [bipolar disorder](#).^{[1][2]}

Characteristics of the hyperthymic temperament are:^[3]

- increased energy and [productivity](#)
- short sleep patterns
- vividness, activity [extroversion](#)
- self-assurance, self-confidence
- strong will
- extreme talkativeness
- tendency to repeat oneself
- [risk](#)-taking/sensation seeking
- breaking [social norms](#)
- very strong [libido](#)
- love of attention
- low threshold for [boredom](#)
- generosity and tendency to overspend
- emotion sensitivity
- cheerfulness and joviality
- unusual warmth
- expansiveness
- tirelessness
- irrepressibility, infectious quality

The clinical, psychiatric understanding of hyperthymia is evolving ... yada-yada-yada ...
“In psychiatry, hyperthymia is rarely discussed, and is not an accepted diagnosis.” [DM:
What? The authors of the DSM can't figure out how to convince people that happy
disorder requires treatment?]

Okay so now I have the final two questions (I think ... assuming there is a hearing) for
Dr. Charbonneau:

1. Would you please read this Wikipedia summary of Hyperthymic Temperament?
2. Are you aware that Dr. Mercer diagnosed me with HT within two weeks of my release from hospital?

No more questions.

PREPARATION FOR TOMORROW: TUESDAY 22-JULY-14 (CONTINUED)

JULY 21, 2014 DEIRDRE MOORE LEAVE A COMMENT EDIT

Questions for John Kiska

1. Would you please describe my sleeping patterns for the few weeks leading up to my hospitalization of July 9th at the Civic Hospital?

[Then I plan to read Amanda's email testimony.]

2. Given the fact that while at home, I was sleeping in the basement or in the sun room AND that I spent the four nights from July 3 to July 6 sleeping at the Montfort Hospital, le Philemon B&B in Gatineau and the Casino Motel in Gatineau, how would you know how much I was or was not sleeping?

[This should pretty much establish that John Kiska is a liar. I may or may not choose to ask other questions.]

I still need to prepare my Closing Statement. But first, I'll try to reach those witnesses at home in case they are not following this blog ... or in case the blog vanishes mysteriously.

I also need to review the transcript from last year's proceedings (another story for another day) just in case Dr. Charbonneau neglected to inform me of some part of the hearing process, which is likely, in my view.

PREPARATION FOR TOMORROW: TUESDAY 22-JULY-14 (CONTINUED)

JULY 21, 2014 DEIRDRE MOORE LEAVE A COMMENT EDIT

I am hoping that the following people are here tomorrow at 4:00 (assuming that I do have a hearing tomorrow):

- Elyse Clements, Steve Lacelle, David Bateman, Severine Deveau & (still to be contacted, Bassam Azzi)*

Hopefully I can reach them by phone &/or email tonight and ask them to print off the Wikipedia description for each of the following topics: bi-polar disorder, psychosis, mania, depression and schizophrenia. I have NO idea what disorder Dr. Charbonneau will decide to run with tomorrow so I figured I would just play it safe and cover all the big ones.

My questions will be as follows:

1. How long have you known me?
2. What was our relationship?
3. Which symptoms of disorder X (based on whatever Dr. Charbonneau decides to run with) did I display during our time together?
4. Please describe the attributes of my behaviour that I did display during our time together?
5. Do you have anything else to add?

*Amanda (the best right-hand-woman that anyone could have when it comes to meal preparation, housekeeping and cookie/cake baking, at (613)797-7991; am_des@hotmail.com. Oh, and she also gets paid acting gigs on the side!) could not make the hearing tomorrow and is hoping to be in a position to send an email of testimony.

After I question a witness, Dr. Charbonneau is able to cross examine should he choose to do so. Then, the members of the Consult & Capacity Board may cross examine should they choose to do so. Then I move on to the next witness. Rinse and repeat.

I think that my last witness, assuming there is a hearing and he shows up, will be John Kiska.

