

Iatrogenesis

A patient's journey from outpatients, admission to hospital diagnosed with Covid not confirmed by PCR, transfer to ICU, and final destination at the mortuary

15th October, Valencia, Spain

Alelí Loo, a 46 y.o. woman of Cuban origin, married and with two daughters, went to **outpatients on August 6th 2021**, The same day she is admitted at UF Shands hospital in Gainesville, Florida. After four weeks, **on September 2nd she dies of haemorrhagic stroke.**

A story that goes from bad to worse, it's plagued with: **inconsistencies and contradictoty medical records**; Alelí's pleas to her family because of healthcare **abuse and neglect**; and deliberate shutting off the family, as well as forbidding them to contact her.

A few days before her death, the hospital tries to obtain consent to **harvest her organs**, creating a nightmare for the family, since they knew Alelí's position regarding organ donation.

Evidence of malpractice from the moment she was admitted has been reviewed and confirmed by an independent medical professional.

Problems from the start

Alelí goes to outpatients on August 6th with **mild respiratory distress, cough and fatigue**. The same day she is admitted **diagnosed with Covid** –despite the fact that presence of SARS-CoV-2 via **PCR assay is inconclusive**. The next day she begins **follow-up Covid protocol** with dexamethasone (**steroid**), remdesivir (**antiviral**) and **oxygen therapy**; lovenox (**anticoagulant**) is added for possible pulmonary embolism – also not confirmed by imaging. Two days later, morphine begins to be administered, despite Alelí and her family's expressed opposition to opioid medication.

Visits are prohibited and **Alelí can only communicate by mobile phone**. They receive **alarming messages** of unbearable heat in a room with broken air conditioning; that she's been completely ignored; and that she's been "starved to death." Alelí explains that she

received food only twice, though she regularly asked for it, and that **no food or water were given** –when the family inquires what was she fed, the reply is that ‘**regular diet had been ordered**, but that **there is no documentation verifying it was actually given**.

Intubation and subsequent worsening

The hospital has been **insisting on transferring Alelí to ICU from day two**. Alelí maintains she doesn't want to be intubated; the family supports her decision. But the hospital is not backing off.

Due to Alelí's lack of improvement, the family requests a change of healthcare protocol. The answer is: "she is been given every 'possible' treatment for Covid." They request to transfer her to another center, but the hospital refuses alleging her serious condition.

The family feels helpless and betrayed: Alelí is deteriorating alarmingly; she remains in hospital against family wishes; they only get patchy and contradictory information; and she is been given morphine –this, together with not giving her food, are later justified as a prerequisite for intubation.

A meeting between the family and the care team is organized. Meanwhile, Alelí is getting worse and **accepts the pressure from the hospital to be intubated** –in addition to protocol medication for Covid, she is treated with trazodone (**antidepressant**) and, paradoxically, loperamide (**antidiarrheal**) together with senna and polyethylene glycol (both **laxatives**). The aforementioned meeting never takes place: Alelí is now in the ICU, under the direction of a different team.

The next day, August 16th, **the hospital claims that Alelí has refused all contact with her family**. They know this doesn't make sense and it's out of character; also, it's not consistent with close contact maintained up to that moment via mobile phone.

Six days after being transferred to ICU, Alelí shows signs of **kidney failure**. The family is told **this is normal**, everything is fine except the kidneys, and they are going to discontinue sedation so that she wakes up.

Death

Three weeks have elapsed since admission. Alelí's deterioration is clear: **she doesn't regain consciousness**, despite sedation being withdrawn; and she has hypotension, bradycardia and a non-reactive left pupil.

CTA on **August 27th** reveals **hemorrhagic stroke** and pulmonary embolism. Alelí is in critical condition –but **there are no medical records for two days**. An EEG on **August 29th** shows **no brain activity consistent with brain death**. Alelí's vital functions are artificially maintained.

On **September 2nd**, after 28 days in hospital, Alelí is declared dead.

Fighting until the end

The hospital refuses to hand over Alelí's body to the family; despite an **inconclusive PCR on the 29th**, they cannot give their last goodbye. At the same time, without providing evidence, **the hospital claims that she was an organ donor**. The family maintains that this is false, since Alelí expressed on several occasions that **organ donation was against her religious beliefs**. Today, more than a month after her death, they are desperately trying to carry out a **post-mortem** to establish the integrity of Alelí's corpse.

You will find the complete story on the press release, and more information at:

<https://periodistasporlaverdad.com/the-case-of-aleli-loo-how-to-end-the-life-of-a-patient/>

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