

DATE: 19<sup>th</sup> of February, 2010.

Gana Kiritharan,  
307 – 10 Stonehill Court,  
Scarborough, Ontario  
Tel: 416-820-8581

TO: Canadian Psychiatric Association,  
Professional Standards and Practice Council,  
141 Laurier Avenue West, Suite 701,  
Ottawa Ontario K1P 5J3

Dear Sir / Madam,

Re: Psychiatric Diagnostic Mistake Which Gave Me a Miserable Experience.

I, Gana Kiritharan, am a person with exceptional intellectual capacity and lots of innovative ideas. I came to Canada in 1999 with a dream to become a writer. I wrote my first book after one year coming here and it is got published in 2003 and now runs 6<sup>th</sup> success year of sales (Please visit [www.gkiri.com](http://www.gkiri.com) for more information about my books and articles).

Unfortunately I had to face some organized conspiracy when coming to royalty payment. I believe someone else opened an (secret) account in my bank (TD Canada Trust) in my name (without my consent or knowledge) criminally and cashed my royalty cheques. Initially I was not able to make any complaint as I did not have any evidence to point my finger at anybody. But from the incidents happened between November 2004 and October 2005, I was able to confirm that there were some documentary evidences to above mentioned conspiracy. When I approached Ontario Judiciary with available evidence, for one or other reason I failed to receive an accountable service from them.

As a result I felt extreme stress and depression. Also I experienced severe Peptic Ulcer Symptom. Also as I have Family History of Suicide I decided to go for help from a Psychiatrist. I requested for a referral from my Family Physician (Dr. Selvanathan) and as he refereed me I went to the care of Dr. Sooriabalan. On my first visit to the Hospital, Dr. Sooriabalan, after listening to my story, he gave me prescriptions for two medications. He informed me one Medication is for stabilization of my mood and next one is my problem of depression. The medication given for stabilization of my mood, when taken made me to feel extremely tired and sleepy. After taking for two weeks I stopped taking it. I continued to take the medication for depression.

I was in a believe that I was being treated by Doctors for Stress and Depression only. But when I requested for a Diagnostic Letter from Dr. Sooriabalan (my psychiatrist), I got a letter saying he diagnosed me with “Delusional Disorder of Persecutory Type.” Though this letter dated 4<sup>th</sup> June 2008, I picked it up from Counter of Rough Valley Health System Psychiatric Department only on 22<sup>nd</sup> of July 2008. I failed to receive any call saying the letter is ready for me at the counter. On 29<sup>th</sup> of July 2008, I forwarded a letter to Dr. Sooriabalan saying his diagnosis may be a mistake because of his poor common sense in accounting, banking and credit reports and his failure to carefully analyze the evidence I saw him that I am a Victim of Fraud and asking him revise the diagnosis. I also included my believes in the Civil Action against TD Canada Trust, Evidences for that I am a Victim of Fraud and Other Necessary Legal Documents with this letter. But Dr. Sooriabalan refused to change his diagnosis.

Then I again went back to my Family Physician and asked for another Psychiatrist. As he referred I went to the care of Dr. J. Rajendra and as he tolled me he is treating me for secondary stress and depression.

Tough I was not able to confirm, I believe my previous psychiatrists or family physicians may have informed (with out my consent or a court order) to the bank or some other party who were misappropriating my money that I have some psychiatric illness that is why I am making allegations of fraud against other peoples. If this is true, then what happened may not only a misdiagnosis but the medical professional may even part the commission of crime it self.

When I was trained for Medical Profession in Jaffna Sri Lanka, I was taught that it is a profession trying to heal the pain of people. But the treatment I received for my mental problems in Canada not only increased my pain but gave me a miserable life experience.

Also, when I made a small research in to “Diagnostic and Statistical Manual (DSM) of Mental Disorders – Fourth Edition – Text Revision” and “The International Classification of Diseases (ICD) – 10 – Classification of Mental and Behavioral Disorders” and find out following information which I believe incompetence in psychiatric profession to make correct diagnosis in my case.

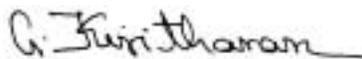
- In DSM Mental Disorders due to Psychosocial and Environmental Problems are Classified in to Axis IV. (I believe my Mental Disorder better Classified into this category.)
- When checking Diagnostic Criteria under Axis IV, I failed to find a Disease saying “Racial or Criminal Abuse of Adult.”
- When Checking ICD I found out following sentence in Delusional Disorder “The content of the Delusion, and timing of it emergence, can often be related to the individual’s life situation, e.g. persecutory delusion in members of minority”.

I arise following Questions based on above Findings.

1. When person become a victim of abuse due to Racism or Organized Crime for some time and unable to defend himself due to poor social support (Not enough Money or New Immigrant) whether he will develop a Psychiatric Clinical Presentation which is unique and need to be classified into special category.
2. Why I failed to find a disease category for above situation?
3. When an ethnic minority came and complaint of discrimination by ethnic majority to psychiatrist, whether he always identified as a patient with “Delusional Disorder of Persecutory Type”.
4. When “Delusional Disorder of Persecutory Type” is identified as Psychotic Type Mental Disorder, whether the clinical features can be influenced by external situation?

I would like to call Canadian Psychiatric Association take my letter seriously and to appoint a Senior Psychiatrist with enough expertise (Probably from Toronto University) to examine my mental status to make a correct diagnosis. I happy to be a subject for any case study as long as it is done according to a ethical stranded of medical profession.

Yours truly,



Gana Kiritharan.

Cc: American Psychiatric Association; DSM Section,  
WHO; ICD Section.