

TRANSCRIPT OF PROCEEDINGS

CORONERS COURT

CORNACK, Coroner

DALB-COR-00002239/06(0)

IN THE MATTER OF AN INQUEST INTO THE
CAUSE AND CIRCUMSTANCES SURROUNDING
THE DEATH OF LYNETTE BABINGTON

DALBY

..DATE 13/09/2007

..DAY 01

FINDINGS

WARNING: The publication of information or details likely to lead to the identification of persons in some proceedings is a criminal offence. This is so particularly in relation to the identification of children who are involved in criminal proceedings or proceedings for their protection under the *Child Protection Act 1999*, and complainants in criminal sexual offences, but is not limited to those categories. You may wish to seek legal advice before giving others access to the details of any person named in these proceedings.

CORONER: This is a coronial inquest into the circumstances surrounding the death of Lynette Babington. Mrs Babington was born on the 3rd of July 1942.

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A coronial inquest is held to determine whether or not a death has happened and if a death has happened, the Coroner who is investigating the death, must make of the following findings. Firstly, who the deceased person is. Secondly, how that person died. Thirdly, when that person died. Fourthly, where that person died and particular whether the person died in Queensland. And finally, what caused the person to die.

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The Coroner must give a written copy of the findings to a family member who has indicated that he or she will accept the document on behalf of the deceased person's family. And if an inquest is held, a copy to any person who appears at the inquest.

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Particularly, the Court must be careful because under the Coroners Act, a Coroner must not include in their findings any statement that any particular person is or may be guilty of an offence or civilly liable for something.

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A Coroner may make comments on anything connected with a death investigated at an inquest that relates to public health and safety, the administration of justice, always to prevent deaths from happening in similar circumstances in the future.

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So far as my responsibilities under the Coroners Act are concerned, there is very little difficulty in determining who has died and how she died and when she died and where she died.

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The question of most concern to the family members today is what caused Lynette Babington to die. I have examined the material presented by the police investigation and I have listened carefully to the evidence presented by the family.

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I make findings that there has been a death and that death occurred between 7 a.m. and 11 a.m. on the 5th of August, 2006. That the deceased person is Lynette Babington, her date of birth, as I said, the 3rd of July, 1942. She had lived most of her life at Turners Flat at Inglewood and but for the last week before her death, she had lived at Oakey at 4 Shirley Street, a home owned by her daughter.

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The circumstances about Mrs Babington's death as set out in the summary in the police report.

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That is at about 11.30 a.m. on the 5th of August, last year, 2006, Mrs Babington's daughter, Wendy Maree Babington, drove to 4 Shirley Street to check on her mother. She was concerned because her mother had not responded to telephone calls.

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Wendy Babington was the owner of the home and she had recently rented it to her mother. Wendy went to the home and entered via the locked front door. She had a key to the home. She called out to her mum and became concerned when there was no reply.

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Wendy searched the house. She found her mum, Lynette Babington, lying face down on the floor between the toilet and the hallway towards the rear of the house. She called the ambulance immediately. The ambulance attended and stated that Lynette was deceased and that lividity was starting to set in. But Lynette at that stage was not suffering from rigor mortis. She was transported to the Toowoomba Base Hospital.

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Wendy found that her mum had had breakfast that morning and had had the fire going and had done a load of washing and it seemed that she was going about her normal morning routine without suffering a long period of ill health or pain or suffering. She seemed to be just going about her business when a sudden catastrophic event happened so far as her health is concerned.

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The police who conducted that investigation asked family members a lot of questions about when Lynette had last been to the doctor and their recording on the report is a little disappointing. The police say that Lynette had last visited Dr Owen at Inglewood on the 2nd of August 2006 and the question about any known medical history is marked "Unknown". The police did record that Mrs Babington was taking medication and listed Atenolol as the medication.

Unfortunately that synopsis did not point out the fact that there had been an echocardiogram done within the last week prior to Mrs Babington's death and if the pathologist conducted the post-mortem had had a copy of Dr Archibald's report, further investigations and enquiries might have been done or a more detailed autopsy report might have been provided to the family to explain the difference in medical opinion they were getting from Mrs Babington's own family doctor and from the specialist who did the echocardiogram and from the pathologist who performed the inquest.

The Coroner's file indicates that Mr Babington at first had some concerns about his wife having an autopsy, but a Coroner made a decision that an autopsy should be performed.

The autopsy has been performed by Dr Terry and his report is part of the material that is admitted into evidence and marked Exhibit 1. I believe that the family members have a copy of the autopsy report which clearly sets out all of the investigations done by Dr Terry.

Dr Terry's post-mortem summary finds that the primary cause of death was pulmonary embolus and that related causes were severe varicose veins in the right leg and cardiomegalia. He notes as cause of death,

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"The cause of death was due to pulmonary embolism. The source of the embolus is most likely thrombus from the varicosity of the right leg."

Dr Terry made all those findings without having regard to the results of the echocardiogram. It seems Mrs Babington had been concerned about her health for some time. She had suffered shortness of breath, she had suffered quite a large weight loss and she had been consulting her doctor. She was referred for an echocardiogram.

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Dr Terry, in his evidence, explains that a medical practitioner observing an echocardiogram has a lot of useful information about the function of the heart that a pathologist performing an autopsy does not have. That is, Dr Archibald could see how Mrs Babington's heart was operating while she was alive and her heart was pumping. So he could see heart function and he could see what was happening in her heart while she was alive and the test was being conducted.

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When Dr Terry performed the autopsy on Mrs Babington her heart was not operating as she had then died. The pathologist did take samples from various organs from Mrs Babington, but he

says that those samples did not indicate any change that was consistent with pulmonary hypertension.

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In fact when we first heard from Dr Terry this morning he discounted out of hand that Mrs Babington had pulmonary hypertension. He said that that was not consistent with what he saw during the autopsy. However, Dr Terry having seen the report of the echocardiogram from Dr Archibald now says there can be no doubt that Mrs Babington did suffer from severe pulmonary hypertension.

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Family members in this case, not only family members but friends and extended members of the community and family, have written to the Coroner concerning Mrs Babington's death. As indicated during proceedings letters were received from W G Major, Carn and Pa, Marie Potter, Joe Galloway, Annette Gale, Sarah Goodwill, Elizabeth Benz, Gary Rowlings, Gayle Vary, John Babington, Bruce Babington, Wendy Babington and Paul Babington.

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Mr Bruce Babington is Lynette's husband, Wendy is her daughter, John and Paul are her sons. The other people who have written to the Coroner knew Mrs Babington all for an extended period and were concerned that the events in her life had led her to a period of incredible stress and anxiety and that this had had a very devastating impact upon her health.

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It is no doubt that Mrs Babington was a well loved and respected member of our community and had a loving family who are, no doubt, grieving for the loss of their mother and wife.

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As I said, members of extended family are also concerned about her death and believe that it was not simply natural causes that led to her death on the day.

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Mrs Babington lived almost all of her married life at Turners Flat with her husband, Bruce and there they raised their children. This is a rural property and from time to time various farming activities were conducted to support the family at Turners Flat.

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For some time tobacco was grown there. In addition, lucerne was grown there. They reared sheep there and in later years a vineyard was grown there.

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It is quite clear that Mrs Babington had a long period of significant stress prior to her death. It seems that relations between the Babingtons, who lived at Turners Flat, and the Wests, who lived at Drayton Park next door, were not good. I have heard a lot of evidence about the poor relationship between the families. It seems, according to Mr Babington, to have started about 25 years before Mrs Babington died, when he found his neighbours in his shed touching things that they should not have been touching and being there without his permission, when he returned home unexpectedly.

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There were also other incidents between the families that caused a lot of stress.

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In 1999 there was an incident where Mr West drove his car in a circle around and around Mr Babington and according to Mr Babington he clocked him, that is, he punched him when he felt he was under attack.

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There were problems with the fences. The fences between the property at one stage had accommodated the rearing of lambs as they were a seven wire fence. The Wests wanted to rear cattle, they did not need seven wires and four wires were removed from the fence which meant that the lambs were getting through the fences and this led to problems.

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There were other problems when Mr and Mrs Babington became upset that the dogs from the West property came into their property and interfered with their stock and their property.

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Things only got worse in 2000 where the Wests moved a house onto a section of the land where, according to the Babington family, it was not suitable. This led to a period of high stress and tension.

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Mr Babington has a portfolio of documents where he has tried to raise with the council what he sees as a clear error of the council. Mr Babington has told this Court that the council had approved the house being put in the opposite corner of the property and in fact the house was built close to a pump and

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close to an area that was being used for intense agriculture
and being used as a roadway.

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In addition, it was built very close, too close, to where the
Babingtons planned to have a structure concern with their
vineyard. So, there had been preliminary building works done
to establish that structure at the property and before the
Babingtons knew what was happening, there was a house so close
nearby that it made their plans impossible.

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It seems that the person who went to live in the house so
close to the boundary between the properties and so close to
all of the activities that the Babington family were used to
engage in because they were farmers, was Deon West and Mr
Babington says, he does not deny that Deon and his family had
problems with noise, with dust and with a whole pile of other
difficulties because the house was situated so close to those
activities.

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This led to a lot of stress and on Mr Babington's evidence,
Deon West would abuse people as they were going about their
normal day to day activities on the property.

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In addition, Deon West made complaints to the police, to the
fire authorities, to the council, to the environmental
protection authority, to sun, water and those complaints were
investigated time and time again with officials, including the
police, calling at the Babington's property.

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In 2004 a terrible incident happened between the Babington family and the West family.

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It seems that Deon West attacked Paul Babington with a chain saw, such that Paul was injured and suffered a wound in his stomach. That led to Deon West being charged with various criminal offences and in the end serving a period of imprisonment arising out of that event. Paul Babington suffered wounds and was required to be flown to receive surgery in relation to that matter.

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All of these situations would lead, no doubt, to a high level of stress for Mrs Babington.

In addition, Mr Bruce Babington was charged with stalking and he was placed on bail with conditions that restricted his going into town and going about his normal business and finally those charges were found to be not proven before the Magistrates Court but this led to a lot of difficulties for the Babington family and for Lynette in particular, who was worried and concerned and fretting about her family.

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According to Ms Wendy Babington's evidence today, her mother Lynette would have preferred to move away and move on from all of this, seeing the effect it was having. But the husband Bruce was more concerned to stay and try and sort things out.

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Leading up to the events that led to her death, Mrs Babington lost 10 kilograms in weight. She was withdrawn and kept to herself. She cried a lot and she appeared to be anxious and worried. She did see her doctor regularly.

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It is noteworthy that Mr Bruce Babington was also suffering ill health at this time, and he was suffering from stress and significant depression, and he consulted a range of medical practitioners. So the effects of all of this stress and anxiety were having an impact on everyone in the family, but most importantly Bruce and Lynette, it seems.

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Mrs Babington did suffer a period of being concerned about her health and having shortness of breath, so she went to see Dr Owen and he sent her for an echocardiogram. The results of that test, I will admit them into evidence and mark them Exhibit 4.

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ADMITTED AND MARKED "EXHIBIT 4"

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CORONER: They have been produced thankfully by Dr Owen today to place into perspective what has happened.

Dr Terry has told us that the shortness of breath could be caused by small clots coming away from a major area of clotting and causing difficulties as they caused blockages in Mrs Babington's lungs. That this would cause her heart to pump harder.

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So the fact that she was suffering some of these symptoms, being shortness of breath and other conditions, would indicate that this had been a problem that had been happening for a number of weeks. The test conducted by Dr Archibald clearly showed that Mrs Babington suffered from severe pulmonary hypertension.

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The people who loved Mrs Babington the most have obviously spent a lot of time searching for an explanation to all of these events. And some of that has led them to various internet sites and gathering evidence about the correlation of stress with the conditions that caused Mrs Babington to die.

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It is clear that Mrs Babington suffered a long period of stress in her life, stress that had definite and debilitating impacts upon her general health and that she was worried about a lot of things. That was not stress caused by some fanciful notions of hers, it was proper stress related to actual things that were happened around her and to the people that she loved, and concern about what was going to happen in the future.

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And it is clear that after that long period of stress, she suffered the conditions or she suffered a catastrophic event to her health where she suffered a pulmonary embolus that led to her sudden unexpected death.

Now, medically, Dr Terry says that stress may be a minor contributing factor but in his opinion it would be a minor one and that the pulmonary embolus is as a direct consequence of the detachment of a thrombus, which is most commonly occurring in the deep veins of the lower limbs or the pelvis. As a thrombus propagates, it may detach and pass through the heart and impact in the pulmonary vasculature of the lungs.

If large pulmonary arteries are occluded, death is usually rapid. Factors important in thrombus formation are threefold and include abnormalities aflow within the vessel, abnormalities of the vessel wall, and/or abnormalities in the blood components.

All of the evidence here points to the fact that Mrs Babington's death was rapid, it was unexpected and it came about as a direct result of a pulmonary embolism. The doctor performing the autopsy did find that she had a large clot in her legs and it is his opinion based on his examination of her at the autopsy that this is the most probable site of the thrombus that led to her death.

So in carrying out my functions as a Coroner today, I find that a death did occur, that it was the death of Mrs Lynette

Babington and, in accordance with the evidence I have heard, I have given a time; a place where she died has also been covered by those findings.

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How she has died has been given by the findings as well. What caused her to die; I find I am satisfied what caused her to die was a pulmonary embolism and, in accordance with the autopsy report, that there were other related conditions of severe varicose veins in her right leg and cardiomegaly.

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I am quite satisfied that the family has proved today that this came about after a long period of stress and from what Dr Terry says, stress may be a minor contributing factor to the cause of death being the pulmonary embolus.

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Mrs Babington, of course, tried to deal with the stressing factors in her life as best she could, and it seems that one step she did was to move away from the farm in the week prior to her death. So she was giving herself a bit of space from all the stress that was surrounding there. Quite obviously, that stress was a major concern to her and she did what she could.

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Mr Jones indicates that she did seek treatment and attention, but he said it was too little, too late. I do not believe that that is actually what happened. She did have a period where she was suffering from shortness of breath and what the doctor said, indicates that you cannot tell when or if a large

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embolus or thrombus is going to detach from the major plot and cause a problem.

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So, to categorise that as too little, too late, is no-one's fault. It simply means that the tests that were conducted were not done in a way at a time that could assist Mrs Babington to deal with the problems that she had. No-one could have foreseen that a large thrombus was going to detach from the plot and cause her death at the time it did and in the manner it did.

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And I am sure that Mrs Babington's doctor, Dr Owen from Inglewood, did all he humanly could to look after his patient and to make sure that he treated all of her conditions as best he could. It was true that Mrs Babington was about to undergo more tests, and no doubt those tests would have led to treatment if this catastrophic event had not happened.

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So I am afraid, as Coroner, I am not able to say conclusively that the stress concerning any factor - there were a large number of stressors that Mrs Babington had experienced. I can find that as a matter of fact, that this happened after a long period of increasing stress on her because of the neighbourhood distress and the various factors, including difficulties with the Council with what seemed to be inconsistent planning decisions; difficulties with the authorities concerning various complaints that were made and difficulties with all of the protracted litigation;

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difficulties with the anxiety that arose due to the attack upon Paul Babington by Deon West.

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So there is no doubt that those things happened and there is no doubt that Mrs Babington's death followed those things. However, the best medical evidence that I have had before the inquest today has failed to establish a clear link between those two factors.

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So whilst I am satisfied that Mrs Babington's death did follow a long period of quite significant stress, I am afraid I do not get to the point where I can make a conclusive finding that that was a significant factor. On Dr Terry's professional opinion, it might have been a minor contributing factor.

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Each of these persons who has written into the Coroner, in their own minds and in their own hearts, believe that that stress led to Mrs Babington's death. It seems that no-one will be able to say conclusively whether that is the case or is not the case.

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So I extend my condolences to the family for the loss of their mother and their wife and I believe that my function as a Coroner is now complete. Thank you.

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