OFFICE OF THE STATE CORONER

FINDING OF INQUEST

CITATION:	**Inquest into the death of Philip BAKER**
TITLE OF COURT:	Coroner's Court
JURISDICTION:	Rockhampton
FILE NO(s):	2007/153
DELIVERED ON:	11 November 2009
DELIVERED AT:	Rockhampton
HEARING DATE(s):	18 June 2009
FINDINGS OF:	Mrs Annette Hennessy, Coroner
CATCHWORDS:	Inquest: Medical issues – 2 falls while in hospital – whether falls contributed to subdural haematoma and cause of death

REPRESENTATION:

Queensland Police Service Officer Assisting:	Sgt D Dalton, Police Prosecutor
Family:	Mrs T Baker (Wife of Deceased)

Mr J Allen, Counsel i/by Minter Ellison on behalf of Rockhampton Hospital and Royal Brisbane Women's Hospital and all its employees (except Nurses Phillips and Adsett)

Ms J Simpson, solicitor of Roberts & Kane for Nurses Phillips and Adsett

These findings seek to explain, as far as possible, how Mr Philip Baker's death occurred on 19th November 2007. Following on the court hearing the evidence in this matter where learnings can be made to improve safety, changes to departmental and/or industry practice may be recommended with a view to reducing the likelihood of a similar incident occurring in future.

THE CORONER'S JURISDICTION

1. The coronial jurisdiction was enlivened in this case due to the death of Mr Baker falling within the category of "*a violent or otherwise unnatural death"* due to the falls sustained in hospital, under the terms of s8 of the Act. The matter was reported to a coroner in Rockhampton pursuant to s7(3) of the Act. A coroner has jurisdiction to investigate the death under Section 11(2), to inquire into the cause and the circumstances of a reportable death and an inquest can be held pursuant to s28.

2. A coroner is required under s45(2) of the Act when investigating a death, to find, if possible:-

- the identity of the deceased,
- how, when and where the death occurred, and
- what caused the death.

3. An Inquest is an inquiry into the death of a person and findings in relation to each of the matters referred to in section 45 are delivered by the Coroner. The focus of an Inquest is on discovering what happened, informing the family and the public as to how the death occurred, but not on attributing blame or liability to any particular person or entity.

4. The coroner also has a responsibility to examine the evidence with a view to reducing the likelihood of similar deaths. Section 46(1) of the Act, authorises a coroner to "*comment on anything connected with a death investigated at an inquest that relates to – (c) ways to prevent deaths from happening in similar circumstances in the future."* Further, the Act prohibits findings or comments including any statement that a person is guilty of an offence or civilly liable for something.

5. Due to the proceedings in a Coroner's court being by way of inquiry rather than trial, and being focused on fact finding rather than attributing guilt, the Act provides that the Court may inform itself in any appropriate way (section 37) and is not bound by the rules of evidence. The rules of natural justice and procedural fairness apply in an Inquest. The civil standard of proof, the balance of probabilities, is applied.

6. All interested parties can be given leave to appear, examine witnesses and be heard in relation to the issues in order to ensure compliance with the rules of natural justice. In this matter, the Rockhampton and Royal Brisbane Hospitals, Health Department employees involved in the care of Mr Baker and the widow of the deceased were represented at the Inquest.

7. I will summarise the evidence in this matter. All of the evidence presented during the course of the Inquest, exhibits tendered and submissions made have been thoroughly considered even though all facts may not be specifically commented upon.

THE EVIDENCE

8. Mrs Baker gave evidence that she had been married to Mr Baker for 34 years. He became ill about 16-18 years ago when he had a mild stroke. He subsequently suffered from eyesight and kidney problems for which he was medicated over the following 9 years. Eventually he was placed on dialysis. He also suffered from heart problems. Mrs Baker had been her husband's carer for a number of years. She knew all of his medications and attended dialysis with him.

9. Mr Baker was admitted to Rockhampton hospital on the 10th November 2007 with severe headache and a sore neck. He had tried to treat himself with panadol but his condition worsened during the morning. Mr Baker's blood pressure was very high when he was seen in the Emergency Department and a number of investigations were carried out. A CT scan showed no neurological problems and Mr Baker was admitted to the ward late in the afternoon. He was then suffering from numbness in his left leg and his blood pressure was still high. Medications were administered.

10. On Sunday 11th, dialysis was arranged for Monday and other treatments continued with a focus on anticoagulation issues. During the early hours of Monday morning, Mr Baker's blood pressure was very high again and he was confused and disoriented and had a headache. Just before 4am, Mr Baker fell in the bathroom. No significant injuries were noted and full observations were carried out. He was seen by a doctor at 5am and was more confused than earlier and had pain in the left temporal area. Further treatment was administered. Mr Baker received dialysis on Monday. When reviewed on Monday evening, Mr Baker was drowsy and confused and his blood pressure was high. There were no significant findings and he was transferred to Coronary Care for further treatment. His blood pressure came under some control by Tuesday evening after constant treatment and monitoring.

11. On the morning of Tuesday 13th November, Mr Baker was found on the floor near his bed. Dr Han felt that the falls that Mr Baker had suffered were as a result of the blood pressure issues causing a lack of balance. Mr Baker had sustained a laceration to his left arm in the fall, which was dressed. It later became obvious that he had neurological issues and another CT scan was conducted. That scan revealed a subarachnoid haemorrhage. Other tests found no other new problems. Contact was made with the Neurology Department of Royal Brisbane and Women's Hospital and a conservative treatment approach recommended as it was not considered that an aneurysm was responsible for Mr Baker's condition.

12. On Wednesday 14th November, further clinical deterioration was noted and another CT scan was done indicating a dramatic worsening of Mr Baker's neurological condition. The decision was taken to transfer Mr Baker to Brisbane. He was admitted there about midday on the same day. At that time, Mr Baker suffered from a number of co-morbidities and his medical condition was complex. Further testing confirmed that Mr Baker did not have an aneurysm. Treatment and monitoring continued.

13. When Mrs Baker arrived in Brisbane and spoke to Dr Hegde, he asked for a history of the last few days. On Mrs Baker giving that history, the Doctor indicated that he would treat Mr Baker differently as the medical chart differed to the oral history. Dr Hegde could not recall this conversation but confirmed that he had no concerns regarding the completeness or accuracy of the information provided to him by Rockhampton Hospital. If he had, he would have had enquiries made with the hospital.

14. On Friday 16th November, Mr Baker developed a problem with his right eye which was treated. A CT scan showed no deterioration but an MRI later in the day showed an extensive infarction of the brain stem and spinal cord. There was little chance of survival. Over the following days after consultation with Mr Baker's family, life support was withdrawn and Mr Baker passed away on 19th November.

15. At Inquest, Mrs Baker raised a number of concerns regarding the medical care given to her husband. Her main concern was the issue with the Rockhampton Hospital staff in Accident and Emergency on Saturday that her husband needed to be dialysed due to his being given morphine. Her view was not considered and dialysis did not occur until Monday. She had only given permission for the administration of morphine on the condition that dialysis occurred. Dr Han, the General and Renal Physician who had been treating Mr Baker for some time, gave evidence that it was not necessarily so that Mr Baker would have required additional dialysis due to the administration of morphine. Further, there was nothing in the chart to indicate that Mr Baker required any assistance from the renal unit over the weekend.

16. The cause of the sub-arachnoid haematoma was investigated. Dr Hegde advised that trauma could not be excluded as a possible cause in this case but he did comment that there was no indication in any other way of any injury or trauma. He considered the haematoma was likely caused as a result of an increase in blood pressure or secondary to the brain stem infarct. The haematoma did not contribute to death. Dr Buxton, Forensic Pathologist, gave evidence that there was no evidence of injury to the brain through trauma.

17. Tests had revealed that Mr Baker suffered from atherosclerosis and he had a history of vascular disease. The atherosclerosis was considered to be a significant contributing factor in the brain stem infarct. An infarct in the brain stem is difficult to diagnose and requires sophisticated tests.

The infarct preceded the haematoma in this case. Once the infarct occurred, there was little chance of survival. Dr Hegde was of the opinion that renal failure played no role in the death of Mr Baker but was a co-morbidity.

18. Dr Kerr, a Consultant Physician, provided the Coroner with expert opinion on Mr Baker's treatment given Mrs Baker concerns regarding issues including the falls which her husband suffered in hospital and their potential impact on his death. Dr Kerr noted that Mr Baker's case was very complicated and he suffered from a number of severe co-morbidities.

19. Brain stem infarct can occur suddenly or develop over a number of days. The facts suggested to Dr Kerr that the infarct started developing as shown by the headache and neck pain on Saturday morning and gradually increased until death. The symptoms including numbness in the left leg, drowsiness, confusion, pupil abnormalities and others are all in hindsight, symptoms of the developing infarct. The condition is also associated with dizzy spells and instability which would have contributed to his falls in hospital. Neither fall caused significant issues, neither were they contributed to by his medical or nursing management in Dr Kerr's opinion.

20. Dr Kerr stated that management of Mr Baker's condition would be difficult and the treatment was acceptable and appropriate at all times.

I acknowledge that Mrs Baker still has some concerns and questions regarding aspects of Mr Baker's care. I am satisfied, however, that those matters are not related to the death of Mr Baker in a formal sense and are better addressed in another forum. Assistance will be provided to Mrs Baker in that regard.

FORMAL FINDINGS

I am required to find, so far as has been proved on the evidence, who the deceased person was and when, where and how he came by his death. After consideration of all of the evidence and exhibited material, I make the following findings:

Identity of the deceased person– The deceased person was Philip BAKER born on the 15th day of November 1951.

Place of death – Mr Baker died at the Royal Brisbane and Women's Hospital, Brisbane, Queensland.

Date of death –Mr Baker died at about 11.30am on the 19th November 2007.

Cause of death – Mr Baker died as a result of haemorrhagic brain stem infarction due to or as a consequence of hypertensive heart disease. This condition developed over a number of days but would have started prior to Mr Baker's admission to hospital on 10 November 2007. He received

appropriate medical treatment for a number of co-morbidities but the infarct was inconsistent with life and Mr Baker succumbed to the condition on 19 November 2007. The falls sustained in hospital did not contribute to Mr Baker's death.

I do not consider it necessary to make any comments or recommendations pursuant to section 46 of the Coroners Act given that Mr Baker died of natural causes. I close the Inquest.

A M Hennessy
Coroner
11 November 2009