

SOUTH



AUSTRALIA

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 29th day of April 2002 and the 17th day of May 2002, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Wilhelmina Mitta .

I, the said Coroner, find that, Wilhelmina Mitta aged 88 years, late of Glenside Hospital, 226 Fullarton Road, Eastwood, South Australia died at the Royal Adelaide Hospital, Adelaide, South Australia on the 2nd day of July 2001 as a result of sepsis.

1. Reason for inquest

1.1. Ms Mitta was first detained pursuant to Section 12(1) of the Mental Health Act 1993 by Dr Elizabeth Germein, a General Medical Practitioner, on 25 June 2001 on the following grounds:

'Mrs Mitta has dementia - has become increasingly uncooperative, resistant and violent towards staff. They are unable to care for her. The other residents are afraid of her.'

(Exhibit C2a, p4)

1.2. On 26 June 2001 Dr Germein's order was confirmed pursuant to Section 12(4) of the Mental Health Act 1993 by Dr Sven Heint at the Glenside Campus of the Royal Adelaide Hospital. On 28 June 2001, an order pursuant to Section 12(5) of the Mental Health Act 1993 was made by Dr Heint, detaining Ms Mitta for a period of 21 days.

1.3. On the same day, Ms Mitta was transferred to the Royal Adelaide Hospital pursuant to Section 16 of the Mental Health Act 1993 for acute medical treatment. Her

medical condition had been deteriorating for some time. This transfer was certified by a psychiatrist, Dr Terissa Page, as required by the legislation, and authorised by Dr Tamrat Tafari, an 'admitting authority' pursuant to the Mental Health Act 1993.

- 1.4. On 2 July 2001, Dr Renuka Visvanathan, an admitting authority at the Royal Adelaide Hospital, revoked the detention order pursuant to Section 12(8) of the Mental Health Act 1993 because, by this time, Ms Mitta's medical condition had deteriorated to the extent that she died later that day. On the evidence before me, the cause of Ms Mitta's death arose before the detention order was revoked.
- 1.5. Accordingly, I consider that Ms Mitta was 'detained in custody pursuant to an Act or law of the State' at the time her cause of death arose, and accordingly her death was a 'death in custody' within the meaning of Section 12(1)(da) of the Coroner's Act. An inquest was therefore mandatory pursuant to Section 14(1a) of the said Act.

2. Background

- 2.1. Ms Mitta was born on 4 March 1913. She was a widow and had no children.
- 2.2. On 8 May 1999 Ms Mitta was admitted to the Royal Adelaide Hospital as her health had deteriorated to the extent that she was unable to care for herself.
- 2.3. A month later Ms Mitta was transferred to the Hampstead Rehabilitation Centre where she remained until she was transferred to the Aldersgate Aged Care Facility on 16 September 1999.
- 2.4. On 19 October 1999, Dr Elizabeth Germein diagnosed Ms Mitta as suffering from multi-infarct dementia (dementia resulting from organic brain damage from 'strokes'), on the basis that she was often disoriented, intermittently aggressive and confused.
- 2.5. During her time at Aldersgate, Ms Mitta's health gradually deteriorated. She often complained of abdominal symptoms, including pain in the upper abdomen, feeling bloated, and suffering diarrhoea.
- 2.6. Ms Mitta also complained of giddiness, and so her blood pressure medication was reduced on several occasions.
- 2.7. Ms Mitta's behaviour also deteriorated and she became aggressive, uncooperative and refusing to take her medication. On a number of occasions she assaulted staff and she

was prone to screaming and being verbally aggressive. She was receiving anti-psychotic medication.

- 2.8. As Dr Germein became increasingly concerned about Ms Mitta's condition, she liaised with Downey House, the specialist centre which deals with patients suffering from dementia.
- 2.9. On 25 June 2001 Ms Mitta assaulted Dr Germein. On that day, Dr Germein detained her pursuant to the Mental Health Act 1993 and she was transferred to Glenside Campus by ambulance.
- 2.10. On arrival at Downey House, Dr Germein's diagnosis was confirmed. Dr Susan Shannon, Psychiatric Registrar at Downey House, described Ms Mitta's condition as follows:

'I assessed Mitta upon her arrival at Downey House. I observed that she was in manic phase and had signs of severe dementia. She appeared to be in good state physically. It was very difficult to carry out a thorough examination due to her behaviour. She wouldn't let me anywhere near her. I checked her vital signs and had great difficulty getting even her blood pressure. She did not complain of any pain and appeared to be well nourished and cared for. She refused to answer questions and was hostile and aggressive. She was faecally incontinent and was quite dirty with faecal soiling. It was likely that she was contaminated around her urethra because of her faecal incontinence. She either had a low grade urinary tract infection at this time or developed an infection of this nature following admission. There was no indication of sepsis at this time.'

(Exhibit C3a, p2)

- 2.11. Dr Shannon ordered a number of medical investigations into Ms Mitta's condition but these tests could not be carried out due to her aggressive disposition.
- 2.12. On 28 June 2001 Ms Mitta's abdominal condition seemed to deteriorate, including severe diarrhoea and vomiting. It was very difficult for staff to deal with her due to her violent behaviour. On that day Ms Mitta was transferred to the Royal Adelaide Hospital because her pulse rate and blood pressure had both dropped alarmingly.
- 2.13. Dr Renuka Visvanathan, the Geriatric Registrar at the Royal Adelaide Hospital examined Ms Mitta the day after she was admitted on 29 June 2001. She described Ms Mitta's condition as follows:

'She was septic, shocked and had left side abdominal pain. This pain had also been present on the previous evening when she was examined by Doctor Hayes. The results

of a specimen conducted on the day of her admission revealed Neutrophilia. This is where the white cell count is increased and is supportive of sepsis.

A possible cause of sepsis may be due to a perforated bowel however there may be many other possible causes. Many other possible causes of her sepsis were postulated at the time of her admission such as Diverticulitis, Colitis, Ischaemic Bowel and Gastroenteritis.'

(Exhibit C1a, p2)

- 2.14. Dr Visvanathan mentioned that, in consultation with Ms Mitta's legal guardian, it had been decided by the family that no active treatment would be administered to Ms Mitta.
- 2.15. Ms Mitta died at 1:40pm on 2 July 2001. Her death was certified by Dr Visvanathan at 2pm that day (Exhibit C1a, p3).

Cause of death

- 3.1. Dr Visvanathan suggested that the cause of death was sepsis of unknown origin (Exhibit C1a, p4). Dr Shannon made a similar suggestion (Exhibit C3a, p5).
- 3.2. In view of Ms Mitta's age and general debilitation, I consider that the cause of death as described is sufficient to describe her condition, and find accordingly.
- 3.3. There is no evidence before me which suggests that Ms Mitta received other than an appropriate level of care during the deterioration in her mental condition, and during the course of her final illness.
- 3.4. Accordingly, I make no recommendations pursuant to Section 25(2) of the Coroner's Act.

Key Words: Death in Custody; Dementia

In witness whereof the said Coroner has hereunto set and subscribed his hand and

Seal the 17th day of May, 2002.

Coroner