

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 9th day of March and the 7th day of April 2005, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Anna Mulvinskas.

I, the said Coroner, find that Anna Mulvinskas aged 79 years, late of 6 Trent Avenue, Klemzig, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 22nd day of October 2004 as a result of pulmonary oedema and electrolyte imbalance, both secondary to renal failure. I find that the circumstances of her death were as follows:

1. Reason for inquest

- 1.1. At 2010 hours (8:10pm) on 21 October 2004, Mrs Mulvinskas was detained pursuant Section 12(1) of the Mental Health Act 1993 by Dr Adrienne Burchard (Exhibit C4c).
- 1.2. Accordingly, when she died on 22 October 2004, Mrs Mulvinskas was ‘detained in custody pursuant to an Act or law of the State’ within the meaning of Section 12(1)(da) of the Coroners Act 1975, and an Inquest into her death was therefore mandatory by virtue of Section 14(1a) of the said Act.

2. Background

- 2.1. Mrs Mulvinskas was born on 7 December 1924. She had an extensive medical history, and her first recorded admission to the Royal Adelaide Hospital was in September 1994. She had been referred by her General Practitioner with anaemia, congestive cardiac failure and poorly controlled diabetes. She had numerous

admissions to the Royal Adelaide Hospital in the subsequent years. She was variously diagnosed with right-sided dysaesthesia, left astereognosis, dysarthria, chronic renal failure, non-insulin dependent diabetes, hypercholesterolaemia, chronic anaemia and vitamin B12 deficiency.

- 2.2. In March 2004, an investigation by the Department of Renal Medicine at the Royal Adelaide Hospital discovered that Mrs Mulvinkas had a 7cm to 8cm solid mass, consistent with renal carcinoma. In consultation with her medical advisors, surgery was not recommended.
- 2.3. On 25 September 2004 Mrs Mulvinkas was admitted to the Royal Adelaide Hospital in relation to the progression of her condition. She was seen by Dr Adrienne Burchard on 26 September 2004. Dr Burchard organised a blood transfusion.
- 2.4. Detective Senior Constable Nicholas Hill, who investigated this matter on my behalf, remarked that significant events recorded on Mrs Mulvinkas clinical record were as follows:

'15/10/2004 - 'Mrs Mulvinkas clearly expressed that she does not want her life to be prolonged by artificial means or CPR' . This notation was marked with an orange Alert tag.

21/10/2004 - 1340 hours - 'Patient became aggressive toward staff, when tried to give her nebuliser, refused to have O₂, continues to remove (O₂)'

21/10/2004 - 1930 hours - 'Patient refusing all medications, stating to nursing staff "she just wants to be left alone". Detained Form 1 due to refusal of treatment and abusive towards staff.'

21/10/2004 - Med Shorts - Dr Burchard. 'Refusing treatment' 'Patient abusive and violent - very inappropriate' 'wants to go home' 'unable to orientate to time/place/person'.

'=> multiple causes for confusion/delirium (metabolic disturbance)

'=> detain and soft shackle'

(Exhibit C4b, p6)

- 2.5. On the evening of 21 October 2004, Dr Burchard was called to see Mrs Mulvinkas by the nursing staff. Mrs Mulvinkas had been refusing treatment. Dr Burchard said:

'At about 7.30 p.m., I spoke to Mrs Mulvinkas for between 5 and 10 minutes. She refused examination. She was unable to tell me who she was, where she was or the date. She also tried to assault me.

I considered that she was delirious, probably as a result of her metabolic abnormalities. These abnormalities needed urgent correction. Her electrolyte levels were dangerously abnormal and life threatening.

I believed that in order to treat her mental condition, I needed to treat her medical condition.

I discussed the issue with my Registrar, Doctor Emily Rowe over the telephone. I told her that Mrs Mulvinkas was aggressive, abusive and disorientated. Dr Rowe agreed that the treatment was necessary and that the patient should be treated, regardless of her refusal. I questioned her as to whether it would be appropriate to detain the patient under the Mental Health Act in order to provide the treatment. Dr Rowe agreed that it might be necessary to detain her.

I detained her under the Mental Health Act and I asked the nurses to soft shackle her. I completed the Form and my notes at about 8.10 p.m.

Prior to detaining the patient I had considered medicating/sedating her, but because of her end stage renal disease and other co-morbidities, I wanted to avoid it because of the possible toxic effects of the medication.

I prescribed a course of calcium and potassium, to be introduced through an intravenous drip. The nursing staff facilitated this treatment.'

(Exhibit C3a, pp2-3)

- 2.6. Mrs Mulvinkas' condition continued to deteriorate throughout her final admission, until 21 October 2004 at about 5:45am when Mrs Mulvinkas was found to have died.
- 2.7. Dr Carin Black, another of the clinicians treating Mrs Mulvinkas, offered the opinion that Mrs Mulvinkas' death was due to pulmonary oedema and electrolyte imbalance, both secondary to renal failure (Exhibit C1c, p3). I accept Dr Black's opinion in that regard, and find that Mrs Mulvinkas died in the manner she described.

3. Issues arising at inquest

- 3.1. Detective Senior Constable Hill reached the following conclusions:

- 5.1 Anna Mulvinkas was a 79 year old widow of Polish origin, who had been living with her daughter Elena Mulvinkas, at 6 Trent Avenue, Klemzig for over 10 years.
- 5.2 Mrs Mulvinkas had an extensive medical history, with seven admissions to the RAH in the last ten years and ten visits to the RAH, Department of Renal Medicine since the beginning of 2002. Mrs Mulvinkas' main ailments were chronic renal failure, non insulin dependant diabetes and chronic anaemia.
- 5.3 Her last admission to the RAH started on the 25/9/2004. Doctor Carin Black treated Mrs Mulvinkas during this admission. Her condition steadily deteriorated

during the admission. Dr Black stated that she did not expect Mrs Mulvinkas to survive the admission.

- 5.4 On the 15/10/2004, Mrs Mulvinkas discussed with medical staff and her family, her desire not to be resuscitated or to have her life prolonged by artificial means.
- 5.5 On the evening of Thursday 21st October 2004, Mrs Mulvinkas apparently became abusive and violent towards nursing staff and refused medication. Nursing staff requested that a doctor see Mrs Mulvinkas.
- 5.6 At about 1930 hours, Doctor Adrienne Burchard, saw Mrs Mulvinkas. The patient refused to be examined and was violent and disorientated. She was unable to state who she was, where she was or the date.
- 5.7 Dr Burchard believed that Mrs Mulvinkas was delirious due to her metabolic imbalances and that condition was life threatening. Dr Burchard considered medicating/sedating Mrs Mulvinkas, but due the possible toxic effects of the medication it was deemed inappropriate.
- 5.8 Dr Burchard consulted with her Registrar, Doctor Emily Rowe and discussed the patient's condition, the urgent need for treatment and the necessity to detain her under the Mental Health Act.
- 5.9 At about 20.10 hours, Dr Burchard detained Mrs Mulvinkas under the provisions of Section 12(1) of the Mental Health 1993. The detention was legal.
- 5.10 Dr Burchard believed that in order to treat Mrs Mulvinkas' mental condition, it was necessary to treat her medical condition.
- 5.11 Mrs Mulvinkas died at about 0545 hours on Friday 22nd October 2004, as a result of pulmonary oedema and electrolyte imbalance, both secondary to renal failure.
- 5.12 Doctors are often placed in difficult situations where they are required to make immediate decisions about what course of action to take. Dr Burchard considered alternate procedures which could be employed, prior to a patient being detained under the Mental Health Act, but these procedures were not deemed appropriate at the time.
- 5.13 In hindsight, Dr Burchard has stated that she may have made a different decision had she known that Mrs Mulvinkas ' death was imminently expected.
- 5.14 The treatment and detention of Anna Mulvinkas on the 21st October 2004, under Section 12(1) of the Mental Health Act 1993, was appropriate in all the surrounding circumstances.'

(Exhibit C4b, pp11-12)

- 3.2. I agree with Detective Senior Constable Hill's conclusions and adopt them for the purposes of this finding.

4. Recommendations

4.1. In view of the conclusions expressed above, it is not necessary for me to make recommendations pursuant to Section 25(2) of the Coroners Act 1975.

Key Words: Death in Custody; Psychiatric/Mental Illness

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

Seal the 7th day of April, 2005.

Coroner