CORONERS ACT, 2003

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 23rd, 24th, 25th and 26th days of May 2006, and the 22nd day of August 2006, by the Coroner's Court of the said State, constituted of Elizabeth Ann Sheppard, a Coroner for the said State, into the death of Jessica-Lee Dennis.

The said Court finds that Jessica-Lee Dennis aged 16 years, late of 8 Henry Street, Port Pirie died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 7th day of May 2004 as a result of the consequences of acute asthma (hypoxic encephalopathy). The said Court finds that the circumstances of her death were as follows:

1. Introduction and reason for Inquest

1.1. On the 29 September 2001 Jessica-Lee came to the Accident and Emergency Department of the Port Pirie Hospital complaining of a history of a dry cough over the previous two weeks. The coughing fits were said to be associated with vomiting. They disturbed her sleep, leaving her tired and lethargic. Dr Golding diagnosed viral pharyngitis and advised Jessica-Lee to take lozenges and cough medicine. With the benefit of hindsight, it is possible that this presentation was the first sign that Jessica-Lee was developing asthma[1]. According to Mrs Dennis, her daughter did not smoke then or subsequently.

1.2. Jessica-Lee's mother, Christina Dennis, suffered from asthma for many years and controlled her symptoms with medications including Ventolin and Pulmicort. Jessica-Lee's brother also suffered from asthma. The family general practitioner was

[1] Exhibit C4

Dr Kajani, who practised at the Pirie Medical Centre in Port Pirie with a number of other doctors including Dr Jeyaprakash and Dr Ibrahim. On a few occasions, Mrs Dennis took Jessica-Lee to see these doctors when Dr Kajani was unavailable. One such occasion was on 30 March 2004 when she brought her daughter to see Dr Ibrahim, for investigation of menstrual pain and also to investigate an annoying dry tickly cough which worsened at night and when Jessica-Lee was active[2]. The doctor's notes of this consultation mention a two week history of cough with 'nocturnal wheezing'. The chest was said to be clear and it was noted that "Ventolin helps". There is also a reference to "asthma clinic referral",[3] but no further detail is documented. Dr Ibrahim was not called at the Inquest and therefore his notes need to be interpreted with some caution. One would logically assume from entries of this nature that the doctor made a provisional diagnosis of asthma, although this was not documented. One would also assume that there was some discussion between Dr Ibrahim and Jessica-Lee about being assessed at an asthma clinic.

1.3. During evidence given at the Inquest, Mrs Dennis claimed that Dr Ibrahim did not mention asthma as a possible explanation for Jessica-Lee's cough, nor did he have a discussion with her about taking her daughter to the asthma clinic in Port Pirie[4]. Mrs Dennis conceded that she knew about the clinic independently because she had taken her son there, but she did not take Jessica-Lee there. According to Mrs Dennis, Dr Ibrahim provided her with a prescription for a Ventolin inhaler and said that it would help with the "cough at night". In evidence, Mrs Dennis claimed that Dr Ibrahim did not examine Jessica-Lee's chest with a stethoscope[5]. This topic was not included in Mrs Dennis's first typed statement which was prepared following a tape-recorded interview conducted by Senior Constable Debra McLean on 10 November 2004[6]. Mrs Dennis did provide this information during the taped interview[7]. The failure to examine Jessica-Lee's chest would be regarded as a significant omission by a general practitioner in these circumstances. Yet the entry in the practice notes about the chest being 'clear' suggests that the doctor did examine her chest. I am not prepared to find against Dr Ibrahim on this topic in the absence of evidence from him about the nature of his examination.

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[2] Exhibit C2a
[3] Exhibit C3
[4] Transcript, pages 8-9
[5] Transcript, page 19
[6] Exhibit C2a
[7] Exhibit C2d

1.4. Surprisingly, Mrs Dennis maintained that she had no idea that Jessica-Lee's cough might have been caused by asthma, because her own asthma and her son's asthma presented differently. Even though Mrs Dennis was aware that Ventolin inhalers were used in the treatment of asthma, she insisted that she did not know that it was used exclusively in the treatment of asthma and therefore still made no connection between Jessica-Lee's cough and a diagnosis of asthma. According to Mrs Dennis, she assumed that Jessica-Lee's problem was related to her throat rather than her chest. Comments made during the taped interview indicate that Mrs Dennis had a rather sceptical view about the level of expertise held by some of the practitioners at the Pirie Medical Centre[8].

1.5. Mrs Dennis stated that Jessica-Lee's coughing failed to improve after using the Ventolin puffer and her daughter threw it away in frustration claiming that it was useless. Mrs Dennis gave Jessica-Lee a number of 'over the counter' cough medicines, also without success. The coughing fits became more persistent, sometimes causing Jessica-Lee to dry retch[9].

1.6. On Easter Sunday evening, Jessica-Lee was becoming distressed and exhausted with the coughing. Mrs Dennis explained that the coughing also was frustrating for the rest of the family. She took her daughter to the Accident and Emergency Department of the Port Pirie Hospital, arriving there shortly before midnight on 11 April 2004. On this occasion, Jessica-Lee was seen by a nurse who placed her on a bed, gave her oxygen and took her observations. According to Mrs Dennis, Jessica-Lee couldn't speak without coughing. The nurse telephoned the doctor on duty Dr Abdullah Shah, a general practitioner who consulted in another clinic in Port Pirie. Dr Shah gave some advice to the nurse over the telephone. According to Mrs Dennis, Jessica-Lee was worse on this occasion than she had ever seen her before and she was surprised that Dr Shah did not come and assess her himself[10]. The nurse gave Jessica-Lee a Ventolin nebule via a face mask, which appeared to calm her a little bit. According to Mrs Dennis, the nurse also gave her daughter a tablet without explaining what it was and informed them that Jessica-Lee could go home. She was advised to return if she worsened and to come back for review by a doctor the following day, being Easter

[8] Exhibit C2d
[9] Transcript, page 11
[10] Exhibit C2a, Transcript, page 13

Monday. Mrs Dennis was led to believe that the hospital was not able to give out extra drugs and for that reason, she needed to return the next day[11].

1.7. The Port Pirie Hospital notes contain a comprehensive summary of this presentation, apparently entered by Registered Nurse Cleggett. Neither Dr Shah nor Registered Nurse Cleggett gave evidence at the Inquest. The nurse triaged Jessica-Lee as 'grade 4', which meant that it was not necessary for her to see a doctor. Jessica-Lee's oxygen saturation measurement was recorded as 96%, temperature 36, pulse 104 and respirations 28. The notes contain the following additional information:

> 'Patient ambulant to A & E complaining of history of cough for 2 weeks. Has frequent coughing fits and is unable to catch her breath, with associated shortness of breath. Seen by Dr Ibrahim 5 days ago. Commenced on Ventolin puffer. States cough not getting any better. Up for most of the night, unable to rest. Denies having associated flu symptoms. No fever, headache or sore throat. On arrival, coughing, short of breath, using abdominal muscle to breathe. Chest examination-wheeze bilaterally. Ears and throat normal. No glands palpable to neck. Patient given Ventolin 5mg neb. at 12.05am. Patient states – at first cough dry – now producing white frothy sputum. Oxygen saturations post nebule 94-95% , Pulse 98. Mother states has tried Benadryl, Demazine, Lozengers, vicks – all with little relief. Dr Shah contacted. Stat dose Prednisolone 25 mg and Keflex 250 mg and to review with Doctor tomorrow. Prednisolone 25 mg and Keflex 250 mg given @ 0025. Patient advised to return to A&E if increasing shortness of breath or otherwise to follow up with Doctor tomorrow.'[12]

Given the severity of Jessica-Lee's documented symptoms, it does seem surprising that she was not assessed by a medical practitioner before being discharged from the hospital at 12:30am. According to Mrs Dennis, her daughter was still coughing after she left the hospital. She tried to comfort her by rubbing her back until Jessica-Lee fell asleep at about 6:00am[13].

2. Easter Monday, 12 April 2004

2.1. The Pirie Medical Centre was closed on Easter Sunday and also Easter Monday. Mrs Dennis brought Jessica-Lee back to the hospital for review at 1:00pm on Monday. Dr Andrew Jeyaprakash was the general practitioner on call for the Port Pirie Hospital that day. Dr Jeyaprakash graduated in medicine in India in 1986. He stated that he obtained a Diploma in Ear, Nose and Throat disorders in India in 1992. He then practised in South Africa for seven years as a general practitioner and in 1999

[11] Transcript, page 66
[12] Exhibit C4
[13] Exhibit C2a

commenced general practice in Port Pirie. Dr Jeyaprakash gained his Fellowship of the Royal Australian College of General Practitioners in 2001. According to Dr Jeyaprakash, in 2004 he had a very busy practice with over 2000 patients. He claimed to be familiar with asthma management and estimated that about 250 of his patients suffered from this condition[14].

2.2. Dr Jeyaprakash had seen Jessica-Lee in the Pirie Medical Centre in July and August 2003 when Dr Kajani had been unavailable[15]. On those occasions, she was said to be upset about some personal matters and was diagnosed with depression. According to Mrs Dennis, Jessica-Lee seemed to like Dr Jeyaprakash when he had dealt with her on these occasions. They referred to him as 'Dr Andrew'. When mother and daughter attended the hospital for review on Easter Monday, Jessica-Lee was unable to talk very much because it triggered her coughing. According to Mrs Dennis, Jessica-Lee was distressed and whenever she tried to speak, she would cough and so she was constantly trying to muffle her coughing. Mrs Dennis thought that she looked unwell[16].

2.3. According to Mrs Dennis, Dr Jeyaprakash did not seem to take her seriously when she was describing Jessica-Lee's coughing. Nor did he give the type of attention and explanations which they were accustomed to receiving from Dr Kajani. Mrs Dennis claimed in evidence that Dr Jeyaprakash did not examine Jessica-Lee's chest with a stethoscope[17]. There is no mention of this topic concerning Dr Jeyaprakash in Mrs Dennis's taped interview nor in the statement based upon the interview[18]. I say more about this topic shortly. Mrs Dennis stated that Dr Jeyaprakash did not speak to her or to her daughter, but mainly spoke with the nurse. According to Mrs Dennis, when the nurse brought some tablets to her, she still did not know what the treatment was for and she was not told to see their general practitioner when the tablets ran out[19]. Mrs Dennis suggested in evidence that Dr Jeyaprakash did not explain what the medication was and he did not mention asthma[20]. I note however, that in the tape recorded interview in November 2004, Mrs Dennis acknowledged that Dr Jeyaprakash did tell her that the medication he was giving to Jessica-Lee was

[14] Transcript, page 111
[15] Exhibit C3
[16] Transcript, page 17,73
[17] Transcript, page 19
[18] Exhibit C2a,C2d
[19] Transcript, page 71
[20] Transcript, page 17

Prednisolone and that it would help to relieve her cough[21]. I accept that Dr Jeyaprakash did tell her that it was Prednisolone. According to Mrs Dennis, she could not remember being given any advice about follow-up. Unfortunately, Mrs Dennis was not asked during her evidence whether she understood that Prednisolone was used in the treatment of asthma. It is possible that she could have become familiar with it at some stage, when her own asthma was being managed.

2.4. During the course of her evidence, Mrs Dennis demonstrated that she is capable of being assertive when she needs to be. For this reason, I find it a little surprising that she did not ask the nurse or Dr Jeyaprakash about what diagnosis had been made, if any. Mrs Dennis stated that she trusted that the doctor knew what he was doing[22]. She was not asked if there was a family history of asthma and she did not think to volunteer this information. According to Mrs Dennis, she had no idea that Jessica-Lee's coughing episodes were related to asthma until she read the post mortem report following her daughter's death[23]. Mrs Dennis explained her reaction as follows:

> 'That is the first we had heard of it and it blew us out of the water because me and my son are asthmatic and it never, never seemed the same as what we had, and so we were very surprised by her being determined as having an asthma attack'[24]

2.5. The handwritten entry in the hospital notes by a registered nurse (with an indecipherable signature) indicates that Jessica-Lee attended at 1:00pm for review of an "upper respiratory tract infection and asthma". The entry incorrectly goes on to state that she had been seen by Dr Abdullah the previous evening. Oxygen saturations were recorded as 95%, temperature 36.4, pulse 113, respirations 20 and blood pressure 120/70. Dr Jeyaprakash acknowledged that he reviewed the notes of the previous night before assessing Jessica-Lee. He entered a brief note of this presentation as follows:

> 'History of upper respiratory tract infection with asthma. Already on Keflex and Prednisolone. Treatment: Prednisolone 25 x 2 orally for 3 days. Keflex 500 mg TDS (20) Chest Bilat'[25]

2.6. I accept the explanation given by Dr Jeyaprakash in evidence that his entry 'Chest Bilat' was incomplete and that he intended to include the word 'wheeze', but omitted it in error. This entry, inadequate as it is, tends to suggest that Dr Jeyaprakash did

[21] Exhibit C2d
[22] Transcript, page 93
[23] Transcript, page 101
[24] Transcript, page 102
[25] Exhibit C4

examine Jessica-Lee's chest on this occasion. On 10 November 2004, he was interviewed by Senior Constable Debra McLean about this consultation at the hospital on 12 April 2004 and he was provided with Jessica-Lee's hospital notes, as well as the notes of consultations at the Pirie Medical Centre to assist him during the interview. Dr Jeyaprakash readily acknowledged that his own handwritten notes of this consult were poor. The following extract from the interview concerns what was said about this presentation on 12th April 2004.

'A I was on call that night and her usual doctor is Doctor Kajani and she came with an upper respiratory tract infection and she was very wheezy and had asthma then so I had to examine her. She had already seen Dr Ibrahim from Pirie Medical Centre, a few days before – five days before and so I saw her condition was, I mean she had severe asthma then so I had to increase the medication for her and I had to give her some nebulisation in Accident and Emergency.

Q So what did she actually present with.

A She was not able to, the asthma was not controlled. She was getting worse. She was on prednisolone previously and she was not getting better.

Q How long had she been on the prednisolone.

A The day before. She had seen Dr Ibrahim the day before.

Q And would you have expected that to have been that fast acting, that it would have given her improvement in one day.

A No, sometimes it, I mean asthma you can't predict whether it will get better or not but for her it was worsening.

Q Did you give anything else other than prednisolone.

A She was on Keflex, but I gave her a script for Keflex I think. I gave her antibiotic also on that day.

Q Did you conduct any further tests on that day.

A No. I saw her in Accident and Emergency that day.

Q And what advice were Jessica and her mother given on that day.

A No, actually she had come the previous day and same time she came to Accident Emergency and seen another doctor, the on duty doctor on call that day and then she was sent home and the next day again she came to see me. Actually I'm not sure which day is the 12th April, is it a Saturday or Sunday.

Q I think it was a Sunday, I think it was Easter Sunday, or is Monday. I think that might have been Easter Monday.

A What happened was when she came the previous day she was not seen by the Accident and Emergency doctor and was given stat dose of steroid and antibiotic also was given and asked her to come the next day and see the on call doctor the next day. So I was on so I had to see her and previously before that she had seen Dr Ibrahim here on the 30 March with the wheezing and cough.

Q And what had he given her at that time.

A He had given her Ventolin I think, I mean the nebuliser, Ventolin puffer because he thought of viral infection and she had more wheezing at night and she had some dysmenorrhea also, painful periods, so he had given something for that also.

Q So on 12 April when you've seen her what advice were Jessica and her mother given when they left.

A I asked her to see their own doctor, Dr Kajani, for review.

Q And I think I asked you, did you do any further investigation on that day in regards to the asthma.

A No.

Q Did you discuss the diagnosis of asthma with Jessica and her mother.

A I do not exactly recall whether I discussed but it was, I mean it was our and I would have definitely told her this.'[26]

2.7. Dr Jeyaprakash seemed to be confused at the commencement of the interview, probably because he did not have sufficient time to refresh his memory about the sequence of events from the medical notes. He was given an opportunity to review the transcript of the interview two weeks later, and to make amendments if he wished. The only significant amendment made concerning this aspect of the interview was about what was said in answer to the question whether he discussed the diagnosis of asthma with Mrs Dennis or her daughter. In a short statement dated 26 November 2004, Dr Jeyaprakash requested that his answer be amended to read "I do not exactly recall whether I discussed about the diagnosis of asthma, but I would have told her about wheezy chest and I would have definitely told her this." When Dr Jeyaprakash came to give evidence at the Inquest, he claimed that he would have made other changes to the transcript as well, but did not realise that more substantive changes could be made[27].

2.8. Dr Jeyaprakash stated in evidence that he was very busy on Easter Monday when Jessica-Lee attended the hospital. He did not recall having seen her for depression the previous year[28]. He stated that he learned that Jessica-Lee had "moderate asthma" the previous evening and that she was given the medication ordered over the phone. According to Dr Jeyaprakash, Jessica-Lee was sitting comfortably on the bed and was talking to him while he examined her chest with his stethoscope. He detected extensive wheezing on both sides of her lungs, but considered that the Prednisolone

[26] Exhibit C5, page 2-3
[27] Transcript, page 190
[28] Transcript, page 142

given the previous evening had resulted in some improvement[29]. He disputed the suggestion that Jessica-Lee was coughing throughout the consultation, but he claimed that Mrs Dennis told him that the cough was persisting at night and caused Jessica-Lee to become panicky[30]. He was unsure whether he obtained a history of Jessica-Lee's illness from Mrs Dennis or whether he asked her if there was a family history of asthma[31].

2.9. Dr Jeyaprakash maintained that he would have definitely mentioned asthma to Mrs Dennis and her daughter. He claimed that he was increasing the dose of steroid and to control the asthma, Jessica-Lee needed to see her own general practitioner, Dr Kajani[32].

2.10. After Jessica-Lee left the hospital on the afternoon of 12 April 2004 with her mother, she did not see a general practitioner for follow up at the conclusion of the three-day course of Prednisolone. Mrs Dennis told Senior Constable McLean in the taped interview in November 2004, that her daughter had two fair nights sleep after this and after taking the medication, her daughter's cough improved sufficiently to cause her to believe that it was not necessary to take Jessica-Lee back to the doctor. I consider that if Mrs Dennis was given a full explanation of what her daughter was being treated for, she would have been alerted to the potential dangers of ignoring a follow-up review. On balance, I find that Mrs Dennis was given some advice about follow-up, but that the advice was not conveyed in terms which emphasised the reason for it and its importance.

2.11. In cross examination, Dr Jeyaprakash was questioned about why he would advise Jessica-Lee to be followed up by her usual general practitioner, Dr Kajani when Dr Jeyaprakash must have realised that Dr Kajani was unwell and absent from work. Dr Jeyaprakash explained that there was an understanding that when the doctors 'on call' saw other doctors' patients at the hospital, that they managed the situation, but referred them back to their own practitioner for follow up. Whilst this is an understandable practice generally speaking, in the interests of continuity of care, it would have been prudent for Dr Jeyaprakash to have documented the presentation on 11 and 12 April for the reviewing general practitioner whomever that may be. Even

[29] Transcript, page 138
[30] Transcript, page 145
[31] Transcript, page 216
[32] Transcript, page 142

providing a photocopy of the hospital records of this consult would have assisted in providing continuity of care. Such a document could easily have been provided to Mrs Dennis for her to pass on to the reviewing doctor. This might also have averted any misunderstanding arising between Mrs Dennis and Dr Jeyaprakash about the nature of Jessica-Lee's illness, although this would be compromised by the quality of his own notation. Mrs Dennis maintained in evidence that she had no difficulty understanding Dr Jeyaprakash when he spoke with her. But having listened to Dr Jeyaprakash extensively during the course of his evidence, I consider that because of his manner of speaking, Jessica-Lee and her mother may not have fully understood everything he told them. I found myself struggling at times to understand some of the things that Dr Jeyaprakash was saying in evidence. After considering all of the evidence, I find that Dr Jeyaprakash did not make it clear to Mrs Dennis on 12 April 2004 that her daughter's cough was related to asthma.

2.12. According to Mrs Dennis, Jessica-Lee's cough never left her completely and when it got much worse again on Sunday 2 May 2004, Jessica-Lee was reluctant to return to the hospital because she didn't have any faith that anything could be done[33]. After another sleepless night due to coughing, Mrs Dennis became worried and decided that Jessica-Lee should be seen again. When she tried to make an appointment with Dr Kajani, he was unavailable due to ill health, so Mrs Dennis took an appointment for 4.45pm with Dr Jeyaprakash, hoping to achieve some continuity of care.

3. 3 May 2004

3.1. Mrs Dennis described what occurred when her daughter saw Dr Jeyaprakash that afternoon in her typed statement signed on 29 November 2004, as follows:

> 'I told them that we had seen him at the outpatients and that in my opinion Jessica-Lee was getting worse. I remember saying to him, "surely there is a cough medicine on the market these days that people don't literally cough themselves to death". I remember being quite strong and firm with him because I was getting as frustrated and angry about it as Jessica-Lee was. Dr Andrew listened to Jessica-Lee's chest and advised us that he was going to put her on Augmentin, an antibiotic that was related to the one he had prescribed at the hospital but stronger. He also prescribed Pulmicort, but still I hadn't heard the word asthma. He did not explain the action of the Pulmicort to us but being asthmatic and being on it myself I knew what it was for.'[34]

[33] Transcript, page 22
[34] Exhibit C2a

3.2. Mrs Dennis explained during her recorded interview with Senior Constable McLean that when they were given the prescription for Pulmicort, she thought it was strange that an asthma medication used to treat a chest problem like her own asthma, was being given to someone with a cough[35].

3.3. At the commencement of the Inquest a letter dated 14 April 2006 was produced in which Mrs Dennis asserted that where her statement indicated that Dr Jeyaprakash listened to Jessica-Lee's chest on 3 May 2004, that was an error and the statement should have read that Dr Jeyaprakash did not listen to Jessica-Lee's chest[36]. Mrs Dennis maintained throughout her evidence that Dr Jeyaprakash did not listen to her daughter's chest on either occasion when she was seen by him. The recorded interview between Senior Constable Deborah McLean and Mrs Dennis on 10 November 2004 reveals that when describing what happened during the consultation on 3 May 2004, Mrs Dennis twice stated that Dr Jeyaprakash did listen to her daughter's chest[37]. Once this was drawn to her attention, Mrs Dennis had to concede what was said by her, but she insisted that it was said in error and that she was certain that Dr Jeyaprakash did not examine Jessica-Lee's chest on 3 May 2004.

3.4. Mrs Dennis cited her emotional state as a possible explanation for making this error during the recorded interview. I have no doubt that it would have been a very traumatic process to be interviewed about the circumstances leading to her daughter's death. The statement, once documented, was provided to Mrs Dennis for signing. Mrs Dennis must have read it reasonably carefully, because she made changes to it and returned it to the Senior Constable for amendment before it was reproduced and then signed on each of the five pages and dated 29 November 2004. Notwithstanding the opportunity to make relevant changes to the statement, no change was made to this aspect of the statement. I note that in a report prepared by Respiratory Physician, Professor J Alpers, it is implied that Mrs Dennis asserted to him on 17 February 2005 that Dr Jeyaprakash did not examine Jessica-Lee on either occasion when she presented to him[38].

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[35] Exhibit C2d
[36] Exhibit C2b
[37] Exhibit C2d
[38] Exhibit C7

3.5. Dr Jeyaprakash insisted that he did examine Jessica-Lee's chest by listening with his stethoscope on 3 May 2004[39]. He maintained that he also listened to Jessica-Lee's heart and noticed that the rate was regular and normal. He did not document this finding. The computerised notes of his consult are very brief as follows:

> **'History**
> "Cough a lot at night..gets panic attacks
> **Examination:**
> chest bilat wheeze+
> **Actions**
> Augmentin Duo Tablet 500mg/125mg 1 b.d.
> Pulmicort 200 mcg Turbuhaler 200mcg/inhal'n 1 puff b.d'[40]

3.6. I consider that the documented entry 'chest bilat wheeze+' suggests that Dr Jeyaprakash did examine Jessica-Lee's chest on this occasion. Having reflected upon all of the evidence bearing upon this topic, I find that Dr Jeyaprakash did listen to Jessica-Lee's chest on 3 May 2004. I consider it more likely that the first version of events given by Mrs Dennis, is the more accurate version on this topic, notwithstanding her fragile emotional state. I also find that Dr Jeyaprakash examined Jessica-Lee's chest on 12 April 2004, but failed to document what he heard.

3.7. According to Mrs Dennis, on 3 May 2004, Jessica-Lee was unable to talk much when she was with Dr Jeyaprakash. Mrs Dennis claimed that in frustration she asked if there was a cough medicine available "that someone doesn't have to cough themselves to death"[41]. She claimed that Dr Jeyaprakash responded by saying, "try Benadryl". This was not mentioned in the first recorded interview or statement by Mrs Dennis and was disputed by Dr Jeyaprakash. Whilst I consider that it is possible that Dr Jeyaprakash did make this comment, the evidence does not enable me to reach a concluded view about it. Mrs Dennis summarised what occurred during this consult with Dr Jeyaprakash as follows:

> 'When we went in we sat down, he sat down. I mentioned how he had seen her at the outpatients. Jessica was still coughing, trying – muffled coughing, she'd been muffled coughing out in the corridor, and then I said "she's not getting any better, she's got worse", to bring his attention to it from like the outpatients, and then that's when I said about he was sort of sitting back in his chair, and I was getting very annoyed and frustrated, and that's when I said about the cough medicine. And then he started to print

[39] Transcript, page 147
[40] Exhibit C3
[41] Transcript, page T24

out the – he was doing something on the computer, and then he printed out the prescriptions and said "take these" and he stood up and we left.'[42]

3.8. Mrs Dennis estimated that the consultation lasted three or four minutes and that during this time Dr Jeyaprakash did not mention 'asthma' as the cause of Jessica-Lee's cough and he did not give any explanation about Pulmicort or how to use it[43].

3.9. When first interviewed about what occurred when he saw Jessica-Lee on 3 May 2004, Dr Jeyaprakash gave the following explanation:

'A I saw her on 3 May at 4.30 in the evening and mother was telling she was having a lot of cough at night, more at night and she's getting panicked when that asthma attack comes so I examined her. She had wheezing on both sides and some crackles in the chest was there. She was not having a very bad asthma, but there was wheezing and creps was there on her chest so I had to, because it was not getting better I gave her a stronger antibiotic, Augmentin Duo Forte, and I gave her Pulmicort, an inhaler which is a preventer which can help. The asthma is not controlled by just a bronchodilator, which is Ventolin, which has been given previously. So I gave her script for both the Pulmicort and also Augmentin Duo Forte yes.

Q And was there any further plan for her treatment.

A Yeah, I would have asked her to come back again yes. But her usual doctor is Doctor Kajani so she would.'[44]

3.10. Dr Jeyaprakash went on to explain that Jessica-Lee was better during this consultation than she was on 12 April 2004 and that she was talking to him. He claimed that he described to Mrs Dennis and her daughter, that Pulmicort was a 'preventer' medication and was not to be used as an acute reliever like Ventolin. He maintained that there was no indication that Jessica-Lee was likely to suffer from a severe attack and he advised her as follows:

'I advised her not to get panicked and advised her about asthma, just a tightness of chest if you take Ventolin you should be relieved and asked her to come back again'[45]

3.11. During his evidence at the Inquest, Dr Jeyaprakash relied upon computer records from his medical practice to demonstrate that it is likely that the consult lasted at least 9 minutes[46]. I accept that the consult was of approximately nine minutes duration. Dr Jeyaprakash insisted that he devoted almost half of the consult time explaining to Jessica-Lee how to use Pulmicort. Having considered the evidence concerning this

[42] Transcript, pages 26-27
[43] Transcript, page 27
[44] Exhibit C5, page 3
[45] Exhibit C5, page 4
[46] Exhibit C5b

consultation, I find that Dr Jeyaprakash did spend some time describing how Pulmicort was to be used but I also find more significantly that he did not make it clear to Jessica-Lee or to Mrs Dennis that the medication was being prescribed because he believed that asthma was the cause of Jessica-Lee's cough.

3.12. According to Dr Jeyaprakash, on this occasion, he would have been provided with Jessica-Lee's hard copy notes of her previous presentation to Dr Ibrahim on 30 March 2004. He also had the computerised summary of previous presentations to all doctors at the clinic, listing prescriptions given and diagnoses entered. In the notes made directly onto the computer by Dr Jeyaprakash, there was the capacity to enter a diagnosis, however on 3 May 2004, he made no entry under this heading. The only portion of Dr Ibrahim's handwritten notes which were entered onto the computer system, related to the prescriptions provided to Jessica-Lee when he saw her on 30 March 2004.

3.13. No diagnosis of asthma was documented in the practice notes by either practitioner. There is no documentation by Dr Jeyaprakash which indicates that he recalled the treatment he gave at the Port Pirie Hospital on 12 April 2004. There is no mention of whether Jessica-Lee was said to have responded to the three-day course of Prednisolone or whether there was discussion about the failure to attend a follow-up appointment in the interim. Once again, Dr Jeyaprakash has not noted any inquiry as to family history of asthma or whether there was any follow up by way of referral to the asthma clinic. Dr Jeyaprakash claimed in evidence that he recalled the treatment which he had initiated on 12 April 2004 and could remember that Jessica-Lee had been given Prednisolone. However, he did not recall exploring what occurred in the interim, despite the fact that he knew that a course of between five and ten days of Prednisolone is normally required in these circumstances[47].

3.14. Dr Jeyaprakash stated in evidence that on 3 May 2004, Mrs Dennis told him that Jessica-Lee still coughed at night and then became very panicky[48]. He claimed that Jessica-Lee did not cough at all during the consultation and was talking in full sentences and breathing normally, without any audible wheezing[49]. Dr Jeyaprakash explained the advice he gave during this consultation as follows:

[47] Transcript, page 152
[48] Transcript, page 145
[49] Transcript, page 147

> 'When mum told she gets panicky I explained to Jessica that I gave her Prednisolone last time, the oral steroid, which got her better that time. I told her what I am going to give now is the inhaled steroid which goes into the lung, which is in the form of steroid which is going to help her. So most of my consultation I was reassuring and engaging with Jessica also.'[50]

3.15. He did not take Jessica-Lee's temperature, yet he prescribed an antibiotic because he thought that her symptoms might have resulted from an infection. Dr Jeyaprakash claimed that he told them that Jessica-Lee had mild asthma and that she had to continue the inhaled medication for a longer period and see her own general practitioner for follow-up. Notwithstanding Dr Jeyaprakash's claim, I find that he did not communicate the diagnosis clearly to either Jessica-Lee or her mother.

4. Acute episode one hour after the consult with Dr Jeyaprakash, 3 May 2004

4.1. After obtaining the Pulmicort and Augmentin from the pharmacy, Jessica-Lee and her mother returned home. Mrs Dennis saw her daughter take one dose of Augmentin. She then advised her to use the Ventolin followed by the Pulmicort, relying upon her own knowledge of how the medications are to be used. The family ate their evening meal together whilst Jessica-Lee continued coughing. Just before 6:00pm Jessica-Lee started coughing more seriously towards the end of her meal. She went into a coughing fit and flung herself away from the kitchen table and ran into her bedroom. On previous occasions when she suffered from coughing fits, she would take large gasps between them, become distressed, dry retch and then calm down. This time when Mrs Dennis went to help her and rubbed her back, Jessica-Lee pulled away, complaining of a pain between her shoulder blades. Jessica-Lee then said "Mum I can't breathe. Seriously I can't breathe." Mrs Dennis knew from looking at her that she was serious and was in trouble. She immediately grabbed the car keys telling her distressed son and husband that she was taking Jessica-Lee to the hospital. Jessica-Lee ran to the car and while Mrs Dennis drove, she tried to keep Jessica-Lee calm by talking to her throughout the five minute journey. Part way to the hospital, Jessica-Lee slumped forward and passed out. Mrs Dennis didn't know whether to stop the car and call for an ambulance or to keep going to the hospital. She didn't have a mobile phone with her. She then sped to the hospital, but on the way, Jessica-Lee slumped over on top of her. Mrs Dennis stopped right outside the Emergency Department and ran inside yelling for help. Hospital staff immediately reacted and Dr Jeyaprakash

[50] Transcript, page 146

was called and arrived at the hospital within 5 minutes. By the time he arrived, staff were extracting Jessica-Lee from the car and had attempted resuscitation[51].

4.2. Dr Jeyaprakash intubated Jessica-Lee and together with other nursing and medical staff, resuscitation measures were continued until 11:00pm, when arrangements were made for Jessica-Lee to be retrieved by air to the Royal Adelaide Hospital. Jessica-Lee remained in Intensive Care, unconscious and unresponsive until her death at 7:35pm on 7 May 2004.

5. Post mortem

5.1. A post mortem examination was conducted on 10 May 2004 by Forensic Pathologist, Dr Allan Cala. In Dr Cala's opinion, Jessica-Lee died as a result of the consequences of acute asthma. He suggested that she may have been profoundly hypoxic in the car whilst on her way to hospital and this precipitated a cardiac arrest. The hypoxia resulted in hypoxic brain damage and brain death. Significant findings by Dr Cala during his post mortem examination included the following:

> '1. Inspissated mucous in many airways.
> 2. Thickened bronchial walls, highly suggestive of asthma.
> 3. Swollen, pale brain, with features of hypoxic encephalopathy.'

Microscopic examination of the lungs revealed the following:

> 'Asthma changes are present, with an eosinophilic infiltrate in the wall of many bronchi, basement membrane thickening and smooth muscle hypertrophy.'[52]

The findings are said to represent the characteristic features of asthma[53]. Microscopic examination of the brain by Dr Cala revealed widespread hypoxic changes "and features of brain death in sections of the hypo campus and surrounding temporal region"[54]. I accept the observations made by Dr Cala and his opinion as to the cause of death.

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[51] Exhibit C2a
[52] Exhibit C9a
[53] Exhibit C6
[54] Exhibit C9, Exhibit C9a

6. Urine Profile

Urine taken for habitual drug analysis following Jessica-Lee's collapse, revealed the presence of benzodiazepine[55]. This finding suggests that Jessica-Lee may have consumed Valium at some stage before her collapse. This was a drug which Mrs Dennis had been taking on prescription. There is no evidence to suggest that Jessica-Lee was prescribed Valium. Mrs Dennis speculated that her daughter might have consumed one of her Valium tablets to help her sleep. I find that this is a reasonable assumption in the circumstances.

7. Specialist review of Dr Jeyaprakash's Management of Jessica-Lee Dennis

7.1. An opinion was sought from Respiratory Physician, Dr Peter Robinson concerning Jessica-Lee's medical management in the period leading to her death. Dr Robinson has over 20 years of clinical experience and currently practises as a senior visiting specialist at the Royal Adelaide Hospital and at several private hospitals in Adelaide. He graduated from the University of Adelaide in Medicine in 1976 and trained in his speciality at the Royal Adelaide Hospital as well as in Denver, Colorado. He obtained his fellowship of the Royal Australian College of Physicians in 1983. Dr Robinson was asked to review the available material including the Port Pirie Hospital notes, Royal Adelaide Hospital notes, Pirie Medical Centre Notes, post mortem report, transcript of interview with Dr Jeyaprakash and the statement of Christina Dennis together with an additional letter from Christina Dennis posing a number of questions.

7.2. On the basis of the material provided, Dr Robinson formed the view that the primary cause of death was asthma, even though Jessica-Lee had no previous history of the disease. In Dr Robinson's opinion, the clinical presentation of six weeks of nocturnal coughing, difficulty breathing and wheezing prior to her death is consistent with asthma. Dr Robinson noted that Jessica-Lee had a temporary response to the short course of Prednisolone prescribed on 11 and 12 April and that this is also consistent with asthma. According to Dr Robinson, there was a relevant and significant family history of asthma featuring in Jessica-Lee's mother and brother. In his view, the findings during the post mortem examination were characteristic of changes found in asthma[56].

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[55] Exhibit C4
[56] Exhibit C6

7.3. Dr Robinson conceded that it is very unusual for asthma to progress to death within six weeks of presentation and that more typically, it progresses over a couple of months to the point where it is identified and treated. He explained how it may progress as follows:

> 'I mean, what was happening in her lung is that her airways, would have been reduced to about - I'm guessing - sort of somewhere between 10 and 50% of their normal calibre and we know from the subsequent autopsy report that a lot of those airways were filled with mucous plugs, which is a classic feature of asthma, and that's what causes the coughing, and if you can manage to sort of sit quietly and breathe during that then you may appear to the outside world to be in control, but, in fact, she is severely compromised and functioning at a greatly reduced lung capacity and it takes very, very little to trigger that over to collapse.'[57]

7.4. Dr Robinson explained that Prednisolone is not a drug to be taken lightly and that it would not be advocated for use in 'mild' asthma[58]. But he emphasised that even mild asthma needs to be taken seriously because it has the capacity to change quickly in its severity. For this reason, Dr Robinson stressed the importance of formulating a 'plan' to keep it under control[59]. He considered that by 3 May 2004, Jessica-Lee's asthma was probably severe or at least moderate[60]. The scenario given in evidence by Dr Jeyaprakash was put to Dr Robinson for comment. Dr Robinson considered it unlikely that one hour before Jessica-Lee's sudden collapse, she would not appear distressed, would not have been coughing throughout a nine minute consult, would have been able to talk, was of normal colour and had no difficulty breathing[61]. In his view, if her asthma was accurately assessed as moderate to severe, then he would expect Jessica-Lee to have been "uncomfortable, coughing, short of breath and so on."[62] The evidence on this topic from Dr Robinson, which I accept, tends to suggest that the version of events given in evidence by Dr Jeyaprakash concerning Jessica-Lee's presentation on 3 May 2004 represents an understatement of her true presentation.

7.5. Dr Robinson conceded that respiratory infection and sedative drugs may act as triggers or may have exacerbated Jessica-Lee's asthma, however in Jessica-Lee's case, there was no documented evidence of an overwhelming infection with high

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[57] Transcript, page 299
[58] Transcript295)
[59] Transcript, page 300
[60] Transcript, page 312
[61] Transcript, page 284
[62] Transcript, page 284

fever[63]. In Dr Robinson's view, the material provided to him suggested that Jessica-Lee may have had a viral or an atypical infection rather than a bacterial infection. The likelihood that benzodiazepines acted as a relevant secondary factor or trigger of an acute attack, was in his view, very low[64].

7.6. In response to a question in a letter from Mrs Dennis, Dr Robinson conceded that whooping cough is a possible respiratory infection which might have triggered or exacerbated Jessica-Lee's asthma. He added that if blood tests were taken at the relevant time, they may have assisted in providing an accurate diagnosis, but this is not always the case. It was claimed in the letter that a relative suffered from whooping cough in the months following Jessica-Lee's death.

8. Preventable Death – Lung Function Testing

8.1. Dr Robinson emphasised that asthma is unpredictable and that symptoms can occur at any time, but that it responds well to treatment[65]. He described the successful efforts made on a national level since 1989 to increase awareness of asthma and to improve diagnosis and management of the disease with an impressive reduction in mortality from 964 deaths in 1989 to 311 in 2004.

8.2. Dr Robinson emphasised in his report and in evidence given during the Inquest that it was very likely that Jessica-Lee's death could have been prevented. He elaborated as follows:

> 'I can only make this statement with the advantage of hindsight, a review of all the available information and with my background as a Respiratory Specialist.
>
> Jessica-Lee's asthma had almost certainly been developing over a period of at least six-weeks. Asthma was clearly considered by her treating doctors because both Ventolin and Prednisolone were prescribed and, indeed, she responded to the three to four day course of Prednisolone. If she had been prescribed more intensive asthma treatment, in particular a longer course of Prednisolone followed by preventative treatment such as inhaled corticosteroids, her asthma would most probably have been better controlled.'

8.3. According to Dr Robinson, giving Prednisolone for between 7 and 10 days from 12 April 2004, would have been appropriate, followed by the introduction of inhaled steroids such as Pulmicort thereafter. In Dr Robinson's opinion, the severity of Jessica-Lee's asthma was underestimated by Dr Jeyaprakash. According to

[63] Transcript, page 264
[64] Transcript, page 265
[65] Transcript, page 261

Dr Robinson, the most accurate way of assessing the severity of a person's asthma is by performing a lung function test such as peak flow or spirometry. Dr Robinson explained that these are simple tests which should be available to all general practitioners especially in large country centres such as Port Pirie. Peak flow testing devices are said to be available from pharmacies at a cost of around $20.00[66]. Dr Robinson noted that there was no mention of any of these measurements being made on any occasion when Jessica-Lee presented with symptoms of asthma. In Dr Robinson's view, the respiratory function tests are as valuable in monitoring asthma as taking a blood pressure reading in a patient with hypertension or a blood glucose measurement in a patient with diabetes. In Dr Robinson's view, the diagnosis and treatment of asthma must be based on these measurements. The fact that they were not made during the management of Jessica-Lee's illness was in Dr Robinson's opinion, a "major oversight". Dr Robinson considered that had these measurements been made, it is likely that Jessica-Lee's asthma would have been categorised as moderately severe. He stated that if the severity of Jessica-Lee's asthma had been appreciated on 3 May 2004, he would have hoped that the treatment would be different and that she would have been given Prednisolone rather than Augmentin Forte and Pulmicort and kept in hospital[67]. In his view, the prescription of Pulmicort alone, without Prednisolone on 3 May was, "if anything, under treatment"[68]. But without the lung function measurement, Dr Robinson conceded that the practitioner would be "working in the dark"[69].

8.4. Another significant issue arising, is the question of communication of the diagnosis to Jessica-Lee and her mother. Dr Robinson emphasised that when managing asthma, the practitioner needs to institute a plan of action which is carefully explained to the family and there needs to be adequate follow-up and treatment. He elaborated as follows:

> 'asthma is a long-term problem. It may vary in severity but, it's very important that the patient and family understand what they're dealing with so there is a lot of education and support that's needed'.[70]

8.5. In Dr Robinson's view, a general practitioner is expected to realise that a standard question to ask when diagnosing asthma, is whether there is a relevant family history.

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[66] Transcript, page T270
[67] Transcript, page 314
[68] Transcript, page 275
[69] Transcript, page 270
[70] Transcript, page 287

Having considered the evidence, I find that Dr Jeyaprakash did not ask this question on either 12 April or 3 May 2004.

8.6. Dr Robinson made appropriate allowances for the difference in the level of his expertise as a specialist and that of a general practitioner who is required to manage a whole range of medical issues. But he stressed that asthma is a very common problem and that most general practitioners see a large number of people with this condition[71]. He expected that most practitioners would be familiar with the basic steps set out in the 'Asthma Management Handbook' and would arrange for lung function testing to be undertaken, to provide an objective assessment of the severity of the asthma which they are attempting to diagnose and control[72]. In Dr Robinson's view, lung function testing is more accurate and reliable than the clinical history and examination findings[73]. The thrust of Dr Robinson's view about the importance of lung function testing is supported by Professor Alpers, who elaborated as follows:

> 'All general practitioners should be aware of assessing lung function and if the diagnosis of asthma is considered then it is clearly stated in the Asthma Management Handbook from the National Asthma Council of Australia guidelines the importance of lung function testing in both diagnosis and monitoring.'[74]

8.7. Dr Robinson explained that whilst spirometry testing is superior and more sophisticated than the peak flow test, the latter is better than none at all and only takes about one minute to conduct[75]. He considered that when Jessica-Lee presented to the hospital on 11 April 2004, this would have been an ideal time to take these measurements.

9. Response from Dr Jeyaprakash to criticism of his management

9.1. Dr Jeyaprakash denied that he underestimated the seriousness of Jessica-Lee's condition. He insisted that when he saw her on 3 May 2004, she was 'quite well' and he saw no indication that she was 'really ill'[76]. Dr Jeyaprakash emphasised that his assessment was that her asthma was 'mild' on this occasion. He explained that he did not perform a lung function test, because spirometry was unavailable at his practice at that time and it was unavailable at the hospital. Whilst he acknowledged

[71] Transcript, page 316
[72] Transcript, page 289
[73] Transcript, page 294
[74] Exhibit C7a
[75] Transcript, page 290
[76] Transcript, page 154

that a peak flow device would have been available at both locations, he did not regard it as particularly useful. He explained his position as follows:

> 'Peak flow meter, as I told you before, it gives an objective measurement but it is of small use for monitoring the progress of the asthma, and I depended upon my clinical judgment and observation of Jessica'[77]

9.2. Dr Jeyaprakash also acknowledged that he wanted Jessica-Lee to see her own general practitioner for on-going management of her condition. Whilst there was an asthma clinic staffed by nurses in Port Pirie two days per week, Dr Jeyaprakash did not refer Jessica-Lee to the clinic for spirometry, nor did he provide Jessica-Lee or her mother with a pamphlet on asthma which explains how asthma is measured and managed, even though they were available at his practice. When challenged about when if ever, he intended to conduct some form of lung function assessment, Dr Jeyaprakash suggested that he wanted to improve her lung function before taking such a measurement[78]. This approach is contrary to best practice, according to Dr Robinson, who stated that it is important to measure lung function when the patient first presents with symptoms of asthma to assist with diagnosis and to establish a baseline from which to compare subsequent lung function measurements. Dr Robinson elaborated as follows:

> 'Because it's important to know how bad it is before you even start treatment. It's also important to know later whether that person has responded to treatment, but you need a baseline, a starting point, and if you give someone treatment and then make a measurement later, you have lost that baseline, you don't know whether that patient really has mild, moderate or severe asthma.'[79]

9.3. Dr Jeyaprakash was cross examined at length over his version of events concerning the severity of Jessica-Lee's presentation of asthma on 12 April 2004 compared with 3 May. In evidence he suggested that, contrary to his claims during his first interview, when he saw her on 12 April, Jessica-Lee's asthma was not severe but was either "mild" or "moderate" and had improved. According to Dr Robinson, if Jessica-Lee's asthma was assessed as "mild" on that occasion, then it would not justify the Prednisolone treatment which was continued[80]. Dr Jeyaprakash explained the discrepancy between what he said during the interview and what was said in evidence by stating that he was trying to emphasise to Senior Constable McLean that Jessica-

[77] Transcript, page 154
[78] Transcript, page 221
[79] Transcript, page 305
[80] Exhibit C7a, Transcript, page 295

Lee's condition was worse on 12 April than it was on 3 May. For that reason he claims that he used the description "severe" when clinically, he meant "mild" or "moderate". He said that he felt obliged to express his words in this way because he was speaking to a police officer who may not have understood him if he used accurate clinical descriptions. Whilst this aspect of his evidence was rendered somewhat academic due to his failure to conduct objective lung function testing on either occasion, I regard his explanation as patronising and unconvincing. I find that a more likely explanation for wishing to depart from the terminology used in his interview, is that after this tragic event, Dr Jeyaprakash studied the "Asthma Management Handbook 2002" which details the recognition and management of "mild", "moderate" and "severe" asthma. When Dr Jeyaprakash gave evidence at the Inquest, he made regular reference to extracts from this publication.

9.4. A letter dated 31 January 2006 was produced in evidence which sets out a response to a complaint from Mrs Dennis to the Medical Board about Dr Jeyaprakash's management of her daughter. It is asserted in this letter, on behalf of Dr Jeyaprakash, that he was very familiar with the Asthma Handbook and the guidelines within it and that he 'employs the guidelines in the treatment of all of his patients who suffer from asthma, including his treatment of Jessica-Lee'[81]. The evidence given by Dr Jeyaprakash during the Inquest closely followed the theme advocated on his behalf to the Medical Board in this letter. Having considered the contents of a copy of the 2002 Asthma Handbook, I find that if Dr Jeyaprakash had applied the principles within it, he would not have managed Jessica-Lee as he did. According to Dr Robinson, Dr Jeyaprakash departed from best practice as follows:

> 'If you go back to these guidelines… the main point in the whole guidelines was the six step asthma plan and step one is 'assess asthma severity'. Now if you are following the asthma guidelines you have got to assess asthma severity, and that means making a measurement of it, and step 2 is 'achieve best lung function'. So what that is referring to, step 3 is, 'maintain best lung function'. So the first three steps are relevant purely and solely on measurements of lung function.'[82]

9.5. In Dr Robinson's view, by 3 May 2004, Jessica-Lee's asthma was likely to have been more 'severe' than 'moderate' and therefore the reinstitution of oral Prednisolone would not have stopped her final collapse. He reiterated that Jessica-Lee was a

[81] Exhibit C5a
[82] Transcript, page 312

candidate for hospitalisation that afternoon. Professor Alpers expressed the same view as follows:

> 'If she was hospitalised on 3rd May, 2004 and the correct diagnosis made and aggressive treatment applied it is likely that her life would have been saved.'[83]

9.6. Dr Robinson endorsed the contents of the Asthma Handbook and indicated that it was updated in 2006, with minimal change. Counsel for Dr Jeyaprakash submitted that I should have regard to references in the Handbook concerning the relative value of peak flow meter testing. An extract from the 2002 edition of the Asthma Handbook sets out the situation as follows:

> 'Although useful for some people to monitor their asthma, a peak flow meter is not a substitute for spirometry as a diagnostic tool for severity assessment. The peak flow meter is a home-use device and is not adequate for routine asthma management by doctors.[84]

9.7. Whilst I accept the limitations of peak flow meters, I am persuaded by the evidence from Dr Robinson that they are better than nothing. I note that on the same page in the hand book is a highlighted statement that the "National Asthma Council recommends that all doctors managing asthma should have access to and use a spirometer for this purpose". According to Dr Jeyaprakash, he now has one at his current practice.

9.8. I accept the opinions expressed by Dr Robinson in his report and in his evidence during the Inquest. I find that Dr Jeyaprakash underestimated the severity of Jessica-Lee's asthma on 3 May 2004 and that he should have arranged to perform lung function testing on 12 April 2004 or shortly thereafter, and also on 3 May 2004. I also find that the documentation of his assessment on both occasions was poor and that he failed to obtain and document a comprehensive history from his patient. The Asthma Handbook emphasises the importance of education of patients in managing asthma, including the provision of a written plan of action to the patient. I find that the explanations given to Jessica-Lee and her mother, concerning diagnosis and treatment were inadequate and that there was no clear plan devised to monitor the progress of Jessica-Lee's asthma.

9.9. The evidence left me with the impression that Dr Jeyaprakash was unwilling to take responsibility for the management of Jessica-Lee's on-going health problem and

[83] Exhibit C7
[84] Exhibit C10, page 6

preferred that it be dealt with by Dr Kajani, or in his absence, some other practitioner. If this was true, then it was inappropriate and contrary to the interests of his patient. When Jessica-Lee presented to Dr Jeyaprakash on each occasion, it was his responsibility to manage the situation in accordance with best practice principles.

9.10. Overall, I find that Dr Jeyaprakash's management of Jessica-Lee Dennis was of a relatively cursory nature, possibly reflective of the pressure of work and the large number of patients he was required to manage. I find that his deficiencies may also have been exacerbated by his slightly compromised English skills. An unfortunate conversation between Mrs Dennis and Dr Jeyaprakash following Jessica-Lee's death, in which Dr Jeyaprakash suggested that a 'panic attack' might have played a role in her death, confirms my view that Dr Jeyaprakash failed to take Jessica-Lee's asthma seriously. I direct that a copy of these findings be brought to the attention of the Royal Australian College of General Practitioners, as well as the Medical Board of South Australia.

10. Recommendations

10.1. In accordance with the provisions of Section 25 (2) of the Coroner's Act 2003, the following recommendations are made in anticipation that they might prevent or reduce the likelihood of or recurrence of an event, similar to the event, the subject of this Inquest.

1. That all medical practitioners who manage patients with asthma have available to them spirometry testing equipment either in their clinic or in some convenient location which enables lung function testing to be conducted when necessary and without delay.

2. That where spirometers are not yet available in Accident and Emergency Departments of metropolitan and regional hospitals, that they be acquired as a matter of urgency and that medical and nursing staff be provided with appropriate training to conduct spirometry where necessary.

3. That the Minister for Health explore ways to facilitate the development of systems in regional areas for 'continuity of care' for patients who are seen by 'on-call' practitioners in Accident and Emergency Departments of local hospitals and are referred back to their general practitioners for follow-up.

Key Words: Asthma; Country areas - medical services; Medical treatment - medical practitioner.

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

Seal the 22nd day of August, 2006.

Coroner

Inquest Number 16/2006 (1290/2004)