



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 15th, 16th, 17th, 18th, 19th and 26th days of May 2006, the, 15th day of August 2006 and the 18th day of September 2007, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Stefanos Markantonakis.

The said Court finds that Stefanos Markantonakis aged 63 years, late of 16 Angas Street, Goodwood died at the Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 6th day of March 2004 as a result of uncontrolled haemorrhage from ruptured aortic aneurysm. The said Court finds that the circumstances of his death were as follows:

1. **Introduction**

Mr Stefanos Markantonakis was 63 years old as at the date of his death on 6 March 2004 at the Flinders Medical Centre. At about 2:00 pm on 6 March 2004, Mrs Eleni Markantonakis called the South Australian Ambulance Service to obtain assistance for her husband who was suffering from back pain, nausea and vomiting. Ambulance officers attended at the Markantonakis' home address of 16 Angas Street, Goodwood but left without taking Mr Markantonakis to hospital. Later that day at approximately 4:50 pm, Mrs Markantonakis contacted the South Australian Ambulance Service again because her husband's back pain had become worse. The same ambulance crew attended and transported Mr Markantonakis to the Flinders Medical Centre. The ambulance arrived at the Flinders Medical Centre at 5:24 pm, and Mr Markantonakis was given a triage priority of category four. He was seen by Dr David Teubner at

approximately 8:00 pm and immediately went to theatre having been diagnosed with a ruptured abdominal aortic aneurysm. The surgery was performed by Mr John Walsh, who despite attempts at stopping the bleeding could not repair the aorta. Mr Markantonakis died at 9:05 pm that night.

2. South Australian Ambulance Service

Evidence was given at this Inquest by Chrisoula Markantonakis, Mr Markantonakis' daughter, Eleni Markantonakis, Mr Markantonakis' wife, Sarah Moore, Ambulance Officer and Jennifer Bell, Ambulance Officer. The evidence of Chrisoula Markantonakis provided information in relation to the events of 6 March 2004 so far as they concerned the attendance of the South Australian Ambulance Service at 16 Angas Street, Goodwood. The evidence of Eleni Markantonakis covered the same subject matter, but also the events at the Flinders Medical Centre.

3. Chrisoula Markantonakis

- 3.1. Chrisoula Markantonakis is an Operations Manager and she gave evidence at the Inquest. She stated that on 6 March 2004 she was living at 16 Angas Street, Goodwood with her mother and father. She provided a statement for the purposes of the investigation and the statement was admitted and marked Exhibit C5.
- 3.2. In evidence Chrisoula stated that on 6 March 2004, being a Saturday, she awakened at approximately 9:00 am. She stated that she heard her father moaning in pain. He was in bed and Chrisoula noticed him in his bedroom. She asked him if he was alright and he replied that he was suffering pain to the lower back. He said that Mrs Markantonakis had gone to the pharmacy to obtain some medicine.
- 3.3. Chrisoula stated that later that day Mr Markantonakis' pain not having abated, it was decided to call the general practitioner, Dr Switajewski. However, Dr Switajewski was not available and so her mother decided to call the South Australian Ambulance Service instead.
- 3.4. When the ambulance arrived, Chrisoula was in the hallway of the home. Mrs Markantonakis was outside. The ambulance had stopped at the wrong house – number 17 Angas Street – some small distance down the street. When the ambulance officers arrived at the Markantonakis house there were two officers. They were

shown into Mr Markantonakis' bedroom. Chrisoula stated that she was inside the bedroom at times and just outside at others. However, she could hear what was being said. The ambulance officers asked questions about Mr Markantonakis' pain. Chrisoula recalled that Mr Markantonakis pointed to his lower back. At one point he was in such pain that he moved so violently on the bed that he completed a 180 degree turn with his head ending at the foot of the bed and his feet at the bedhead. Chrisoula said this was in response to heavy pain.

- 3.5. Chrisoula said that the ambulance officers were told by Mrs Markantonakis that Mr Markantonakis had a heart problem. They did not appear to acknowledge this fact nor the medications that Mrs Markantonakis told them about which were by the side of Mr Markantonakis' bed. Chrisoula did not see the ambulance officers touch her father; they did not take his blood pressure despite Mrs Markantonakis having asked them to do so.
- 3.6. The ambulance officers asked about any pain killers that Mr Markantonakis had taken. He informed them that he had taken Panadeine Forte during the morning. One of the ambulance officers, later identified by Chrisoula as Jennifer Bell, responded to this in what Chrisoula described as a rude way, that he should have some more. At some point a conversation took place in relation to an icepack being placed on Mr Markantonakis' painful back. Mrs Markantonakis, Chrisoula and the ambulance officers went to the kitchen to be shown an icepack that would be suitable.
- 3.7. Chrisoula stated that when her father made the 180 degree turn on the bed referred to before, Jennifer Bell said words to the effect of "if you were in so much pain how can you turn like that?"
- 3.8. Chrisoula Markantonakis stated that when the women were in the kitchen, Jennifer Bell looked her in the eye and stated words to the effect of "it's a case of poor me", which Chrisoula took to be a suggestion that Mr Markantonakis was exaggerating his pain.
- 3.9. At some point there was discussion of hospitalisation. Mr Markantonakis stated that Flinders Medical Centre was his preference because his notes and records were there. The possibility of hospital was brought up by Chrisoula or her mother. The ambulance left. Mr Markantonakis remained at home.

- 3.10. Later that day Mr Markantonakis' pain was becoming worse and so a second call was made to the ambulance service by Mrs Markantonakis. Shortly thereafter the same ambulance crew returned. One of the ambulance officers stayed outside the house with a stretcher from the ambulance. The other one, Jennifer Bell, came inside. According to Chrisoula she came into the house and "stomped through with the attitude she had" and said to Mr Markantonakis "come on we are taking you now". Neither of the ambulance officers helped Mr Markantonakis out of the house nor onto the stretcher. According to Chrisoula, Mrs Markantonakis did that. Mr Markantonakis was in considerable pain.
- 3.11. In cross examination Chrisoula was asked what she recalled of Mr Markantonakis' medical history. She did not have a very detailed knowledge. In particular, she was asked about a motor vehicle accident involving Mr Markantonakis in July 2002 in which he suffered neck and shoulder injuries. Chrisoula did not recall it. She had no recollection of him attending a physiotherapist in connection with that injury.
- 3.12. Chrisoula stated that she did not recall the ambulance officer picking up Mr Markantonakis' arm and feeling his pulse and further that she did not see the ambulance officer palpating Mr Markantonakis' lower back.
- 3.13. Chrisoula stated in cross-examination that Mr Markantonakis did not say, in as many words, that he wanted to go to hospital. However, he did not state that he refused to go to hospital. It was put to Chrisoula that the ambulance officers had suggested that there would be a long wait at the Flinders Medical Centre for treatment and suggested as an alternative taking Mr Markantonakis to the Royal Adelaide Hospital. She had no recollection of any mention of the Royal Adelaide Hospital.
- 3.14. Chrisoula was also asked whether, during the first visit, her mother had made any mention of her own experiences of pain, and in particular about having suffered from cancer. Chrisoula had no recollection of her mother having said anything of that kind.

4. **Eleni Markantonakis**

- 4.1. Mrs Markantonakis stated Mr Markantonakis had started to suffer pain to the left hand side of his lower back shortly after midnight on 6 March 2004. At first they hoped that the pain would go away but it did not. She stated that Mr Markantonakis had some Panadeine Forte. Neither he nor she slept because of his condition.
- 4.2. Mr Markantonakis was able to get out of bed and get dressed into trousers and a shirt at approximately 8:00 am. Eleni went to the chemist at approximately 10:00 am to obtain some medicine for the pain. However, this did not assist and after some time she called Dr Switajewski. She was unable to obtain contact with Dr Switajewski and decided to ring the ambulance. She stated that the ambulance did not arrive as quickly as she thought it would. She went outside the house to watch for it to arrive. She saw an ambulance further up the street and waved to it. One of the ambulance officers was out of the vehicle and started to walk towards her. She had a red bag. As the evidence has come to show, this was Jennifer Bell.
- 4.3. Eleni took Ms Bell into Mr Markantonakis' bedroom. Eleni stated that Ms Bell simply stayed in the doorway just inside the room and did not go near Mr Markantonakis. She asked him what was wrong and he stated that he was in pain and indicated his left lower back. Ms Bell asked what he had done about it and he replied that he had taken Panadeine Forte. Eleni said that Ms Bell then retorted words to the effect "you should have another one". After this, the other ambulance officer came into the room. The evidence has shown that this officer was Ms Moore.
- 4.4. Eleni stated that she asked Ms Bell to check Mr Markantonakis' blood pressure. However Ms Bell stated that Mr Markantonakis was alright and his colour looked fine. According to Eleni, the red kit bag brought in by Ms Bell was never opened. Eleni stated that Ms Bell did not touch Mr Markantonakis at any time either to check his pulse or for any other purpose.
- 4.5. The ambulance officer was asked whether she would take Mr Markantonakis to hospital. She said words to the effect that he was alright and that "anyway, he will have to wait five hours at the hospital so there was no point".

- 4.6. Eleni accepted that there was discussion about an icepack. She stated that she said nothing at all about cancer and she never at any time suggested to the ambulance officers that her husband's pain was not as bad as he said it was.
- 4.7. When the ambulance was called on the second occasion Eleni stated that the trolley remained outside. Ms Bell came in and watched Eleni assist Mr Markantonakis outside to the trolley but did assist in lifting Mr Markantonakis onto the trolley.
- 4.8. Eleni stated that during the journey to the Flinders Medical Centre Ms Bell went into the back of the ambulance with Mr Markantonakis. Eleni was in the front of the ambulance with Ms Moore. Eleni could not see what was happening in the back of the ambulance but could hear Ms Bell telling Mr Markantonakis "stop it be quiet" repeatedly on the journey in response to the screaming and groaning that Mr Markantonakis was making.
- 4.9. Eleni stated that on arrival at the Flinders Medical Centre Ms Bell pushed Mr Markantonakis on the ambulance trolley into the Emergency Department. Eleni stated that on arrival at the reception desk, Ms Bell shook her head in a way that Eleni interpreted as indicating to the receptionist that Mr Markantonakis had nothing wrong with him. Eleni also suggested that Ms Bell quietly mouthed words to that effect. There is some inconsistency between these accounts.
- 4.10. Eleni stated that she and Mr Markantonakis waited for treatment for approximately four hours. During this time no one checked on Mr Markantonakis. He was groaning and screaming and when on a couple of occasions Eleni enquired at the reception desk how long they would have to wait, the receptionist would reply that Mr Markantonakis would be next.
- 4.11. After a considerable amount of time, Eleni noticed Mr Markantonakis' wrists were swelling. Soon after this a nurse came. At around this time Mr Markantonakis' abdomen started to swell. Eleni assisted the nurse in removing Mr Markantonakis' clothes which had become wet from perspiration and were sticking to him. Then a doctor came and examined Mr Markantonakis and informed Eleni that his condition was very serious.
- 4.12. In cross examination Eleni was asked about the motor vehicle accident and resulting neck and shoulder injuries suffered by Mr Markantonakis in July 2002. She stated

that this was not serious. She agreed that Mr Markantonakis had attended physiotherapy for some time after the accident but that he did this by himself and she was not aware of the details. She stated that he was not seeing a physiotherapist as at March 2004 and perhaps had not seen the physiotherapist at that stage for as much as a year. Eleni stated that she was not aware if Mr Markantonakis suffered from sciatica. She said that he was seeing Dr Switajewski regularly for blood pressure review.

- 4.13. Eleni had no recollection of any discussion between Mr Markantonakis and the ambulance officers of a history of Mr Markantonakis' lower back pain and his having had treatment in the three weeks before his death from a physiotherapist for this pain. She stated that the ambulance officers only remained in the house (on the first visit) for approximately fifteen minutes of which perhaps five or six minutes were spent in the bedroom. She denied that the ambulance officers had offered to take Mr Markantonakis to the Royal Adelaide Hospital. She denied saying to the ambulance officers that Mr Markantonakis was overreacting to his pain. She stated that she thought his pain was genuine.

5. Ambulance Officer Sarah Moore

- 5.1. Sarah Moore is a paramedic employed by the South Australian Ambulance Service since March 2000. She also works as a nurse at Ashford and the Western Hospital for one shift per fortnight.
- 5.2. She stated that on 6 March 2004 she and Ms Bell were on duty together and their ambulance was designated Ashford 7. She stated that for the callout to the Markantonakis house Ms Moore was the driver and Ms Bell was the attendant. She stated that the attendant does the assessment and treatment of the patient and the driver assists as required.
- 5.3. Ms Moore stated that Ms Bell is an intensive care paramedic. Ms Moore is herself a paramedic. She identified a record of interview given by her to Senior Constable Elliott. It was admitted and marked Exhibit C7.
- 5.4. Ms Moore was asked about two South Australian Ambulance Service report sheets numbered 741807 and 741808. The consecutive numbering indicated that the sheets

were consecutive jobs. The sheets were the job sheets for both of the attendances at the Markantonakis residence on 6 March 2004.

- 5.5. Based on the first report sheet 741807¹, Ms Moore stated that the ambulance was despatched and the call received at 1400 hours. The job was assigned category two which required lights and sirens. The ambulance attended at the wrong address, namely 17 Angas Street. Ms Moore and Ms Bell had knocked on the door and realised that there was nobody at home at that address. They returned to the vehicle and then noticed someone waving them down and realised that they were at the wrong address. Ms Bell went to the scene on foot and Ms Moore turned the ambulance around and drove to 16 Angas Street. Ms Bell had a red kit bag with her.
- 5.6. From the ambulance patient report 741808² Ms Moore stated that the second callout to the Markantonakis residence was despatched at 1652 hours that day, and arrived at 1702 hours. The ambulance departed that address at 1707 hours and arrived the Flinders Medical Centre at 1720 hours. Exhibit C7e is a case history printout and from it Ms Moore informed me that the call for the second attendance was made by Mrs Markantonakis at 1649 hours. It was assigned a category 3 (no lights nor sirens) and stated “back pain, not vom (sic) any more”.
- 5.7. Ms Moore stated that at the first attendance, Ms Bell had already gone inside the house when she parked the ambulance. She would have been a few minutes behind Ms Bell. The bedroom in which Mr Markantonakis was resting was just inside the front door. She found Ms Bell and the patient in the room on her arrival. Eleni Markantonakis was in and out of the bedroom during the visit, having retrieved Mr Markantonakis’ medicine at one point, and obtained a glass of water for him at another.
- 5.8. Ms Bell was standing next to Mr Markantonakis taking a verbal history. Mr Markantonakis was describing his pain to her. According to Ms Moore, Mr Markantonakis was moving freely on his bed and was very expressive with his hands. He looked like a man who was in pain who was moving around trying to get comfortable.

¹ Exhibit C7b

² Exhibit C7d

- 5.9. Ms Moore stated that Mr Markantonakis made some mention of having consulted a physiotherapist in relation to his back pain. He referred to having taken Panadeine Forte for pain relief earlier in the day and having vomited after taking other medication earlier that day. He was rolling onto his side, then onto his back, and then onto his side again. However he did appear to be moving freely and Ms Moore did not think that his movements were an involuntary response to pain. By contrast, Chrisoula Markantonakis had described Mr Markantonakis' movements as involuntary responses to pain.
- 5.10. During the conversation with Ms Bell, Mr Markantonakis showed his lumbar back as the area of pain. Ms Moore did not remember seeing Ms Bell touch the patient nor did she see Ms Bell take his wrist and measure his radial pulse. She stated that Ms Bell did not apply a blood pressure cuff. She stated that Mr Markantonakis' colour appeared normal, he was not pale or sweaty, nor was he yellow in appearance. Ms Moore stated that Eleni Markantonakis did mention problems in Mr Markantonakis' past medical history with blood pressure. However she did not remember any conversation about heart bypass surgery.
- 5.11. Ms Moore gave evidence about the conversation about hospitalisation. She stated that Ms Bell asked Mr Markantonakis what did he want the ambulance service to do about his back pain. He responded that he wanted relief. The officers replied that they would have to take him to hospital as they could not do pain relief and then leave a patient according to South Australian Ambulance Service protocols. Mr Markantonakis wanted instant pain relief, but the officers explained that that could not happen. Mr Markantonakis wanted to go to the Flinders Medical Centre but the officers pointed out that Flinders Medical Centre was busy and suggested the Royal Adelaide Hospital. They also suggested he take more Panadeine Forte and the possibility of seeing a locum was discussed. Ms Moore recalled that she had commented about the state of Flinders Medical Centre. She said that Mr Markantonakis did not say that he felt sick and wanted to go to hospital – rather he wanted pain relief. She stated that if he had asked to go to hospital they would have taken him as they do not refuse to take people to hospital. She did not remember Eleni or Chrisoula asking them to take him to hospital.
- 5.12. Ms Moore stated that the officers were in the bedroom for ten minutes. She asked about the medication and it was pointed out to her by Eleni, by the side of the bed.

She stated that the officers encouraged Mr Markantonakis to take more Panadeine Forte. He took it in their presence and did not vomit it back up before they left.

- 5.13. Ms Moore remembered the conversation concerning the icepack. She remembered attending the kitchen and talking to Eleni and Chrisoula. Her only recall of Chrisoula was in the kitchen and not the bedroom. She had no recollection of Ms Bell saying to the daughter words to the effect that Mr Markantonakis' "was a case of poor me".
- 5.14. Ms Moore stated that in her opinion at the time, Mr Markantonakis was suffering an exacerbation of a chronic back injury. She did not recall being told about a history of cardiac problems. The possibility of a cardiac problem did not occur to her at the time. She stated that although Mr Markantonakis was in pain, he did not look unwell.
- 5.15. When asked by her own counsel whether she considered that Mr Markantonakis was exaggerating his pain, Ms Moore did not directly respond. Instead she stated that Mr Markantonakis was "quite vocal" and "expressive". She stated that he gave a history consistent with a man who was very distressed about his back pain. Ms Moore said they invited the Markantonakis' to recall the ambulance if they were worried.
- 5.16. Ms Moore was asked about the patient report form³, which states "Patient refused transport to hospital". Ms Moore stated that the refusal was manifested by Mr Markantonakis' reluctance to go and the fact that he appeared happy to stay home and try other medications.
- 5.17. Ms Moore described the second attendance. She stated that she and Ms Bell knew that they would be taking Mr Markantonakis to hospital. They knew this because they had told the Markantonakis family that if his pain did not settle to call them back. She stated that she set up the stretcher outside the house and by the time she had done this the patient was already mobile towards the stretcher. He was assisted but Ms Moore could not remember if by Eleni or by Ms Bell.
- 5.18. Ms Moore did not recall Ms Bell repeatedly telling Mr Markantonakis to be quiet on the trip to Flinders Medical Centre. However she did recall that Ms Bell raised her voice at the beginning to make herself heard in order to explain to him how to use inhaled Penthrane pain relief in transit to hospital.

³ Exhibit C7d

- 5.19. On arrival at the Flinders Medical Centre Ms Moore did not go inside the Emergency Department triage area at all and did not hear anything that transpired at the handover between Ms Bell and the triage nurse. She stated that usually the attending ambulance officer does a handover to the triage nurse, and that the patient report form goes to the receptionist and not to the triage nurse.
- 5.20. Ms Moore stated that she never considered a ruptured abdominal aortic aneurysm as an explanation for Mr Markantonakis' symptoms at the home address. She stated that the pain in his back was not reported as radiating to the abdominal area. She stated that he was not pale and sweaty and that his blood pressure was not abnormal (this is a reference to the blood pressure done in the back of the ambulance on the trip to the hospital). She stated that all observations in the ambulance were within normal limits and he had a Glasgow coma score of 15.
- 5.21. In cross examination Ms Moore acknowledged that had she been the attending ambulance officer, and had she been asked to check the blood pressure, she probably would have done it.
- 5.22. Ms Moore was asked whether she would expect a patient suffering extreme back pain to be moving. She stated that most such patients are immobile, however some do move to avoid pain. She stated that she thought that Ms Bell's assessment was adequate. Ms Moore stated that she herself was comfortable at the first visit that Mr Markantonakis' pain was musculoskeletal.
- 5.23. Ms Moore acknowledged that Ms Bell can be quite abrupt in the way that she works. She stated that sometimes she and Ms Bell have quite "major disagreements" which they work out between themselves. However Ms Moore stated that she was wary when working with Ms Bell.
- 5.24. Ms Moore acknowledged that the attempts by Ms Bell to speak over Mr Markantonakis' groaning to explain the use of Penthrane could have been "deemed" as yelling. Ms Moore had no recollection of Ms Bell having asked Mr Markantonakis how he could move so freely if he really were in pain.
- 5.25. Ms Moore stated that Mr Markantonakis wanted pain relief. She stated that he initially did want to go the Flinders Medical Centre. She stated that he asked for a "needle" for pain relief. Ms Moore acknowledged that the ambulance officers did tell

the Markantonakis family that if they went to the Flinders Medical Centre it would be a long time before they would be seen and this was based on their experiences of the triage system and the categorisation within that system of back pain. Ms Moore stated that she did not feel under any pressure not to take Mr Markantonakis to the Flinders Medical Centre (having been at Flinders Medical Centre earlier that day and noted it to be extremely busy).

- 5.26. Ms Moore stated that neither she nor Ms Bell actually refused to take Mr Markantonakis to hospital. She said he seemed happy to stay at home and attempt the oral analgesia. She acknowledged that if she had been the attendant she probably would have “tried to talk him into going to hospital”. She stated that she tended to encourage people in pain to go to hospital. However she asserted that Mr Markantonakis was not “coerced” into staying at home – it was his choice. She agreed that she would have used a “different approach” to that employed by Ms Bell.
- 5.27. She stated that she did not remember any conversation in the kitchen with Eleni on the subject of cancer or Eleni’s experience with pain. She did not remember Eleni suggesting or inferring that Mr Markantonakis was overreacting. Ms Moore said that she thought Eleni was very tired, that Mr Markantonakis had been very demanding that morning and that Eleni was finding it hard work. But she did not remember Eleni questioning his pain levels.
- 5.28. She stated that even if cardiac issues had been mentioned on that first call, she still would not have insisted on taking Mr Markantonakis to hospital, because his radial pulse was satisfactory and he did not report any chest pain.
- 5.29. Ms Moore commented that Mr Markantonakis’ condition at the time of the second callout was not apparently different from that at the time of the first callout. His colour had not changed. However, she did acknowledge the reference in Exhibit C7d to Mr Markantonakis developing suprapubic and epigastric pain en route to Flinders Medical Centre as significant. She stated that if she had done the handover to the triage nurse she would certainly have mentioned it.

6. Paramedic Jennifer Bell

- 6.1. Jennifer Bell gave evidence that in 2004 she had been employed by South Australian Ambulance Service for seven years. She was an intensive care paramedic which is

the most senior clinical position for on-road crews in SAAS. On 6 March 2004 she was on duty in the vehicle designated Ashford 7. She was teamed with Sarah Moore. Her record of interview with Senior Constable Elliott was admitted as Exhibit C8. Ms Bell identified the patient case cards Exhibits C7b and C7d as having been written by her.

- 6.2. She stated that her recollection at the time of the Inquest of the events of 6 March 2004 was not good but was better when she was interviewed by Senior Constable Elliott. She acknowledged that the tape recording of the SAAS operator's call to Ashford 7 to attend at 16 Angas Street clearly identified the correct address and that the error involved it attending at 17 Angas Street was her own.
- 6.3. She stated that the ambulance arrived at 2:05 pm and when there was no response at 17 Angas Street they returned to the ambulance to make an address check and at that point she saw a lady in the street (this was subsequently established as being Mrs Markantonakis). She said that the delay at 17 Angas Street was only for a minute.
- 6.4. Ms Bell stated that Mrs Markantonakis was simply standing at number 16 Angas Street and was not gesticulating or waving. On arrival at the correct address, Ms Bell went into Mr Markantonakis' bedroom and saw him lying on the bed. She said that his colour was normal and he did not appear to be pale and sweaty. In examination by her own counsel she stated that she "would have" taken his radial pulse at his wrist to establish whether or not he had a blood pressure. She then stated that Mr Markantonakis' blood pressure was good and his heart was not beating overly fast. She stated that he was alert and orientated and was rolling on the bed, rocking from side to side; he was in pain but not screaming although he may have been groaning.
- 6.5. In answers to her own counsel she recalled that she gained a history that his pain had started three weeks before and he had seen a doctor who had referred him to a physiotherapist. She asked if he had done anything about the pain and the response was that analgesia had been taken with good results. She did not recollect a reference to vomiting. By reference to the record of interview she was able to say that she palpated his lower back. She said that he did not complain of pain in any other part of his body.

- 6.6. She stated that she thought that the Panadeine Forte which had been taken by Mr Markantonakis had been prescribed for the recent back pain. She stated “I thought his pain was musculoskeletal as his doctor had diagnosed”⁴. Ms Bell acknowledged that Mrs Markantonakis requested that she take the patient’s blood pressure. However she did not do this but explained that the good radial pulse indicated normal blood pressure.
- 6.7. On the subject of hospitalisation, Ms Bell said that she and Ms Moore asked which hospital Mr Markantonakis would like to go to. She categorically stated that if Mr Markantonakis had wanted to go to the Flinders Medical Centre they would have taken him. However, she stated that Mr Markantonakis “refused to go to Flinders Medical Centre”. Immediately after Ms Bell gave this answer, her counsel directed her attention to line 337 of Exhibit C8 (her record of interview) where she stated to Senior Constable Elliott that “he hasn’t refused to go to Flinders”. Asked to explain the apparent contradiction she said she did not know now, it was too long ago.
- 6.8. At this point I interpolate that in the record of interview⁵ at line 326 the following answer appears:
- ‘We asked where he wanted to go. He wanted to go to Flinders. We said yep no worries we’ll take you there be aware that there is about a 5 hour wait and they are treating heart attacks in the triage area.’
- 6.9. And at line 333:
- ‘Yes and Flinders was knee deep in patients. We offered to take him to the Royal Adelaide and he refused.’
- 6.10. It was shortly after this answer that Ms Bell gave the answer already quoted above that Mr Markantonakis refused to go the Royal Adelaide Hospital but had not refused to go to the Flinders Medical Centre.
- 6.11. Ms Bell was asked by her own counsel whether she talked Mr Markantonakis out of going to the Flinders Medical Centre because of the wait. She denied this. She was asked if the Royal Adelaide Hospital was offered as a substitute for Flinders Medical Centre because of the wait at Flinders Medical Centre. She replied that she may have offered this “if he refused Flinders Medical Centre because of the wait, yes”.

⁴ Transcript, page 201

⁵ Exhibit C8

- 6.12. Ms Bell was asked by her counsel whether she formed an opinion as to whether Mr Markantonakis was genuine and she stated that her opinion was that he was genuine. She stated that pain is subjective and that she did not think that Mr Markantonakis was overreacting. However she did not think the situation warranted hospitalisation as his problem was musculoskeletal. She stated that her practice is that if a patient is ambivalent about attending hospital she gives them information on which to make an informed decision. This includes covering the state of various emergency departments and the efficacy of treatment options available at home.
- 6.13. Ms Bell gave evidence about what transpired in the kitchen at the Markantonakis house. She stated that the first time she met Chrisoula was in the kitchen. She stated that Chrisoula was not happy for the patient to stay at home, that she wanted him to go to hospital. However, from Ms Bell's point of view, the decision was for the patient to make. Ms Bell stated that when the officers left the house on that first occasion she was confident that Mr Markantonakis did not want to go to hospital, despite having wanted to go to the Flinders Medical Centre initially. She stated that Mrs Markantonakis was happy with that state of affairs. They advised both Mr and Mrs Markantonakis to attempt the Panadeine Forte and ice or heat packs and if the pain did not resolve to call them back.
- 6.14. Ms Bell was asked if she could explain the absence of any note of the observations she said she took. She said she had no explanation, that she was "slack".
- 6.15. Ms Bell was then asked about the second call by her counsel. From Exhibit C7d she identified that the time of the call was 4:51 pm. She stated that before even arriving at the Markantonakis residence, their view was that they would be taking him to hospital. She stated that she walked in and asked the patient if he could make it to the stretcher and that he said yes and did so. No examination was made at the home. His colour was normal and the pain seemed no greater than it was earlier. She stated that Mr Markantonakis walked to the stretcher, that she thought his wife was "hovering behind him". She described this as being more from a desire on the part of Mrs Markantonakis to protect her loved one than an actual need for assistance. She stated that she did not assist and that he got on the stretcher by himself.

- 6.16. She stated that once in the ambulance, Mr Markantonakis started throwing himself around in the back a lot. She was next to him in the back of the ambulance and took a blood pressure about three minutes after the patient was loaded into the ambulance. She stated that he took Penthrane with encouragement (Penthrane being an inhaled analgesic agent which is inhaled through a device called a “whistle”). She stated that because of his distress, the patient was forgetting to use the whistle. It was necessary to breathe through the whistle consistently for several minutes to get an analgesic effect. Many patients forget to do this.
- 6.17. Ms Bell gave evidence about the second set of observations shown on Exhibit C7d. The time shown for these observations on Exhibit C7d is 1710 but Ms Bell stated that they were actually taken on arrival at the hospital or shortly before, and therefore the time should have been 1720 not 1710. On that occasion she stated that she would have taken a blood pressure, a capillary refill, a GCS⁶ and a pain score. She did not remember where or when she found out about the medications which are referred to on Exhibit C7d.
- 6.18. Ms Bell was asked to explain the notation on Exhibit C7d:
- ‘Alert and orientated – when chooses to be’
- 6.19. She explained “he was pretending to go unconscious every now and then”. She stated that he would sit up in the stretcher and then throw himself back on the stretcher with his arms flying out to the sides. She responded to this by telling him to stop it as it was unsafe in the confined space of the ambulance. She denied having said “shut up” to Mr Markantonakis but stated that she did need to be firm with him to get her message across.
- 6.20. Ms Bell was asked about the notation on Exhibit C7d that “En route: Pt developed suprapubic and epigastric pain”. Ms Bell stated that this was written as a result of information given to her by the patient approximately three quarters of the way from the home address to Flinders Medical Centre. She could not remember what he said and speculated that he must have shown her. She did not recall what she made of this observation but then suggested that it may have been attributable to unusual muscle use as he had been vomiting earlier. She did not consider there was anything sinister in it.

⁶ Glasgow Coma Scale

- 6.21. Ms Bell stated at Flinders Medical Centre she did a handover with the triage nurse. She said that happened at the triage desk but she did not remember who the nurse was. She stated that although she had Mr Markantonakis' case card⁷ with her, she would not have given it to the triage nurse. She stated that if it is written at the time of arrival it is given to the receptionist and if not it is written up by the ambulance officers and then placed on the patient's bed. She had no recollection of what she said at handover beyond the account provided in her record of interview with Senior Constable Elliott⁸. In that record Ms Bell said that she told the triage nurse what his history was. He had back pain, he had taken a Panadeine Forte that had not worked so they had brought him in. She mentioned that she had given him Penthrane and that it had worked fairly well. She told Senior Constable Elliott she would have mentioned the angina and the medications to the triage nurse.
- 6.22. When interviewed by Senior Constable Elliott, Ms Bell made no reference to having told the triage nurse about the suprapubic and epigastric pain referred to in Exhibit C7d. In her evidence she stated that she would think that she had told the triage nurse about this but did not recall. I am inclined to think that she made no mention of the suprapubic and epigastric pain to the triage nurse. This issue will be further addressed in due course.
- 6.23. Ms Bell denied that she had indicated by words or actions to the triage nurse that there was nothing wrong with Mr Markantonakis.
- 6.24. She stated in answer to a question from her own counsel that it never occurred to her that Mr Markantonakis had a ruptured abdominal aortic aneurysm.
- 6.25. In cross examination, Ms Bell stated that she had no independent recollection of the events in the bedroom at the Markantonakis residence on the first visit and that the interview with Senior Constable Elliott was her best and most reliable evidence not just in relation to that issue, but generally.
- 6.26. Ms Bell stated that Mrs Markantonakis was mistaken in saying that she did not physically touch Mr Markantonakis. She had no recollection of Mrs Markantonakis having mentioned his problems with blood pressure and stated that she would not have checked his blood pressure even if this had been mentioned, because "we had

⁷ Exhibit C7d

⁸ Exhibit C8

diagnosed” his condition as musculoskeletal. I found that observation surprising given that at that point in the proceedings Ms Bell was still assessing the patient and had not yet reached a conclusion about his diagnosis.

6.27. Ms Bell in cross-examination did have an independent recollection of palpating the patient’s lower back. She also had an independent recollection of Mr Markantonakis having given the history of having had pain for the last two to three weeks, having seen the doctor, and having been referred to the physiotherapist. By contrast, Ms Bell had no recollection of the history of vomiting and nausea. She commented in evidence that some people when in pain can make themselves vomit from the pain. Ms Bell had no recollection of saying to the patient that if he was hurting so much, how could he turn around on the bed as he was, but acknowledged that she might have said this. She had no recollection of Mr Markantonakis asking for pain relief. However, she did have a specific recollection that the Panadeine Forte – a prescription medicine – had been prescribed by the doctor for the episode of back pain suffered over the previous two to three weeks. She was asked by me how it was that she had a specific recollection of this yet only vague recollections of other matters. She could not explain why.

6.28. Ms Bell was adamant in her evidence that Mr Markantonakis refused to go to hospital and refused to go to the Flinders Medical Centre in particular. In light of this evidence, she was asked in cross examination to explain the following passage in the record of interview with Senior Constable Elliott⁹:

‘Q. So he hasn’t refused to go to the Flinders however he has refused to go to the Royal Adelaide.

A. He’s refused to go the Adelaide he hasn’t refused to go to Flinders.’

6.29. Ms Bell was unable to explain the apparent contradiction between her evidence at the Inquest and the statement given to Senior Constable Elliott. I pause to note that the statement given to Senior Constable Elliott was tendered through Ms Bell on the application of her own counsel. I note that at the time of it being tendered, Ms Bell was asked whether she wished to make any amendments to the statement. She made an amendment at line 496 in which the word “need” was substituted for the word “not” in a sentence which is not presently relevant. Apart from this no other amendment was made and she acknowledged the accuracy of the statement before it

⁹ Exhibit C8

was tendered. In view of this, I was very surprised when, in answer to the questions about the apparent contradiction between her position in relation to the refusal to go to the Flinders Medical Centre as given at Inquest, and her recollection of it in the record of interview, she stated that it was possible that Senior Constable Elliott had made a “typo” or that she became confused during the interview with him. I do not regard these explanations as plausible. I consider that Ms Bell’s recollection was better than she admitted in evidence. In forming this view I have had regard to the fact that Ms Bell and Ms Moore gave evidence that they were interviewed by Dr Hugh Grantham of the SAAS in a meeting called to discuss the events of 6 March 2004 in Dr Grantham’s office. Furthermore, the interview with Senior Constable Elliott took place in early December 2004, only nine months after the date of Mr Markantonakis’ death. Thus, there were two occasions on which the events of that day were considered and rehearsed in Ms Bell’s mind within a period of nine months after the date of death. The very fact of Mr Markantonakis’ death in these circumstances would be something which would ordinarily stick in the mind of most people. Certainly Ms Moore’s recollection of events was good – far better than the extent of recollection admitted by Ms Bell with the exception of certain specific matters.

- 6.30. Ms Bell stated that Mrs Markantonakis had not particularly wanted Mr Markantonakis to go to hospital. She recalled Mrs Markantonakis making a statement along the lines of:

‘He was being a boy and boys are sooks when it comes to pain.’

- 6.31. Ms Bell thought that Mrs Markantonakis was a bit cynical about his pain levels. She acknowledged that she (Ms Bell) may have said words to the effect “it’s a case of poor me”. Ms Bell stated that Mrs Markantonakis had mentioned pain that she herself had had in the past, stating that it was cancer. It was put to her that Mrs Markantonakis denied ever having referred to cancer. However she responded that she was very clear on that when interviewed by Senior Constable Elliott as she had a vivid recollection of it at that time.
- 6.32. Under cross examination Ms Bell acknowledged that she had not made written records of certain observations she had taken. She agreed that she should have, although stated that when the observations are normal, she only writes them down

because “it’s a matter of covering your arse”¹⁰. I had the impression that Ms Bell is a person with a chip on her shoulder. I consider that this characteristic may have affected her evidence at Inquest, her interview with Senior Constable Elliott, and, crucially, her dealings with the Markantonakis family on 6 March 2004.

- 6.33. In cross examination Ms Bell was reminded that in her interview with Senior Constable Elliott she had stated that in the back of the ambulance Mr Markantonakis was “doing a lot of dry retching”. She was asked why she did not make a note of this in the patient report form¹¹ and she stated that she must have forgotten. She was then asked if she took the case seriously; her response was “For a back pain, yes”¹².
- 6.34. She stated that on arrival at the hospital she did not consider his condition to be very serious because his colour was good, the pain had resolved somewhat with the Penthrane, and his pulse was not tachycardic.
- 6.35. She was asked whether in hindsight, knowing now that Mr Markantonakis was suffering from a ruptured abdominal aortic aneurysm which eventually took his life that same day, she would treat his pain more seriously. Ms Bell stated that she would not have done anything differently. Pressed by counsel, she acknowledged that in hindsight she might have given more information to the triage nurse about the epigastric and suprapubic pain.
- 6.36. In cross examination Ms Bell was asked whether she recalled having received a letter from Senior Constable Elliott with a copy of her record of interview¹³ inviting her to review it for accuracy. She did acknowledge receipt of the letter and the record of interview but stated that she did not read it because she had had enough of the whole process by then and wanted it to stop.
- 6.37. Ms Bell was asked if she recalled telling the triage nurse that Mr Markantonakis did not want to be at the hospital and she said that she did not recall having said this. She acknowledged that it was possible that she might not have told the triage nurse about the suprapubic or epigastric pain.

¹⁰ Transcript, page 254

¹¹ Exhibit C7d

¹² Transcript, page 270

¹³ Exhibit C8

7. **Registered Nurse Catherine Coombe**

- 7.1. Nurse Coombe gave evidence at the Inquest. She was a registered nurse at the Flinders Medical Centre and was on duty on 6 March 2004 as a triage nurse in the Emergency Department. Her shift commenced at 2:30 pm and finished at 11:00 pm. She recalled Mr Markantonakis as having come in during her shift and she recalled the events of the afternoon so far as they related to him. She had been interviewed by Senior Constable Elliott in November 2004. Her record of interview was admitted as Exhibit C9 in these proceedings.
- 7.2. She explained the triage nurse function as being to assess a patient's problem, and assign a priority to them suitable for their illness and their need to have medical treatment. Category one was for patients who needed immediate attendance in the resuscitation room, category two was for patients who needed attendance within ten minutes, category three was for patients who needed attendance within half an hour, and category four was for patients who needed attendance between one and two hours after arrival.
- 7.3. Nurse Coombe stated that the Emergency Department at that time had two "sides", designated 'A' and 'B'. 'A' was for more serious patients. Patients would not be taken into either side 'A' or 'B' until the emergency clinicians in those areas were free to treat them. During the period until admission to either side 'A' or 'B', the patients would remain in the waiting area beside the triage nurse's desk. During that time they were the responsibility of the triage nurse. As at March 2004 the triage nurse was alone and had no other assistance. I was told at the Inquest that there is now a triage assistant who works with the triage nurse and ensures that examinations are carried out in the waiting area.
- 7.4. Nurse Coombe stated that on 6 March 2004 it was reasonably busy in the Emergency Department. By reference to the "screen dump"¹⁴ Nurse Coombe recalled that Mr Markantonakis was suffering back pain. She entered this into the computer and allocated a priority four to Mr Markantonakis. She allocated him to the 'B' side, for less serious patients. Mr Markantonakis then commenced his wait in the triage area. The screen dump referred to above records the triage time as 1724 hours on 6 March

¹⁴ Exhibit C3

2004. Mr Markantonakis was to wait until 1929 hours, just over two hours, before he was admitted to area 'B' for examination.

- 7.5. Nurse Coombe recalled that the ambulance officer who did the handover of Mr Markantonakis' case informed her that the officers had been to the patients house earlier that day already and on that occasion he refused transfer to hospital. The officer explained that the ambulance was then recalled to the address and on this occasion the officers had to bring him in. According to Nurse Coombe the officer who was handing over – the evidence shows that this was Ms Bell – stated that the officers brought him in because they were not going to return to his house for a third time because they were busy. She recalled that Ms Bell told her of a history of chronic back pain. Ms Bell told her that the patient had refused to come to hospital and did not want to be in hospital and did not want to be at the Flinders Medical Centre. Nurse Coombe was adamant that she was told that Mr Markantonakis did not want to be at Flinders Medical Centre. She said that she was given no other information about his presenting complaints. She was told nothing about his treatment during the day and nothing about any other pain he developed in the ambulance. In particular she was not told about the development of suprapubic and epigastric pain en route to hospital. There was no mention of angina and no mention of a previous bypass operation. In summary the handover caused her to regard the case as one of chronic back pain with an acute exacerbation. Based on that information, she accorded Mr Markantonakis a triage category of four which meant that he probably would not be seen for one to two hours.
- 7.6. As she was given this information by Ms Bell, she entered it into the computer system. She was asked about an entry on the system: "Anxious ++". She stated that he had a high level of anxiety because he had been brought into hospital against his wishes. Nurse Coombe did not independently assess Mr Markantonakis before the triage assessment.
- 7.7. As at 2004, the triage nurse would, as time permitted, move around the waiting triage patients to take observations. Very serious patients were given immediate attention. Other nurses would come out from areas 'A' or 'B' occasionally to collect the next patient according to priority and would therefore have some presence in the triage area. Mr Markantonakis was moved three or four times according to Nurse Coombe

in the waiting area as further people came in. She agreed that it was possible that Mr Markantonakis was “bumped” in priority by subsequent patients.

- 7.8. Nurse Coombe stated that at some point she remembered attending on Mr Markantonakis and moving his barouche from one place to another. At one stage he complained that he was hot, so she removed a blanket from him and replaced it with a sheet. At another time she took his pulse and temperature. She did not make a record of these but remembered that they were within normal range. She did not remember him vocalising with pain but did recall that he was agitated. She attributed this to the report from Ms Bell that he did not want to be there. She did not see him roll from side to side on the barouche and had no recollection of him screaming constantly as related by Mrs Markantonakis. Nurse Coombe said that had Mr Markantonakis been screaming he would have had early attention. She did not remember Ms Bell suggesting that there was nothing wrong with Mr Markantonakis, but she did remember being told about back pain and nothing else.
- 7.9. Nurse Coombe agreed that it would have been helpful to have seen the SAAS case card. It seems that in that respect the Flinders Medical Centre Emergency Department system has not changed in that there are still occasions when the case card does not find its way to the triage nurse at the time of the triage assessment. In the present case, the triage assessment was based entirely on information provided by Ms Bell verbally at handover.
- 7.10. Nurse Coombe gave evidence that if the suprapubic and epigastric pain had been mentioned she would have assigned a higher triage score to Mr Markantonakis being a three or a two, depending on the severity. Ms Bell did not mention anything to Nurse Coombe about the Panadeine Forte or the administration of Penthrane en route. She was not told anything about the medications that Mr Markantonakis was on for his various heart conditions.
- 7.11. Importantly, Nurse Coombe agreed that had she been provided with the information about epigastric and suprapubic pain she might well have thought of the possibility of an abdominal aortic aneurysm. Nurse Coombe did not remember Mr Markantonakis asking her for pain relief and said that Ms Bell did not tell her that he had asked for pain relief.

- 7.12. Nurse Coombe was informed that according to Mrs Markantonakis nobody had examined Mr Markantonakis in the triage area. To this she responded that she did check him. She agreed that if Mrs Markantonakis was making a telephone call she may not have seen Nurse Coombe doing a quick check of Mr Markantonakis.
- 7.13. Specifically, Nurse Coombe had no recollection of Mr Markantonakis calling out words to the effect of “help, help I’m dying”. She believed she would have heard this if it had happened and would have taken action.
- 7.14. I believe the apparent conflict between Mrs Markantonakis’ recollection of Mr Markantonakis screaming out “help I’m dying” and Nurse Coombe’s impression may be attributable to Mrs Markantonakis being extremely upset and agitated and perhaps confusing the sequence of events. I believe that if something like that had occurred in the triage area Nurse Coombe would have responded immediately. She certainly presented as a diligent and conscientious witness and I believe she would have carried out her nursing duties in that same manner.

8. Registered Nurse Allison Pawelski

- 8.1. Nurse Allison Pawelski is a registered nurse who was employed at the Flinders Medical Centre in March 2004. She was working in the Emergency Department on 6 March 2004 and was the person who collected Mr Markantonakis from the triage area for examination in area ‘B’. She remembered that Nurse Coombe was the triage nurse that day.
- 8.2. Nurse Pawelski stated that the ‘B’ side of the Emergency Department was for less acute patients at that time. Now the delineation between the two areas is different. ‘A’ is now designated for patients who will potentially be admitted to hospital. ‘B’ is designated for patients who will potentially not be admitted. The previous system was that the ‘A’ side was for patients with a triage priority of one, two or three, and the ‘B’ side was for triage patients with a triage priority of three, four or five.
- 8.3. Nurse Pawelski stated that she started her shift at 2:30 pm. She recalled it being a busy day with patients waiting to come through for examination. She stated that she would determine the next patient for treatment in accordance with the computer screen which would show the data that had been entered by Nurse Coombe at the triage desk.

- 8.4. From the screen dump¹⁵, she noted that she saw Mr Markantonakis first at 1929 hours and entered that fact on the computer system. She does not recall seeing or collecting any notes in respect of Mr Markantonakis, and in particular she does not remember collecting the SAAS case card before collecting him.
- 8.5. She stated that the SAAS case cards are sometimes available and sometimes they are difficult to find. She stated that the case card will eventually find its way onto the patient's notes but that may not happen for some time. In the present case she agreed that it may not have happened until subsequent to Mr Markantonakis' death.
- 8.6. Nurse Pawelski remembered seeing Mr Markantonakis on the barouche; his wife was with him. He looked a bit pale and a bit sweaty. He was groaning intermittently. She said hello and introduced herself and wheeled him into cubicle 13 on the 'B' side.
- 8.7. Nurse Pawelski then undressed him and recalled that he needed quite a bit of help to achieve this. She stated that he could not move easily because of his pain. She said she tried to get a history from him as she undressed him. She wrote on the Flinders Medical Centre notes "Adult care record" that his presenting complaint was "abdo/back pain since last night". On examination she noted: "Alert. Distressed with pain. Very pale and sweaty. Unable to feel radial and brachial pulse. Has strong carotid".
- 8.8. She gave evidence that when she could not feel the radial or brachial pulse she was very concerned about him and knew that he had to be in the resuscitation room. She immediately pushed the barouche through the 'A' side into the resuscitation room.
- 8.9. Nurse Pawelski stated that the doctor and resuscitation nurses were available immediately. The doctor was Dr Teubner. Nurse Pawelski was only in the resuscitation room long enough to handover and assist in any way she could before she left to attend to further patients in the 'B' side. She stated that she did write the observation at 1950 hours that his blood pressure was 89/41 and his pulse was 90.
- 8.10. She stated that the present system in the Emergency Department is that every patient booked in by the triage nurse must have a full set of observations taken within half an hour of booking in. In my view this is a commendable change.

¹⁵ Exhibit C3b

- 8.11. Nurse Pawelski made notes of some of Mr Markantonakis' medications. She was asked where she obtained that information from. She stated that it would have been from the patient or his wife. What is clear is that this information did not come from the South Australian Ambulance Service personnel.

9. Dr John Walsh

- 9.1. Dr John Walsh gave evidence at the Inquest. He is the Director of Vascular Surgery at Flinders Medical Centre, a position which he has held since he established that unit in 1976. He has a long and distinguished career in medicine. He is a surgeon and holds many clinical awards, prizes and fellowships. He carried out the emergency operation on Mr Markantonakis after Nurse Pawelski recognised the gravity of his symptoms and Dr Teubner quickly diagnosed an abdominal aortic aneurysm in the resuscitation room. Dr Teubner formed the provisional diagnosis of leaking abdominal aortic aneurysm and contacted staff from the vascular unit immediately.
- 9.2. Dr Walsh gave evidence that he was in the hospital at that time although it was a Saturday night. He speculated that he must have completed another emergency procedure and was in his office completing reports when he received a telephone call from Dr Guest, the vascular registrar. He went straight down to the Emergency Department and stated that the theatre was prepared and the patient was in theatre by 8:25 pm. The time for preparation of the theatre was half an hour which was in Dr Walsh's opinion very quick.
- 9.3. Dr Walsh explained that an abdominal aortic aneurysm is an abnormal dilation of the aorta. It used to be thought that it was caused by atheroma, the degenerative change in the inner and middle coats of arteries usually associated with coronary artery disease. However in the last five or six years research has shown that an abdominal aortic aneurysm is actually a connective tissue disorder in which the wall of the artery dissolves itself with the result that it weakens and progressively dilates. It is thought to be congenital and is entirely different from atherosclerosis. Dr Walsh stated that there really is only a loose association between abdominal aortic aneurysm and coronary heart disease. He stated that Mr Markantonakis' history of heart disease did not expose him to any greater risk of abdominal aortic aneurysm than the next person.
- 9.4. Dr Walsh stated that from the very beginning he did not think that Mr Markantonakis had much chance. He stated that there were approximately three litres of blood inside

the abdomen which was beginning to clot. He stated that he was never able to obtain “control” by tying off the aorta above the aneurysm. He estimated the size of the aneurysm to be six centimetres. He stated that aneurysms of this nature develop over several years rather than months and are usually found incidentally in the course of other clinical checks – CAT scans or x-rays for other complaints. He stated that most people do not realise they have an abdominal aortic aneurysm until it ruptures or leaks.

- 9.5. In Mr Markantonakis’ case the leak was anterior rather than posterior. The leaking blood was the probable cause of Mr Markantonakis’ lumbar spine pain. Another possibility was that the aorta was stretching rapidly during the early hours of 6 March 2004 thus placing pressure on the area around the lumbar spine with resultant pain. The aneurysm was at the level of the lumbar spine. Dr Walsh provided helpful diagrams and computer enhanced images which were admitted as Exhibit C12b and which vividly demonstrate an aneurysm very similar to that suffered by Mr Markantonakis. Dr Walsh stated that if the aneurysm leaks posteriorly, it will often tamponade against the spine and may plug itself. Patients in that situation are more fortunate than those with an anterior leak such as Mr Markantonakis.
- 9.6. Dr Walsh stated that the usual age range for abdominal aortic aneurysm is mid to late 70’s to early 80’s. It is characterised by central abdominal pain near the naval going around to the back with constant abdominal and back pain. The blood pressure usually drops as shock develops. Paradoxically this can be a good thing as the drop in blood pressure can reduce the speed of the rupture and offer time for intervention.
- 9.7. Dr Walsh stated that ninety percent of people with a ruptured abdominal aortic aneurysm do not reach hospital. Of those that do, fifty percent will leave hospital alive. Between the period 1 January 2000 and 1 December 2005 there were fifty four documented abdominal aortic aneurysms in South Australian. Of these patients, seventeen died. Of the aneurysms which actually ruptured, thirty five percent of the patients died. Dr Walsh stated that the conventional wisdom is that for a ruptured abdominal aortic aneurysm the mortality rate is fifty percent. For an abdominal aortic aneurysm treated electively, (i.e. before rupture) the survival rate is ninety five percent.

- 9.8. In answer to questioning from counsel for the Flinders Medical Centre and the South Australian Ambulance Service, Dr Walsh was asked to consider the treatment provided by the ambulance officers at the first attendance if he assumed that they had information that Mr Markantonakis had been suffering back pain for two or three weeks for which he had been obtaining physiotherapy. Dr Walsh stated that he himself might have erred on the side of a musculoskeletal condition given that information. He stated that it was reasonable on that information for the ambulance officers to miss the diagnosis at the time of the first attendance. He thought it was not unreasonable for the ambulance officers not to examine the abdomen on that information having found a good radial pulse. Dr Walsh speculated that the reason why Mr Markantonakis may not have been pale and sweaty at the time of the attendance, notwithstanding the report to the ambulance service that he had been pale and sweaty at an earlier time, may have been because the leak had temporarily plugged itself. Had he been pale and sweaty at the time of the attendance on the first occasion, he would have hoped that the officers would have taken Mr Markantonakis to hospital. On the assumption that the officers were only aware of a two to three week history of back pain, Dr Walsh was not critical of their treatment on the first occasion.
- 9.9. Dr Walsh did believe that a proper blood pressure measurement should have been taken – not just the radial pulse. He stated that the benefit of a proper blood pressure test would be that if it showed the systolic to be under 100, then the patient should go to hospital. It would give more information than a radial pulse and might have been suggestive of a bleed. Dr Walsh noted that one of the medications being taken by Mr Markantonakis was Atenolol. He stated that this was significant as it holds down the pulse rate and it would be more reason for a clinician to take a proper blood pressure.
- 9.10. Dr Walsh gave evidence that the emergence en route to the hospital of suprapubic and epigastric pain was a “big change in symptoms”¹⁶. He thought it required an ultrasound and physical examination of the abdomen. He said that he would hope that someone with experience would respond to these symptoms and mention them to the triage nurse. He was most concerned when told that the triage nurse had given evidence that she was not told about the epigastric and suprapubic pain. Dr Walsh

¹⁶ Transcript, page 387

stated that he would have expected the ambulance officers to “have a high index of suspicion of aaa” on the development of epigastric and suprapubic pain. He stated that the triage nurse, had she known about the abdominal pain, should have arranged for an ultrasound to be done immediately, or a CAT scan.

- 9.11. Dr Walsh speculated that if Mr Markantonakis had been diagnosed as having an abdominal aortic aneurysm within half an hour of his arrival at the hospital his chances of survival would have been improved. He considered that the blood pressure should have been taken on the first attendance and most certainly that the epigastric and suprapubic pain which developed en route to the hospital should have been reported to the triage nurse.

10. Findings

- 10.1. There have been a number of areas in which the accounts of the witnesses have been impossible to reconcile. Having regard to the whole of the evidence I consider at least the following matters are uncontentious. When the ambulance officers arrived on the first attendance Mr Markantonakis was in severe back pain and during that attendance he did not complain of pain to any other part of his body except his back. He vocalised his pain and demonstrated its site with his hands. He had taken medication earlier that day which had given him some benefit but the pain had returned. Ms Bell took some history about the pain he was experiencing. Either Mr Markantonakis or Mrs Markantonakis mentioned his history of blood pressure problems and the ambulance officers were requested to take the blood pressure. Despite this, his blood pressure was not taken because Ms Bell regarded his radial pulse as sufficient indication of the adequacy of his blood pressure. The ambulance officers told Mr Markantonakis to take further pain relief and he did so in the presence of the officers. It appears that he did not bring that medication back up.
- 10.2. There was dispute about Mr Markantonakis’ colour. He was reported as being pale according to the SAAS communications centre. Mrs Markantonakis described his complexion as “yellow” and Chrisoula described it as “pale”. The ambulance officers regarded it as normal. This difference may be explicable by reference to the transient nature of symptoms which occur with abdominal aortic aneurysms (see evidence of Dr Walsh).

- 10.3. Mrs Markantonakis gave evidence that no physical examination whatsoever was conducted of her husband. Ms Chrisoula Markantonakis could not recall whether any physical examination was given. Ms Bell asserted that she carried out an observation of the radial pulse by holding Mr Markantonakis' wrist, and palpated his back. Ms Moore had no recollection. I am unable to reach any conclusion on this subject.
- 10.4. Another area of contention was that relating to Mr Markantonakis' history of back pain. Ms Bell and Ms Moore both told Senior Constable Elliott that when Ms Bell took the history from Mr Markantonakis on the first attendance Ms Moore said that a physiotherapist was mentioned, that he had been using a physiotherapist for a back pain with some relief¹⁷. Ms Bell stated she was told that Mr Markantonakis had been under the care of his doctor for the past two or three weeks and that the doctor had referred him to a physiotherapist and was treating him for lower back pain¹⁸. Exhibit C7b was the South Australian Ambulance Service Patient Report Form from the first visit. It was completed by Ms Bell. There is a note on it as follows:
- ‘History – Pt (patient) with history of lower pack pain – today took Panadeine Forte x 2 with good result but not taking it since.’
- 10.5. There is no reference under the criteria of past medical history at all. I take the note quoted above to be a reference to the complaint being made that day of back pain. It does not, in as many words, refer to a history of back pain for the past two or three weeks for which Mr Markantonakis was under the care of his doctor, and there is certainly no mention of physiotherapy. Exhibit C7d is the Patient Report Form for the second visit. This states under the category “history” as follows:
- ‘Patient with gradual onset of lower lumbar pain last pm...’
- 10.6. Once again, there is no reference to a history of back pain lasting some two to three weeks and no reference to physiotherapy or a physiotherapist. The first mention of a recent history of back pain being treated by his general practitioner and a physiotherapist does not appear until Ms Moore and Ms Bell were interviewed by Senior Constable Elliott. They were both interviewed on the same day – 6 December 2004. Ms Bell was interviewed at 1132 hours, and Ms Moore at 1251 hours.

¹⁷ Exhibit C7, line 119

¹⁸ Exhibit C8, line 104-107

- 10.7. Chrisoula Markantonakis was asked about whether her father had been treated by a physiotherapist. She had no recollection of this. Mrs Markantonakis was also asked about it. She also had no recollection.
- 10.8. The question of whether this back pain was something which commenced at or around midnight on 6 March 2004 or was a pain of three weeks duration which had been treated by a physiotherapist and which was exacerbated and increasing in the early hours of the morning of 6 March, is quite significant. If the pain had only come on in the early hours of the morning of 6 March, the case for taking Mr Markantonakis to hospital on the first occasion is stronger. If one accepts the version of the ambulance officers that a history of back pain had been given by Mr Markantonakis, then the case for taking him to hospital is much weaker. I note that the general practitioner Dr Switajewski's case notes were tendered as Exhibit C13. They contain no reference to any visits by Mr Markantonakis in the three weeks prior to his death.
- 10.9. This issue has caused me a considerable amount of concern. If I do not accept the evidence of Ms Moore and Ms Bell, I would have to conclude that they have fabricated a story to make their decision not to take Mr Markantonakis to hospital on the first occasion look more reasonable. That is a very serious conclusion to reach. While I have many misgivings about the matter, I do not consider that it would be safe to reach a conclusion as serious as the fabrication of the history of physiotherapy and back pain, even bearing in mind the absence of any objective support for the version of events given by Ms Moore and Ms Bell on this issue.
- 10.10. The next point of contention is whether or not Mr Markantonakis refused to go to hospital. Once again, the evidence is in conflict. Mrs Markantonakis and Chrisoula Markantonakis both maintained that Mr Markantonakis did not refuse to go to hospital. Their position was that he did want to go to hospital. Ms Moore's position was that Mr Markantonakis wanted pain relief. He initially wanted to go to Flinders Medical Centre but this changed after he was informed that Flinders Medical Centre was very busy. Her position was that she and Ms Bell certainly did not refuse to take Mr Markantonakis to hospital. Ms Bell's evidence on this subject was confused and unconvincing. In her interview with Senior Constable Elliott¹⁹ she stated that they asked where he wanted to go and said Flinders Medical Centre and they agreed but

¹⁹ Exhibit C8

informed him of the wait at which point they offered to take him to the Royal Adelaide Hospital and he refused. Then she stated that he had refused to go to the Royal Adelaide Hospital but he had not refused to go to the Flinders Medical Centre. In her evidence at Inquest however she maintained that if he had wanted to go to Flinders Medical Centre they would have taken him but he refused to go to the Flinders Medical Centre. Needless to say these two positions are contradictory. However, the Patient Report Form²⁰ records that Mr Markantonakis refused to go to hospital. It will be recalled that this was prepared by Ms Bell.

10.11. Ms Bell was an unsatisfactory witness in many ways. Her attitude was extremely defensive. Her memory of some events was quite clear and yet her memory of others was extremely vague. In the cases where she had a vague recollection, Ms Moore had a much clearer recollection. Against the background where there had been a death of a patient who was clearly misdiagnosed, an interview or investigation of some kind carried out by the South Australian Ambulance Service Chief Executive, Mr Grantham, and an interview by Senior Constable Elliott all within the space of nine months, I find it extremely surprising that Ms Bell's recollection is so patchy. It is not insignificant that the matters on which she had a clear recollection were matters which tended to cast her in a good light, while matters on which her recollection was vague were those areas in which any recollection she might have had would have been unlikely to do so.

10.12. Ms Bell was extremely direct in her manner. She was in no way intimidated by questioning in Court. I was left with the impression that she was a very strong personality. Her colleague, Ms Moore, was asked about Ms Bell's manner. She stated that Ms Bell could be abrupt and blunt in the way she works. Ms Moore stated that sometimes she and Ms Bell would have quite major disagreements which they would work out, but that Ms Moore was wary and careful when working with Ms Bell. However, Ms Moore was not prepared to agree that Ms Bell was abrupt or blunt to the Markantonakis family.

10.13. Ms Moore stated that Mr Markantonakis was not taken to hospital "because he refused"²¹. However, when she was asked if she thought Mr Markantonakis needed to go to hospital she answered "personally I take people that have called us that are in

²⁰ Exhibit C7b

²¹ Transcript, pages 174-175

pain simply because they obviously feel they are not coping with the medications at home...²². She later said that her normal practice is to take people with pain to hospital and stated that if it had been left to her she would have attempted to convince Mr Markantonakis to go to hospital.

- 10.14. I am unable to reach a conclusion, in view of the conflicting evidence, about whether Mr Markantonakis refused to go to hospital, or whether Ms Moore and Ms Bell refused to take him. On the one hand it seems most unlikely to me that ambulance officers would refuse to take a patient to hospital when he was clearly requesting that he be taken. There is simply no reason why ambulance officers would take such a course. On the other hand, I cannot understand why a patient who was in pain, and had called an ambulance, and who wished at the commencement of the process to go to hospital, would then refuse to go. I can only conclude that Mr Markantonakis was in a position of great vulnerability because of his pain. He was desirous of going to hospital and made that known. Ms Bell underestimated the seriousness of Mr Markantonakis' position and provided information to him in a blunt, abrupt and unsympathetic manner more calculated to dissuade him from going to hospital than to encourage him. Mr Markantonakis then reacted to this unsympathetic manner by taking the position that he would not go to hospital.
- 10.15. In my opinion, Ms Moore adopted a more appropriate approach than Ms Bell. Faced with the circumstances that then existed it is my opinion that Ms Bell should have made a greater effort to persuade Mr Markantonakis to attend a hospital. Even if it were the Flinders Medical Centre, and even if he were required to wait, the evidence suggests that a patient in his condition would be unlikely to have been kept waiting for five hours. In the result, he waited for just over two hours when he was finally taken.
- 10.16. The next issue that was the subject of contention was the conversation in the kitchen between Mrs Markantonakis and Ms Bell about whether Mrs Markantonakis had stated that or inferred that she believed that Mr Markantonakis was exaggerating his pain. It is unnecessary for me to resolve this matter. Ms Bell herself agreed that it was possible that she had used words to the effect of "look, it's a case of poor me"²³ albeit after the disputed conversation in which Mrs Markantonakis had allegedly

²² Transcript, page 174

²³ Transcript, page 252

suggested that he was exaggerating. In the end it is difficult to reach any resolution on this subject.

- 10.17. There was contention between Mrs Markantonakis and the ambulance officers as to whether the ambulance officers invited the family to call them back if Mr Markantonakis did not improve or worsened. I note that the patient case card gives contemporaneous support for the officers having given such advice. I think it unlikely that they would not have.
- 10.18. The next area of contention was between the evidence of Nurse Coombe and Ms Bell as to the handover at Flinders Medical Centre and whether the development of epigastric and suprapubic pain was mentioned at that time. It will be recalled that Nurse Coombe stated that it was not mentioned. Ms Bell believed that she would have mentioned it. In view of Nurse Coombe's good recollection, and the rather patchy recollection of Ms Bell, I have no hesitation in preferring Nurse Coombe on this. I believe that Ms Bell failed to mention the issue. She most certainly should have mentioned it, as it was crucial in assessing the triage category to which Mr Markantonakis should have been assigned. If it had been mentioned, Mr Markantonakis would have been assigned a higher triage category, and would have been less likely to have been "bumped" by other patients. I cannot say that it would have produced a different outcome, however it clearly would have given him a much better chance.
- 10.19. There was a difference between Nurse Coombe and Mrs Markantonakis in relation to whether Mr Markantonakis was screaming during the time he was waiting in the triage area. It will be recalled that, by this time, Mrs Markantonakis had been awake for some seventeen hours. She was extremely worried and concerned about her husband. I think it is not unlikely that her recollection of events may have become somewhat confused by this stage. In any event, it is unnecessary for me to reach any firm conclusion on this subject, although I think it unlikely that Mr Markantonakis would have been left screaming for a prolonged period in the triage area that afternoon.
- 10.20. In all the circumstances I consider that the handover was not adequate. In particular, I consider that a system under which the ambulance officers make an oral handover and the patient report form does not find its way to the triage nurse is unsatisfactory.

Counsel for South Australian Ambulance Service and Flinders Medical Centre helpfully suggested a recommendation that it become the responsibility of the triage assist nurse to chase up the patient case card from the ambulance service and ensure that the case card is obtained before the first half hourly observations are carried out by the nurse assist after the triage takes place. In the event that the case card reveals that the triage category was inappropriate, or the case card together with the observations suggest that the triage category was inappropriate, the nurse assist would alter the triage category or ask the triage nurse to reconsider it. In this regard I note that Flinders Medical Centre instituted a number of changes in the Emergency Department following the findings in Inquest 39 of 2004 (Louise Kay O'Neill). In that case, the former State Coroner recommended the creation of the triage assist position, together with the carrying out of half hourly observations. These recommendations had not been made at the time of Mr Markantonakis' attendance at Flinders Medical Centre in March 2004. The O'Neill findings were not handed down until December 2004. They have since been implemented. I agree with counsel for South Australian Ambulance Service and Flinders Medical Centre that it would be useful to further alter the system by requiring that the nurse assist have the task of chasing up the SAAS ambulance card and considering it at the time of the first set of half hourly observations, and specifically considering whether the SAAS report form should cause a reassessment to be made of the triage category given to the patient. I recommend accordingly pursuant to section 25(2) of the Coroners Act 2003.

11. The “root cause analysis” purportedly conducted pursuant to section 64D South Australian Health Commission Act 1976

- 11.1. This Inquest was held in May 2006, and this finding was prepared in draft form soon afterwards. I delayed the completion of the Inquest pending the handing down of the judgment of the Full Court in *Southern Adelaide Health Service Inc v C and Others*, Case Stated on Acquittal [2007] SASC 181. I did so because the Court heard, during the Inquest, that a root cause analysis had been conducted in this case, purportedly under section 64D of the South Australian Health Commission Act 1976. I decided to delay the completion of this Inquest to await the publication of the judgment of the Full Court referred to above because it involved a consideration of the operation of section 64D. I considered that there was a possibility that the Full Court's decision might have necessitated an examination by this Court of whether the investigation

undertaken by the Flinders Medical Centre and the South Australian Ambulance Service in this case, to which the Court is not permitted access if the investigation was duly carried out under section 64D, was in fact duly instigated under that section. If it were not, the protection offered by section 64D may not have been applicable, and the (conflicting) evidence of some of the witnesses in this case could have been tested against earlier statements made by those witnesses in the earlier investigation. Having carefully considered the Full Court's decision, I have reached the conclusion that it is not necessary for the Court to further test whether section 64D was duly activated.

Key Words: Ambulance Service; Emergency Departments; Hospital treatment; Inadequate examination; Incorrect diagnosis; Misdiagnosis

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

Seal the 18th day of September, 2007.

State Coroner