



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 4th day of February 2010 and the 7th day of December 2011, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Doris Merle Langhans.

The said Court finds that Doris Merle Langhans aged 89 years, late of the Kalyra Aged Care Facility, 2 Kalyra Road, Belair, South Australia died at Repatriation General Hospital, Daws Road, Daw Park, South Australia on the 26th day of October 2008 as a result of acute renal failure with severe electrolyte disturbance due to a sigmoid volvulus on a background of severe vascular dementia. The said Court finds that the circumstances of her death were as follows:

1. Introduction and reason for Inquest

1.1. Mrs Doris Merle Langhans was 89 years of age when she died on 26 October 2008 at the Repatriation General Hospital in Daw Park. At the time of her death Mrs Langhans had been detained pursuant to section 12 of the Mental Health Act 1993 (the Act)¹. Her death was therefore a death in custody within the meaning of section 21(1)(a) of the Coroners Act 2003 and this Inquest was held as required by that section.

2. Cause of death

2.1. A pathology review was undertaken by Dr Iain McIntyre of Forensic Science South Australia who expressed the cause of Mrs Langhans' death as 'acute renal failure with

¹ Exhibit C19c, Form 2 issued by Dr Tanya Soetratma at 7:45am on 25 October 2008 confirming a further 72 hour detention
Exhibit C20, Form 1 issued by Dr Michael Page on 24 October 2008

severe electrolyte disturbance due to a sigmoid volvulus on a background of vascular dementia'². I find that to have been the cause of Mrs Langhans' death.

3. Background

- 3.1. Mrs Langhans was married in 1947 and widowed in 1950. She had three sons and lived independently until a series of falls led to an admission to the Wakefield Hospital in 2002 and a subsequent move to the Holdfast Private Hospital at Glenelg for convalescence. During her time at Holdfast, Mrs Langhans became more and more disoriented and it became clear that she would not be able to return home and again live independently.
- 3.2. Mrs Langhans had a medical history of vascular dementia, depression, hypothyroidism and hypertension.
- 3.3. Mrs Langhans was assessed as requiring a high level of care and as such was moved to the Gleneagles Aged Care Facility at Hope Valley, pending a permanent placement. A permanent placement was eventually found at Masonic Homes in Somerton. By this time Mrs Langhans was reassessed as low care and was able to live independently within the facility. By the end of 2006 this was no longer appropriate due to Mrs Langhans' deterioration and she was moved to the secure care part of the facility.
- 3.4. Mrs Langhans was admitted to the Repatriation General Hospital in June 2007 for an adjustment of her dementia medication and treatment for a urinary tract infection. She then returned to Masonic Homes in Somerton.
- 3.5. Throughout 2008 Mrs Langhans had several hospital stays due to exhibitions of physical and verbal aggression due to her dementia. These included admissions to the Flinders Medical Centre, the Royal Adelaide Hospital and the Repatriation General Hospital. In August and September of that year she experienced a period of detention pursuant to the Act in the Repatriation General Hospital. Following her discharge on 30 September 2008 she was considered unsuitable for accommodation within the Masonic Homes facility. Mrs Langhans was therefore discharged to the Kalyra Aged Care Facility at Belair.
- 3.6. Mrs Langhans' time at Kalyra commenced with an admission to the low care section of the facility, but she was quickly moved to a high care section due to her needs and

² Exhibit C3a

behaviour. Mrs Langhans' physical and verbal aggression towards other patients and staff members at Kalyra progressively worsened and it was decided that staff at the facility could no longer provide her with the level of care that was required, even with the assistance of additional PRN³ medications. As a result, Mrs Langhans was admitted to the Repatriation General Hospital on 21 October 2008 for specialist treatment.

4. Events leading to Mrs Langhans' death

- 4.1. Despite an initial period of settled behaviour post admission at the Repatriation General Hospital, Mrs Langhans' aggression and behaviour resumed. On 23 October 2008 Mrs Langhans was assessed by Dr Michael Page, who is a Registrar specialising in psychiatry. At that time he assessed Mrs Langhans' mental state as stable. She was pleasant during his examination. Dr Page assessed Mrs Langhans again the following day. She had been extremely disturbed in her behaviour earlier in the day and had no recollection of that behaviour. She was mildly irritable. Dr Page's assessment was that Mrs Langhans' behaviour was likely to fluctuate. He believed that in order to protect staff and other patients, and having regard also to the need to protect Mrs Langhans' own safety that might be compromised by possible falls and inadvertent injury, and the possible consequential need for restraint and intramuscular medication, there was a need to detain Mrs Langhans under section 12(1) of the Mental Health Act. A Form 1 was issued at this time which required Mrs Langhans to be detained for a period of 3 days. However, the Act required that Mrs Langhans be further assessed by a psychiatrist within the next 24 hours, either with a view to revoking or confirming the detention.
- 4.2. At approximately 7:45am on 25 October 2008 Dr Tanya Soetratma, Consultant Psychiatrist, assessed Mrs Langhans. Dr Soetratma formed the view that it was clear that Mrs Langhans required further detention for her own health and safety and for the safe administration of medications in a secure environment. Accordingly, Dr Soetratma confirmed the detention and issued a Form 2. This meant that Mrs Langhans would be detained until 27 October 2008.
- 4.3. On 26 October 2008 Dr Hannah Gostlow, an intern at the time, had contact with Mrs Langhans to assess her medically, and particularly in relation to a suspected bowel obstruction in respect of which there had been ongoing investigation and

³ As Required

management. She visited Mrs Langhans in her room and saw that she looked unwell and in pain. Dr Gostlow reviewed Mrs Langhans' X-ray and blood results and noted that the X-rays showed a probable sigmoid volulus.

- 4.4. After identifying this Dr Gostlow contacted Dr Dion Suyapto, a surgical resident, with a view to Dr Suyapto reviewing Mrs Langhans. Mrs Langhans meanwhile was transferred to the cardiac care ward for monitoring. While Dr Gostlow was at the nurses desk implementing orders for the care of Mrs Langhans, she was advised that Mrs Langhans was gasping for breath. Dr Gostlow immediately attended upon Mrs Langhans but found her to be unresponsive. A medical emergency team were called immediately and resuscitation attempts were commenced. Unfortunately these attempts were unsuccessful and Mrs Langhans passed away at approximately 12:20pm on Sunday, 26 October 2008.

5. Conclusion

- 5.1. I have reviewed the material in this matter and I am satisfied that Mrs Langhans' detention at the Repatriation General Hospital was both lawful and appropriate and that during this period she was appropriately cared for. My view in this regard is reinforced by the same conclusion as independently reached by the investigating police officer, Senior Constable First Class David Carman of Sturt CIB.

6. Recommendations

- 6.1. I have no recommendations to make in this matter.

Key Words: Death in Custody; Natural Causes

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

Seal the 7th day of December, 2011.

Deputy State Coroner