



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 27th day of October 2015 and the 25th day of August 2017, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Gladys Maud Ramm.

The said Court finds that Gladys Maud Ramm aged 92 years, late of Gleneagles Aged Care, 1099 Grand Junction Road, Hope Valley died at Hope Valley, South Australia on the 20th day of April 2013 as a result of heart failure secondary to aortic stenosis, anaemia, atrial fibrillation and ischaemic heart disease. The said Court finds that the circumstances of her death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. Mrs Gladys Maud Ramm was 92 years of age when she died at the Gleneagles Aged Care Facility (the facility) on Saturday 20 April 2013. Mrs Ramm suffered from several concurrent medical conditions including pancytopenia with macrocytic anaemia, decompensated left ventricular failure precipitated by rapid atrial fibrillation, an e-coli urinary tract infection, breast cancer, paroxysmal and atrial fibrillation, cognitive and functional decline and osteoporosis.
- 1.2. Dr Pathmaranee Janathanan was Mrs Ramm's general practitioner for 13 years. On 20 April 2013 Dr Janathanan was notified of Mrs Ramm's death by staff at the facility. Dr Janathanan attended at the facility and certified life extinct. She also issued a death certificate pursuant to the Births, Deaths and Marriages Registration Act 1996. This certificate was issued in error as the death was a reportable death to the coroner. Mrs Ramm's death was reportable for two reasons, firstly that she was a protected person pursuant to the provisions of the Guardianship and Administration Act 1993,

and secondly because hers was a death in custody as she had been detained at the facility pursuant to the provisions of the same Act. The second of those circumstances meant that this Inquest was mandatory. These are the findings of that Inquest.

- 1.3. In ultimately reporting this death to the coroner Dr Janathanan cited her opinion as to cause of death as follows: heart failure secondary to aortic stenosis, anaemia, atrial fibrillation and ischaemic heart disease. I find that to have been the cause of Mrs Ramm's death.

2. Background

- 2.1. In November 2012 Mrs Ramm had a fall at her home address. Upon being conveyed to the Lyell McEwin Hospital she was found to have a resulting laceration at the base of her skull. She was transferred to the Modbury Hospital where she remained until 31 December 2012.
- 2.2. Upon her release from hospital and return home her daughter, Ms Dawn Feckner¹, noticed a decline in her mother's cognitive function.
- 2.3. On 17 January 2013 Mrs Ramm was re-admitted to the Modbury Hospital due to dehydration. She continued to deteriorate whilst in hospital. She would remain at that hospital until 16 April 2013 on which day she was transferred to the facility where she would die four days later. In the intervening period Mrs Ramm's daughters made application to the Guardianship Board for guardianship of their mother. This occurred on 15 March 2013. The application was granted. The orders included section 32 powers under the Guardianship and Administration Act 1993 allowing the daughters to place their mother into suitable care where she would be detained. That care would ultimately be provided at the facility where Mrs Ramm was detained and died. It was for this reason that Mrs Ramm's death was a death in custody for which an Inquest into her death was mandatory pursuant to the Coroners Act 2003.
- 2.4. Mrs Ramm was placed into the care of the facility at Hope Valley on 16 April 2013. Mrs Ramm's health at the time of her admission to the facility is described in the

¹ Exhibit C1b

statement of Dr Bianca Wong, a doctor involved in Mrs Ramm's treatment at the Modbury Hospital². She described Mrs Ramm's condition as follows:

'Mrs RAMM was assessed as being a frail 92 year old female who previously lived at home alone with two supportive daughters. She mobilised with a four wheel-walker. Prior to admission, Mrs RAMM had been receiving assistance for cleaning, meal preparation, and instrumental activities of daily living. Mrs RAMM was admitted with functional decline, increased confusion, and poor oral intake after a recent admission to the Geriatric Evaluation & Management Unit for falls two weeks prior to admission. As a result she had a prolonged admission to Modbury Hospital commencing the 16th of January 2013 and was ultimately discharged to a high level of care nursing home on the 16th of April 2013. The following medical issues were addressed during Mrs RAMM's admission:

- The pancytopenia with macrocytic anaemia, Mrs Ramm's haemoglobin was 87/67 on admission and she responded to two units of blood transfusion. Her haematinics were normal. Faecal occult blood tests were negative. CT chest and abdomen scan did not reveal any sinister malignant lesions apart from pulmonary oedema. Her anaemia was likely related to myelodysplasia.
- A decompensated left ventricular failure precipitated by rapid atrial fibrillation. This condition responded to furosemide based on a background history of moderate to severe aortic stenosis. Digoxin was commenced for rate control. The atrial fibrillation, Mrs Ramm was on aspirin and Warfarin which was not commenced given her falls risk and moderate to severe Alzheimer's disease. She was commenced on regular digoxin. The digoxin dose needed to be reduced due to supratherapeutic levels and adverse effects including nausea and vomiting.
- Serial troponin were performed, which were normal and excluded ischemia. Thyroid function test was normal. Mrs Ramm remained on furosemide intermittently for symptomatic management. An angiotensin conversion enzyme inhibitor was not commenced, given labile and low blood pressure.
- Her e-coli urinary tract infection was treated with oral antibiotic with symptomatic improvement.
- The left-sided breast cancer was treated with left atrial mastectomy in February 2007. Mrs Ramm's left breast mass was noted on clinical examination and was followed up thereafter.
- Cognitive and functional decline, likely secondary to Alzheimer's disease, was diagnosed during a mini mental state examination where 21 out of 30 was achieved and frontal assessment battery on 18 February. Mrs Ramm had deficits in her short-term memory, her executive function and disorientation.
- A cholinesterase inhibitor was not initiated in view of her anorexia and malnutrition as it was assessed that the risks outweighed the benefits.
- Osteoporosis. Mrs Ramm was on alendronate and regular ostelin plus to control this.'

² Exhibit C7a

Mrs Ramm's placement in residential care and subsequent death

- 3.1. Given that there was progressive decline in her condition, it had been recommended that residential care rather than discharging her to her home was the best option. A capacity assessment was carried out. The decision was made in relation to the invoking of the powers of the Guardianship Board to which I have already referred.
- 3.2. On the morning of 20 April 2013 Mrs Ramm had awoken and eaten breakfast in the dining area of the facility. She had been spoken to by staff at that time. At about 10am she was observed by a staff member to be pottering around in the courtyard of the facility. At 11am a different staff member located Mrs Ramm slumped in a chair in the courtyard. She immediately attended to Mrs Ramm. She noted that she was a person with a 'do not resuscitate' order on her file. In any event she appeared to be deceased at that time. Mrs Ramm was conveyed back to her room.
- 3.3. As seen above, Mrs Ramm's general practitioner of some 13 years, Dr Pathmaranee Janarthanan, attended the facility at approximately 3pm on 20 April 2013, examined Mrs Ramm and thereafter certified her death.

Conclusions

- 4.1. I find that Mrs Ramm was the subject of a valid guardianship order with section 32 powers at the time of her death.
- 4.2. There is no suggestion other than that Mrs Ramm received appropriate care at all material times.

Recommendations

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

Key Words: Death in Custody; Section 32 Powers; Natural Causes

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

Seal the 25th day of August, 2017.

Deputy State Coroner