



MAGISTRATES COURT of TASMANIA

CORONIAL DIVISION

Application dated 18 May 2026 by Theresa Plumstead under Section 58 of the *Coroners Act* 1995 to re-open an investigation into the death of Kenneth Plumstead.

1. Kenneth Plumstead died at the Launceston General Hospital on 18 October 2014, over 11 years before the filing of this application by his wife. His death was recorded as being from natural causes, being stage 4 lung cancer with pleural metastases;¹ and was the subject of a Medical Certificate of Cause of Death (MCCD) dated 20 October 2014.
2. This application pursuant to section 58 of *Coroners Act* 1995 (the Act) was lodged with the Coronial Division on the 18 May 2026 by email with hard copies subsequently provided to the Coronial Division.
3. The application specified that the investigation may have been tainted by fraud, compromised by evidentiary irregularity, and/or new facts have surfaced. The applicant submitted that all three criteria are satisfied based on what are submitted to be the following newly discovered facts (as quoted exactly from the application):
 1. ***Irregular and Unregistered Medical Credentials:*** *The individual who attended to my husband and subsequently signed the statutory Medical Certificate of Cause of Death signed his name as "Peter Puwatanasan". According to official historical records of the Australian Health Practitioner Regulation Agency (AHPRA), no practitioner is or was registered to practice medicine in Australia under that specific name.*
 2. ***Potential Identity Discrepancy.*** *The only corresponding practitioner registered with AHPRA is named **Asawain(sic) Puwatanasan**. Signing a legally binding statutory certificate under an un-registered alias or pseudonym is a severe procedural and evidentiary irregularity. Furthermore, external credential profiles associate with the individual operating under the name "Peter" indicate that he did not possess the full or independent qualifications required to legally certify a cause of death at the hospital at that time.*

¹ With right haemothorax, pneumonia, cardiac failure, diabetes, and hypertension listed as other significant conditions contributing to death.



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3. ***Reliance on a Legally Invalid Document:*** *When my family initially requested a police and coronial investigation 11.5 years ago, the authorities declined to investigate further, explicitly relying on the assertion that my husband passed away from natural causes related to cancer and advanced age. It is now clear that the document used to close the file was irregular, legally invalid and potentially fraudulent.*
4. In support of the application, the applicant provided the Coronial Division with the following documents.
 1. Notes written by the applicant on 18 May 2026 (two pages);
 2. Notes on MCCD written by applicant on 18 May 2026;
 3. A Copy of the applicant's marriage certificate;
 4. A Copy of the Medical Certificate of Cause of Death of Kenneth Plumstead dated 20 October 2014;
 5. Medical Certificate of Cause of Death of Kenneth Plumstead with notations made by the applicant;
 6. A medical record entry (illegible) with markup by the applicant;
 7. Email from the applicant to Magistrates Court and Kerry Lawrence (apparently a person within the office of the Attorney-General) dated 28 May 2026;
 8. Unsigned, undated statutory declaration of Theresa Lau;
 9. Email from Theresa Plumstead to the Coronial Division of 26 October 2014;
 10. Letter to Mrs T Plumstead from Coroner's Associate, Jonathan Riley dated 31 October 2014;
 11. A copy (single page) of a photograph of a computer screen showing the AHPRA website and a search for "*Peter Puwatanasan*";
 12. A copy of AHPRA search of the website dated 18 May 2026;
 13. A copy of a LinkedIn entry for Peter Puwatanasan (10 pages);
 14. A two-page document (undated with no specification of author but presumably written by the applicant) entitled "*Dr Peter Puwatanasan Human Rights abuses, Healthcare Rights abuses*"; and
 15. Police Report of Death.



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5. Additionally, I have had regard to the Police Report (PROD) of Death of Kenneth Plumstead, completed by Constable Tammi Lambert shortly after Mr Plumstead's death.
6. This application is limited to three grounds, all relating to the MCCD being unsound or fraudulent because it was not apparently signed by a medical practitioner who was registered to practice medicine in Australia.
7. As stated in the PROD, upon Mr Plumstead's death, medical staff consulted Mrs Plumstead who was happy with an MCCD being issued. This was on the basis that Mr Plumstead died of natural causes and the death was not otherwise reportable to the coroner.
8. However, upon receiving a copy of the MCCD, Mrs Plumstead raised issues concerning the cause of death as described on the certificate and wrote to the Coroner's Office requesting an investigation. In the correspondence, Mrs Plumstead questioned whether her husband did actually have a diagnosis of metastatic lung cancer; and also, that his allegedly inappropriate treatment with morphine, delivered by syringe driver at the Launceston General Hospital (LGH), contributed to his death.
9. Upon receiving Mrs Plumstead's correspondence, the presiding Coroner decided to have the death reported (with a PROD being completed) for the purpose of investigating the claims. Therefore, a PROD was filed by the Coroner's Associate and enquiries commenced.
10. Whilst the Coroner did not consider it necessary to direct an autopsy, despite Mrs Plumstead's request, advice was sought and received by the Coroner from the State Forensic Pathologist, Dr Christopher Lawrence. The PROD states that the Coroner's Associate received a pathology report from the RHH (where Mr Plumstead had been transported shortly before his death for biopsy and diagnosis). The pathology report confirmed that Mr Plumstead had a diagnosis of lung cancer as reported on death certificate.
11. The State Forensic Pathologist was therefore of the view that the MCCD was appropriate and consistent with evidence contained within Mr Plumstead's medical records. Further advice received from the State Forensic Pathologist



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was that Mr Plumstead's underlying disease process was the cause of his death; and also, that his pain relief was not excessive and certainly would not lead to death by significant respiratory depression.

12. As a result of these enquiries, the Coroner was satisfied that Mr Plumstead's death was of natural causes, that the certificate of death was valid and correct and that there was no further requirement or jurisdiction for coronial investigation.
13. There was no indication (or allegation from any person) at the time of the investigation that the medical practitioner who certified the death in the MCCD, Dr Peter Puwatanasan of the LGH, was not an appropriately registered medical practitioner.
14. The evidence provided by the applicant in support of her submission that the doctor was not registered came from a copy photograph, presumably taken by her, of a computer screen showing a list of medical practitioners under a search for "Peter Puwatanasan". These names included Dr Asawin Puwatanasan, but not a person of the same surname but with the Christian name "Peter". The photograph and search screen were undated.
15. The applicant submitted that it cannot be assumed that Dr *Peter* Puwatanasan is really Dr *Asawin* Puwatanasan. She submitted that "*Dr Peter could have stolen Dr Asawain's (sic) identity. I have no means of finding out*".
16. However, a LinkedIn extract was supplied by the applicant. The profile was in the name of Peter Puwatanasan, Hospital Director Bangkok Hospital Hua Hin. This extract was not attached to any affidavit or sworn statement. Nevertheless, it is purported by the applicant to be a profile of a current practising medical practitioner holding a high-level position in Bangkok.
17. It would appear that this LinkedIn profile is that of the practitioner certifying Mr Plumstead's death, as it describes Dr Puwatanasan being employed for a period of six years and four months in various positions at the LGH, from Resident Medical Officer escalating to Senior Medical Registrar (from January 2012 to February 2015). This latter period covers the time of Mr Plumstead's death.



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18. Further, a cursory search of the internet of my own instigation leads quickly to the website of Hospital Management Asia² where a web page is dedicated to the medical practitioner "*Dr Asawin Puwatanasan (Peter)*" and providing a list of that practitioner's many professional and postgraduate achievements. The list includes an entry between 2012 and 2014 regarding his positions and qualifications in Australia, including "*Locuming mainly in Tasmania, Victoria, Queensland and Western Australia*".
19. Of course, there needs to be caution in reliance upon information gained from websites; but, given the consistency between all the information available, I am satisfied that Dr Asawin Puwatanasan, also known by the name *Peter*, is a highly qualified medical practitioner currently practising in Bangkok as Hospital Director of Bangkok Hospital Hua Hin.³
20. The applicant asserted in her application that *official historical records of AHPRA* show that no practitioner was registered to practice medicine in Australia under the name *Peter Puwatanasan*. In relation to that assertion, there is no evidence that the AHPRA information (two pages) related back to the period of Mr Plumstead's death. Even if it did, it is clear that Dr Puwatanasan also officially uses his Christian name, Asawin (perhaps alternatively to the name Peter, depending upon context).
21. Thus, the applicant has not provided any evidence at all to even raise a suspicion that the medical practitioner signing the MCCD was unregistered, or was a person other than Dr Asawin Puwatanasan, also known as Dr Peter Puwatanasan. The applicant has not provided a verified historical AHPRA record from 20 October 2014 showing the registration status of Dr Asawin Puwatanasan.
22. Therefore, upon all of the evidence before me, I am satisfied that:
1. The MCCD was properly completed on its face;

² www.hospitalmanagementasia.com.

³ Also see recent entries to support this proposition on the Bangkok Hospital's website: [Bangkok Hospital Hua Hin was honoured to welcome the contestants of Mister National Universe 2026 from 22 countries around the world. | Bangkok Hospital Hua Hin](#)



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2. That the MCCD was certified correctly and accurately by a registered medical practitioner, Dr Asawin Puwatanasan, who was known by and habitually used the Christian name "Peter";
 3. The cause of death on the MCCD accurately reflected the diagnosis and the actual cause of Mr Plumstead's death;
 4. That Mrs Plumstead's concerns regarding the hospital care and treatment of her husband prior to his death, were investigated properly by the Coroner immediately after Mr Plumstead's death, and found to be unmeritorious;
 5. There is no new evidence that Mr Plumstead's hospital care and treatment warrant reconsideration, and the application does not seek reopening of the investigation on this ground; and
 6. The one AHPRA entry that appears complete⁴ as supplied by the applicant for Dr Asawin Puwatanasan, is entirely consistent with him no longer being registered in Australia due to his location stated as being *"Bangkok, Thailand"*.
23. In light of the above findings, I cannot be satisfied that pursuant to section 58(1) the investigation was tainted by fraud, compromised by evidentiary irregularity, or that new facts have surfaced such as to justify reopening the investigation.
24. I dismiss the applicant's application.
25. I add that the applicant's reliance in her application upon apparent inconsistencies in Dr Puwatanasan's name is both convenient and selective in circumstances where her own name appearing in different parts of her documentation is stated, variously, as Theresa Plumstead, Theresa Lau, and Lai Har Lau.
26. As a concluding comment, the application by Mrs Plumstead to re-open this investigation was wholly unmeritorious and filed over 11 years after her husband's death. She gave no reason why the information allegedly relating to Dr Puwatanasan's registration had only *"recently come to light"*.

⁴ The photograph of the other AHPRA entry appears to be cut off and incomplete.



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27. There is, of course, an obligation upon the Chief Magistrate or Chief Coroner to properly decide this application according to law. I have done so. However, applications such as this, with unfounded claims against a reputable medical practitioner and made without any adequate supporting evidence, occupy significant time to resolve. The time taken to deal with applications of this nature increases the delays in progressing current investigations and the distress to those senior next of kin and families who are waiting for finalisation of the investigation into the deaths of their loved ones.

Dated: 15 July 2026 at Hobart, in the State of Tasmania.



Chief Coroner O McTaggart
Delegate of the Chief Magistrate