



MAGISTRATES COURT of TASMANIA
CORONIAL DIVISION



Record of Investigation into Death (without inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

I, Stephen Raymond Carey, Coroner, having investigated a death of James Robert Atkinson

Find that:

- a) The identity of the deceased is James Robert Atkinson;
- b) Mr Atkinson died in the circumstances set in this finding;
- c) Mr Atkinson died as a result of subdural haematoma in a closed head injury as a result of a fall at his residence;
- d) Mr Atkinson died on 24 July 2014 at Royal Hobart Hospital, Liverpool Street Hobart;
- e) Mr Atkinson was born in Tasmania on 13 June 1934 and was aged 80 years;
- f) Mr Atkinson was widowed and was retired as an electrical linesman at the date of death; and
- g) No other person contributed to the cause of Mr Atkinson's death.

Circumstances surrounding the Death:

Mr Atkinson resided at his home at 101 Rosevears Drive, Rosevears and, subsequent to his wife (Lois) passing away due to illness in February 2006, his son Robert James Atkinson and his partner Tanya-Gaye Louise Jessup moved into Mr Atkinson's residence in December 2011 to provide him company and also to assist him in daily activities.

It is recorded that Mr Atkinson's health had deteriorated to a marked degree in the approximate 4 years prior to his death. A number of incidents occurred which indicated a growing concern as to Mr Atkinson's ability to carry out a number of activities and also to ambulate. In particular he was involved in two minor motor vehicle accidents in December 2012 and January 2013. He was recorded as suffering two falls in the first half of 2013. In August 2013, he was diagnosed as suffering mixed Alzheimer's and vascular dementia. In August 2013, when Mr Atkinson was mowing the lawns at his residence using a ride-on lawn

mower, he apparently fell from the lawn mower and rolled into a creek that runs down the side of the residence. He was not located until several hours after the incident as he had been unable to get himself up and needed to be assisted by his son. He was taken back to the garage at the residence where he sat down; however, in attempting to take off his wet jumper whilst sitting on a chair, he fell onto the concrete floor and once again could not get up without assistance.

Further falls occurred and when he was seen by his treating general practitioner, Dr Lee Jones, on 3 June 2014, it was noted that he still was reluctant to use a walking frame that had been provided to assist his walking and movements.

On Wednesday 9 July 2014, Mr Atkinson had another fall at his residence. As a result of this fall he hit his head and right arm, and he was transported to the West Tamar Health Centre where he was examined by Dr Keith Barnes and lacerations to his head were sutured. He was noted as conscious and alert and there was no indication of any neurological deficit. A follow - up appointment was arranged for 2 days later.

During the evening of 10 July 2014, Mr Atkinson went to bed as normal without incident. At approximately 11:00pm his son, Robert, and partner, Tanya, were awoken by a sound in the kitchen. Ms Jessup got up to investigate and noted Mr Atkinson in the kitchen eating his breakfast that he had prepared. The practice of getting up during the night or early hours of the morning was not uncommon. He would, on these occasions, be located in the kitchen eating Weetabix that he had prepared himself for breakfast.

In the early hours of Friday 11 July 2014 at approximately 2:00am, Robert Atkinson and Ms Jessup were again woken by the sound of the toilet flushing and Mr Atkinson's bedroom door closing. They heard a bump type noise which they believed was Mr Atkinson feeling for the bedroom cupboards; they did not believe that the noise was of any concern and they went back to sleep.

At approximately 8:30am, Ms Jessup went to Mr Atkinson's bedroom to wake him up and get him ready for the scheduled doctor's visit. She located him lying on his right side on the bedroom floor next to the bed. She spoke to him and was informed that he had fallen over during the night. Ms Jessup and Robert Atkinson assisted Mr Atkinson from the floor and sat him on his bed. He did not appear to have any obvious visible injuries however his speech was slurred and he did not appear "*quite right*".

Ms Jessup transported Mr Atkinson to the West Tamar Health Centre where he was seen again by Dr Keith Barnes. It was noted upon examination that Mr Atkinson was unable to walk independently. He had mild slurring of his speech and difficulty with his words. Mr Atkinson underwent an urgent CT scan which showed that he had sustained an acute subdural haemorrhage with high density blood. The haemorrhage covered the entire right cerebral hemisphere. He was then conveyed to the Launceston General Hospital,

Department of Accident and Emergency, and in the early hours of Saturday, 12 July 2014, was transported by ambulance to the Royal Hobart Hospital where he was admitted to the neurological ward for further treatment.

On Wednesday 16 July 2014, an ultrasound was conducted and it was determined that Mr Atkinson had developed blood clots in his left leg. He underwent an emergency bilateral femoral artery embolectomy to treat this condition.

In the period after the surgery Mr Atkinson's condition progressively deteriorated. A meeting was held with his family where treatment options were discussed. The result of the meeting was that a palliative approach would be adopted. Mr Atkinson was transferred to the high dependency unit where, at 10:50pm on 24 July 2014, he died.

Comments & recommendations:

Unfortunately the deteriorating health of Mr Atkinson had made him prone to falls from which he was always at risk of suffering injury. He appears to have been reluctant to fully engage in suggestions to help minimise the risk of such falls and, unfortunately, having fallen in his bedroom he suffered a serious head injury which led to his death.

In concluding, I convey my sincere condolences to the family of Mr Atkinson.

Dated: 28 January 2016 at Hobart Coroners Court in the State of Tasmania.

Stephen Raymond Carey
CORONER