



# MAGISTRATES COURT of TASMANIA

## CORONIAL DIVISION



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### **Record of Investigation into Death (Without Inquest)**

*Coroners Act 1995*  
*Coroners Rules 2006*  
*Rule 11*

I, Simon Cooper, Coroner, having investigated the death of Arthur John Powell

**Find, pursuant to section 28 of the *Coroners Act 1995*, that:**

- (a) The identity of the deceased is Arthur John Powell;
- (b) Mr Powell died due to a combination of wound infection/dehiscence and bilateral parotid gland infection following the surgical repair of a perforated diverticulum;
- (c) The cause of Mr Powell's death was sepsis;
- (d) Mr Powell died on 6 October 2015 in the Royal Hobart Hospital, Hobart in Tasmania; and
- (e) Mr Powell was born in Tasmania, Australia on 12 May 1925 and was aged 90 at the time of his death; he was a divorced man and retired.

In making these formal findings, I have had regard to the affidavits obtained in the course of an investigation into Mr Powell's death carried out under the *Coroners Act 1995*, a report from the State Forensic Pathologist, Dr Christopher Hamilton Lawrence, who conducted a post mortem examination on Mr Powell's body, and the contents of Mr Powell's medical records. In addition, the circumstances surrounding Mr Powell's death have been reviewed by Professor AJ Bell, medical consultant to the Coroner's Office.

I find as follows. The background to Mr Powell's death was that he was an elderly man with a history of ischaemic heart disease, chronic lung disease, duodenal ulcers, non-insulin-dependent diabetes and staphylococcal infection of a previous knee operation.

Not long before his death he was admitted to Calvary Hospital complaining of testicular pain and abdominal pain, having been unable to eat for three days. A CT scan of his abdomen showed he had a perforation of the diverticulum. After treatment with antibiotics Mr Powell was transferred to the Hobart Private Hospital.

Treatment with antibiotics was continued at the Hobart Private Hospital. He was reviewed by his surgeon the following day who seems to have concluded that surgery would be the most effective therapy for Mr Powell. Surgery was carried out on 1 September 2015. Mr Powell's post-operative recovery was good.

I am satisfied the decision to perform surgery was reasonable and the involvement of intensive care specialists in Mr Powell's management post-operative was appropriate.

On 5 September 2015 Mr Powell was still in hospital. He complained of chest tightness and was reviewed by cardiologist. This led in turn to Mr Powell being transferred to the coronary care unit for a couple of days, before his return to the surgical ward on 7 September 2015. Cardiologist noted that Mr Powell was "profoundly depressed".

Reviews of Mr Powell's medical records indicate him intermittently refusing treatment and food.

On 16 September 2015 the surgeon who had performed surgery upon Mr Powell on 1 September 2015 prescribed an antidepressant (venlafaxine) for him.

Mr Powell's surgical wound was dressed daily by nursing staff. His medical notes show that on 19 September 2015 it was looking wet and by 23 September 2015 nurses recorded as looking "terrible". The wound was not treated with antibiotics. There is nothing in the medical records, nor Mr Powell's discharge notes, to indicate that his wound was ever reviewed by the surgeon. It is noted however the discharge notes of Mr Powell to the Strathaven Nursing Home contained wound care clinical management advice.

Records show that on 24 September 2015, Mr Powell's surgical wound was assessed by nursing staff at the nursing home who also noted that he had enlarged and tender parotid glands. His condition did not improve; in fact it worsened and on 27 September 2015, a general practitioner was requested to review Mr Powell. Advice was also sought about his swollen parotid glands. On 27 and 28 September 2015 Mr Powell was noted to be running a temperature and after review by the same general practitioner on 29 September 2015 arrangements were made for Mr Powell to be transferred to the Hobart Private Hospital by ambulance. Whilst en route his condition deteriorated and he was taken instead directly to the Royal Hobart Hospital. By the time he arrived at the Royal Hobart Hospital Mr Powell was in septic shock with acute kidney injury. Blood cultures drew a staphylococcal aureus. Mr Powell was treated supportively and elected palliative care. Six days after his admission he died.

It is apparent, and I find, that the management of Mr Powell's wound after surgery at the Hobart private was ineffective. The failure to review the wound by a surgeon was a poor decision. The failure to appreciate that the surgical wound was infected and required appropriate treatment was also regrettable. The decision to discharge Mr Powell when he was suffering suppurative parotitis from hospital to a nursing home was also a poor decision.

### **Comments and Recommendations**

The circumstances surrounding Mr Powell's death oblige me to comment that the treatment afforded to Mr Powell fell short of the standard expected.

I extend my sincere condolences to the family and friends of Arthur John Powell.

**Dated:** 31 October 2016 at Hobart in the State of Tasmania.

**Simon Cooper**  
**Coroner**