



# 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, Rod Chandler, Coroner, having investigated the death of Marlene Jean Harper

#### **Find, pursuant to Section 28(1) of the Coroners Act 1995, that:**

- (a) The identity of the deceased is Marlene Jean Harper;
- (b) Mrs Harper was born in Hobart on 4 September 1942 and was aged 72 years;
- (c) Mrs Harper died at the Royal Hobart Hospital ('RHH') in Hobart on 21 June 2015;
- (d) The cause of Mrs Harper's death was multiple bilateral pulmonary infarcts caused by multiple pulmonary thromboemboli due to deep vein thrombosis. Significant contributing factors were chronic lymphocytic leukaemia (CLL) and atherosclerotic vascular disease.

In making the above findings I have had regard to the evidence gained in the investigation into death. The evidence comprises the police report of death; an opinion of the forensic pathologist as to cause of death; relevant police and witness affidavits and medical records.

#### **Background:**

Mrs Harper resided alone at 50 Bowden Street in Glenorchy. She was retired but previously had worked for many years as a waitress. She had one child, namely Leanna Helen Payne. Her known medical history included CLL.

#### **Circumstances surrounding the death:**

On 16 March 2015 Mrs Harper consulted General Practitioner Dr Stefan Visagie complaining of a sore right leg. She was diagnosed with a superficial thrombophlebitis and a bandage was applied to her right thigh. One week later she was reviewed by her regular General Practitioner, Dr Don McLeod. He confirmed the diagnosis and advised that Mrs Harper take aspirin for several days. Dr McLeod saw Mrs Harper again on 24 April and noted that her leg was better. He next saw her on Thursday 18 June. The Patient Health Summary completed by Dr McLeod at the time of this consultation states; "*Pain in the leg thrombophlebitis.*" In a report provided by Dr McLeod following Mrs Harper's death he has provided this account of that attendance:

*“On examination (Mrs Harper) was tender over the medial aspect of her thigh just above the knee but although there was tenderness there was no redness on this occasion but I thought it might be very early on. She did not have any pain below the knee or calf tenderness.”*

He also noted that she *“looked off colour but denied cough or any chest symptoms.”* He ordered a full blood count and some inflammatory markers and planned to review Mrs Harper the following Monday.

In the afternoon of Saturday 20 June Ms Payne visited her mother intending to do her house work. Her mother told her that *“I feel absolutely lousy.”* Ms Payne offered to take her to the doctor or to hospital but she declined.

At about 5.00am the next day Ms Payne received a telephone call from her mother who said that she could not breathe. Ms Payne and her partner immediately drove to Mrs Harper’s home. They found her lying across her bed. She appeared not to be breathing. CPR was commenced on instructions over the phone from Ambulance Tasmania. Shortly afterwards an ambulance arrived and Mrs Harper was then conveyed to the RHH. CPR was continued but Mrs Harper could not be revived. Her time of death was recorded at 7:30am.

#### **Post Mortem Examination:**

This was carried out by forensic pathologist, Dr Donald Ritchey. In his opinion the cause of Mrs Harper’s death was multiple bilateral pulmonary infarcts caused by multiple pulmonary thromboemboli due to deep vein thrombosis. Significant contributing factors were CLL and atherosclerotic vascular disease.

In his report Dr Ritchey provides this helpful explanation:

*“Pulmonary thromboemboli (PTE) begin as blood clots (thrombi) in the deep veins usually of the legs (deep vein thrombi, DVT). When these dislodge they travel through the venous vascular system (embolise) and right side of the heart and become impacted within the arteries supplying blood to the lungs (PTE). When small and medium sized, these pulmonary thromboemboli are often experienced as shortness of breath and chest pain. The lung within the distribution of these blocked arteries dies (pulmonary infarcts). When large clots embolise, the impacted thromboemboli occlude blood flow to the lungs resulting in respiratory failure and cardiac arrest.*

*Individuals with CLL are at increased risk of developing deep vein thrombi and their complications including PTE.”*

#### **Investigation:**

This has included the following:

- 1) Consideration of an affidavit provided by Ms Payne.

- 2) Consideration of a report provided by Ambulance Tasmania.
- 3) Consideration of a report provided by Dr McLeod with accompanying records.
- 4) A review of Mrs Harper's records undertaken by research nurse Ms Libby Newman.
- 5) Consideration of a report compiled by Dr A J Bell as medical adviser to the Coroner.
- 6) A meeting to review the investigation attended by myself, Ms Newman, Dr Bell, Dr Ritchey and State Forensic Pathologist, Dr Christopher Lawrence.

The focus of the investigation has been upon the adequacy of Mrs Harper's medical management over the months prior to her death and in particular whether her presentation should have alerted her treaters to the possible diagnosis of deep vein thrombosis, which required further investigation. Upon this issue Dr Bell advises that in his view warning signs were present which should have led to the investigation of possible deep vein thrombosis. These factors include:

- Mrs Harper's diagnosed CLL. He says that studies suggest the rate of deep vein thrombosis is 3 to 10 times greater in patients with CLL, although many patients have additional risk factors such as obesity. Obesity is not relevant here.
- The location of Mrs Harper's superficial thrombophlebitis diagnosed by Dr McLeod on 18 June. Dr McLeod's description suggests this thrombophlebitis to involve the superficial saphenous vein and to be sited in proximity to the deep vein system (the saphenopopliteal junction). Dr Bell reports that studies show that there is an incidence of co-existent deep vein thrombosis in patients with superficial phlebitis ranging from 6 to 53% with the highest risk occurring when the proximal great saphenous vein is involved.
- Mrs Harper's recent past history of a superficial venous thrombosis indicating a propensity to clot.

In Dr Bell's opinion Mrs Harper required a duplex ultrasound. This is a readily available investigative tool that provides immediate results. It is likely, in Dr Bell's opinion, that it would have revealed deep vein thrombosis. Treatment is with anticoagulant medication which is almost immediately effective. He says that within 24 hours of anticoagulation being commenced the rate of pulmonary embolism decreases to 1%.

#### **Findings, Comments and Recommendations:**

I accept the opinion of Dr Ritchey upon the cause of death. I accept too the opinions of Dr Bell as set out above. This leads me to the conclusion that Mrs Harper's death may have been avoided if she had been investigated for deep vein thrombosis.

This tragic case should serve as a reminder to the medical fraternity that patients who present with pain and tenderness along the known course of a superficial vein, most particularly the great saphenous vein, are likely to have not only superficial phlebitis but also the potential for a deep vein thrombosis which mandates investigation. This is especially so when other risk factors exist such as CLL.

I have decided not to hold a public inquest into this death because my investigation has sufficiently disclosed the identity of the deceased, the date, place, cause of death, relevant circumstances concerning how her death occurred and the particulars needed to register her death under the *Births, Deaths and Marriages Registration Act 1999*. I do not consider that the holding of a public inquest would elicit any significant information further to that disclosed by the investigation conducted by me. The circumstances of the death do not require me to make any further comment or to make any recommendations.

I extend my sincere condolences to Mrs Harper's family and loved ones.

**Dated:** the 20<sup>th</sup> day of April 2016 at Hobart in the State of Tasmania.

**Rod Chandler**  
**Coroner**