



# 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 Jessica Rose-Aida Borton

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

- a) The identity of the deceased is Jessica Rose-Aida Borton;
- b) Ms Borton died in circumstances set out below;
- c) The cause of Ms Borton's cause of death was hypoxic brain injury with a pulmonary thromboembolism due to, or as a consequence of, right calf deep vein thrombosis detachment due to, or as a consequence of, right Achilles' tendon repair due to, or as a consequence of, complete right Achilles' tendon rupture; and
- d) Ms Borton died on 18 October 2021 at the Launceston General Hospital, Launceston, Tasmania.

In making the above findings, I have had regard to the evidence gained in the investigation into Ms Borton's death. The investigation evidence includes:

- Police Report of Death for the Coroner;
- Affidavits establishing identity and life extinct;
- Report – Dr Andrew Reid, Forensic Pathologist;
- Affidavit – Mr Heath Borton, sworn 28 October 2021;
- Medical Records – Tasmanian Health Service; and
- Report – Dr Anthony J Bell, Medical Advisor to the Coronial Division.

#### **Introduction**

Ms Borton died of a pulmonary embolism after she suffered a rupture of her right Achilles tendon. She was aged 43, separated and a professional musician at the time of her death.

On Monday, 4 October 2021 Ms Borton fell in a car park on Hobart Road, Youngtown. The fall either was the consequence of, or caused, an injury to her right ankle. The injury was treated initially by the use of a “moon boot” and crutches. There is no evidence she was prescribed prophylactic blood thinning medication. There is no evidence that such prophylactic medication was even considered.

Accordingly Ms Borton was immobilised before further medical review (including ultrasound). On 12 October 2021, it was identified that she had suffered a ruptured Achilles tendon. Surgery was therefore scheduled.

On 16 October 2021, Ms Borton was admitted to the Launceston General Hospital for repair of the rupture. The surgery was successfully carried out and Ms Borton remained in hospital overnight.

The following morning, 17 October 2021, at about 8.00am, Ms Borden suffered a fluttering in her chest associated with shortness of breath and diaphoresis (cold sweats). A medical emergency team was called, Ms Borton became rapidly hypoxic, fell into unconsciousness and suffered cardiac arrest. A diagnosis of a massive pulmonary embolism was made and treatment for that condition commenced and continued.

Unfortunately, Ms Borton did not recover and she died the following afternoon, just before 3.00pm.

### **Investigation**

Ms Borton’s body was formally identified and then transferred to the Royal Hobart Hospital for autopsy. At the Royal Hobart Hospital, experienced forensic pathologist Dr Andrew Reid carried out a post-mortem examination. He provided a report in which he expressed the opinion that the cause of Ms Borton’s death was hypoxic brain injury as a result of pulmonary thromboembolism (right calf deep vein thrombosis detachment). The pulmonary thromboembolism developed in the context of a right Achilles tendon injury.

Dr Reid also noted Ms Borton was morbidly obese with a BMI 48.3. She was also suffering from cardiomegaly.

### **Discussion**

Ms Borton had two major factors which predisposed her to developing venous thromboembolism: morbid obesity and immobility, as a consequence of her Achilles tendon rupture.

The incidence of VTE following Achilles tendon rupture is high whether treated conservatively or surgically. Ms Borton received both forms of treatment.

In his report Dr Bell noted that there is no justification for routine use of chemical VTE prophylaxis for patients undergoing isolated foot and ankle surgery but exceptions relate to Achilles tendon rupture, which certainly call for, at the very least, individual patient assessment.

As I noted earlier in this finding, there is no evidence that such prophylactic medication was even considered, let alone prescribed. Had it been, a different outcome for Ms Borton may have been possible.

### **Comments and recommendations**

The circumstances of Ms Borton's death require me to **comment** that the association of ruptured Achilles tendons, consequent immobilisation and subsequent development of VTE needs, in my respectful view, to be better recognised and understood within the broader medical community.

I convey my sincere condolences to the family and loved ones of Ms Borton.

**Dated:** 27 September 2022 at Hobart in the State of Tasmania.

**Simon Cooper**  
**Coroner**