



MAGISTRATES COURT of TASMANIA

CORONIAL DIVISION



Record of Investigation into Death (Without Inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

I, Olivia McTaggart, Coroner, having investigated the death of Jean May Reardon

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

- a) The identity of the deceased is Jean May Reardon;
- b) Mrs Reardon died in the circumstances described in the finding;
- c) Mrs Reardon died as a result of multiple organ failure following sepsis due to an infected pressure ulcer of the hip;
- d) Mrs Reardon died on 29 September 2013 at the Royal Hobart Hospital ("RHH") in Tasmania; and
- e) Mrs Reardon was born in Hobart, Tasmania on 26 November 1926; she was a widow, was aged 86 years and was retired.

In making the above findings and those below, I have had regard to the evidence gained in the comprehensive investigation into Mrs Reardon's death. The evidence comprises an opinion of the pathologist who conducted the autopsy, relevant police and witness interviews and affidavits, medical records and reports, and forensic evidence.

Background

Jean May Reardon was married to Jack Reardon who died in 2007. Their three adult children are Julie Maree Reardon ('Julie'), born 18 April 1957; Phillip John Reardon ('Phillip'), born 29 October 1958; and Michael Wayne Reardon ('Michael'), born 19 March 1950. Mrs Reardon, Phillip and Julie lived at 1 Reiby Street, West Moonah.

All four family members received a disability pension. Julie suffers from a back problem and, as a result, has severe gait impairment. Phillip suffers from severe schizophrenia and has cognitive deficits.

Michael, who lives in a separate residence at Elwick Road in Glenorchy, suffers with encephalitis and schizophrenia. He would visit his family on a daily basis.

Mrs Reardon's medical history and condition before death

Mrs Reardon suffered from longstanding hypertension, arthritis, and obstructive airways disease. She also had a history of a longstanding large left leg ulcer, for which she received treatment in the RHH outpatients section on 11 occasions. The ulcer had healed by 2008. The medical reports indicate that healing was slow due to chronic venous insufficiency.

She presented twice to the RHH in August 2008 with gastroenteritis and renal failure. Her conditions resolved on these occasions.

She last saw her general practitioner on 25 October 2010 for a minor skin procedure. Subsequent to this date she did not see any doctor or health professional or take any prescription medication. The evidence indicates that she vehemently refused to see any doctors or go to hospital after her last hospitalisation in 2008.

Julie and Phillip cared for their mother. Julie was the main carer, as Phillip himself was reliant upon Julie for care. Michael was also in need of care and not able to care for his mother.

The evidence indicates that Mrs Reardon was of sound mind and able to make decisions about her health. She was limited in mobility and required assistance to get out of bed. She would spend the day sitting on a dining chair in the lounge area. She had not been out of the house for approximately three years. Mrs Reardon slept in a bedroom which was also occupied by Phillip. Her single bed consisted of a wooden slat base with a 10cm foam mattress and six blankets of various thicknesses. The residence was owned by Mrs Reardon. It was poorly maintained and the garden was overgrown. The interior was dusty and cluttered, with a stale odour. The personal hygiene and living conditions of Mrs Reardon, Julie and Phillip were poor.

There was a significant decline in Mrs Reardon's condition within a period of about two weeks before her death, likely due to her suffering from influenza. Mrs Reardon became bedridden in this period and developed multiple pressure ulcers of the back, buttock, left heel and right hip. The ulcer on her right hip was particularly severe.

Julie attempted to treat the ulcers by bathing them with Dettol and Medihoney wound gel.

In the week before her hospitalisation on 20 September 2013 Mrs Reardon's speech decreased and she stopped eating and drinking. She adamantly refused Julie's offers of obtaining medical treatment.

Circumstances Surrounding the Death

At 12.15am on 20 September 2013 Julie telephoned triple zero for an ambulance to attend the home as she was very concerned about her mother's condition. She told the emergency operator that Mrs Reardon had a "*bad flu that is going around*", that her breathing was not

good and that she had a “*really bad ulcerated back*”. She also stated that Mrs Reardon could not walk, that she was crying all the time and would not eat or drink.

When the ambulance officers attended the address, they found Mrs Reardon lying on her back in bed with only thin bed coverings over her. Her clothes appeared soiled from skin excretions. Mrs Reardon was pale and confused and suffering hypothermia. She was lifted by paramedics onto a wheelchair as she was unable to move herself. She was wrapped in a foil thermal blanket and transported to the RHH.

On arrival at hospital she was noted to be anuric (absence of urine), hypothermic and hypotensive. Hospital staff noted that she was unkempt, smelled of urine, had dead skin caked on her clothing, and her dentures were adherent to her mouth. She was noted to have multiple pressure areas and a fungal infection.

She failed to respond to aggressive fluid and intravenous antibiotic resuscitation. Palliative measures were provided and she died in hospital on 29 September 2013.

Dr Donald Ritchey performed an autopsy upon Mrs Reardon. He concluded that the cause of her death was multiple organ failure caused by sepsis complicating an infected pressure ulcer of the hip.

In his report Dr Ritchey stated:

“The autopsy revealed a well-developed, elderly Caucasian woman with multiple pressure ulcers of the back, buttock, left heel and right hip. The ulcer on the right hip was especially severe with necrotic tissue that extended deeply into the subcutaneous tissue. Histologic sections revealed infection of the underlying bone (osteomyelitis). The hip ulcer is the likely source of sepsis (bacterial infection of the blood).”

Pressure (also called decubitus) ulcers of the skin are a common problem in incapacitated individuals who lay unattended for long periods. Lack of blood flow in areas of pressure leads to ulceration of the skin. Infection of the ulcers is a common complication usually caused by commensal organisms of the skin. When untreated these localised infections can spread to the deep soft tissues and bone where they become treatment resistant even to aggressive intravenous antibiotic therapy. Elderly individuals are at special risk of developing decubitus ulcers and their infectious complications.”

I accept the conclusions of Dr Ritchey regarding Mrs Reardon’s death.

The accounts of Julie and Phillip regarding the care of Mrs Reardon

Julie and Phillip were questioned extensively by police in recorded interviews about the circumstances of their mother’s decline in health. I do not propose to comprehensively set out their responses to police. However, it is important to summarise their accounts.

Julie stated that she called the ambulance when she realised that her mother’s ulcer was

bleeding. It had not been bleeding a week earlier. She had been checking her mother's condition and had observed a wound on her hip about three weeks before her hospitalisation. She stated that it was a very small wound and she started treating it using Medihoney and Dettol. She stated that her mother would not go see a doctor as she had previously had a bad experience and thought that doctors and hospitals were incompetent. She stated that as her mother's condition deteriorated, she would regularly ask her to have treatment but her mother refused to go. She stated that she realised after her mother's death that she should have telephoned for an ambulance several days before she actually did.

Julie stated Mrs Reardon would not allow her to change her clothes and she would stay in the same clothes throughout a week or fortnight. She stated that she was only aware of one lesion on her mother's body. She said that her mother would refuse to go outside the house as she was terrified of falling. She stated that her mother had plenty of bedding and never complained about being cold. She could not recall the last time that her mother's bedding had been changed; she also indicated that her mother might have urinated on it on one occasion. She stated that her mother was not taking any medication. She indicated that her mother's clothing had not been changed for four weeks. She stated that her mother had been wearing a sanitary napkin. Julie stated that the hot water cylinder in the residence stopped working about a month before her mother's death. She said that she could not lift her mother out of bed to bathe her. She described the house as "not clean" but that she had "seen worse". She stated that she had done the best she could to care for her mother and that looking after her mother and Phillip was a heavy load on her. Julie told police that she would not have changed the way she cared for her mother and said that she had a legal duty to look after her mother and believed she had done so.

In his interview with police, Phillip also said that his mother had been bedridden for about a month before her death. He said that she wasn't eating or drinking much prior to hospitalisation, but she would eat all her Sunday dinner. She also had Vita Brits every morning for breakfast. He confirmed that Julie asked Mrs Reardon if she wanted to go to the doctors, to which she replied "no". He stated that he left doctors' appointments to Julie. He said to Julie that they should have called an ambulance earlier. He believed his mother had a cold in her chest. Julie told him she washed her when he wasn't there, and that she put pads on her to collect the urine. The hot water cylinder hadn't been working for a while. He acknowledged that his mother was in poor condition and that he had a responsibility to look after her. He stated that his mother had an electric heater in her room every night. He said that Julie gave her ointment every day. He said he could have got help sooner because she wasn't well and wasn't talking and eating. He thought he should have called the ambulance (or help) one week earlier than had occurred, and could have "changed the sheets more."

The only other significant evidence as to Mrs Reardon's state of health before her hospitalisation was from Suzanne Frendo, Mrs Reardon's niece. In her statement she said that she believed that Julie and Phillip did their best to look after Mrs Reardon. She stated that she believed that they were the main carers for Mrs Reardon, that they were adequate carers, and did not receive outside help to care for their mother.

Ms Frendo described her last visit to Mrs Reardon's house about two weeks before her death. She stated:

"She was sitting at the dining room table and we would sit there with her and chat. When I went to visit Jean on that occasion, and on other occasions I went to visit, she was always dressed and clean. She appeared to have been washing regularly and never complained of being hungry or uncomfortable. She always seemed in good spirits and she always greeted me and seemed happy to see me and never had any complaints in relation to her health or treatment. She did not appear to be ill and she appeared to have been up and about and not bedridden. I do not believe that she had been bedridden or anything like that and it came as a bit of a surprise when she passed away as she had seemed ok when I saw her.

Julie told me that she was cooking meals for Jean and I didn't see anything that made me not believe that or believe that Jean wasn't eating properly. The house was always a bit of a mess but this did not increase or anything in the lead up to Jean's death. I think Julie is a bit of a hoarder and there was a fair bit of "stuff" in the house but there was nothing unhygienic and nothing I would say would make it uninhabitable. Jean would not really talk about her health or her living arrangements. She never complained about it or anything like that to me.

When I last saw Jean there were no glaring changes in her personality, her attitude or her appearance. She gradually lost some weight over time but I think that was a result of her getting sick and of Jack dying and the situation. The only health concerns that I am aware of that Jean had were that she used to get ulcers in her legs. She never really indicated what caused this, but I believe her brother, Jack Crow, I think his name was, also suffered the same thing and I know that Michael has had some trouble with them as well."

Conclusions regarding Mrs Reardon's care

I have reviewed the accounts provided to police by Julie and Phillip. Both of them appeared well motivated to look after their mother within their limited capacity. They both respected their mother's wishes in not taking her to a doctor. Phillip, in particular, displayed a lack of understanding of the care needs for Mrs Reardon. Consultant psychiatrist, Dr Mandy Evans, in her report to Phillip's general practitioner in 2008, stated *"there was no evidence of formal thought disorder but there was considerable impoverishment of thought content and he was unable to elaborate beyond the bare bones and answers"*. This conclusion accords with my observation of Phillip's answers to police. The other medical evidence indicated that, whilst his mental illness was stable, he required support and was cognitively deficient. In reality, he had little ability to care for his mother. His answers to police after his mother's death indicate regret for not obtaining her care at an earlier stage. My assessment of Phillip was that he would not have been able to exercise appropriate judgement in respect of his mother's care, to override her wishes or to question the decisions made by Julie.

The evidence shows that Phillip suffered from both schizophrenia and significant cognitive deficits. A progressive loss of mental functioning is characteristic of chronic schizophrenia. It appears that his schizophrenia was controlled with medication but that he was heavily reliant upon Julie for his care. His responses to police in his interview confirm his own need for care and clearly indicate that he was not able to understand, or care for, his mother's needs.

The evidence indicates that Julie did not suffer any significant physical ailments or mental health issues. However, in her interview to police she presented as having a low intellectual capacity. She bore the responsibility for caring for both Phillip and her mother.

The officer in charge of the investigation, Detective Sergeant David Gill, after observing the house and interviewing both Julie and Phillip, formed the opinion that:

- Julie was of basic intelligence “at best”;
- Phillip was of below average intelligence;
- The house was not cleaned regularly and both did not appear to be equipped to carry out basic tasks;
- Both appeared to have cared for their mother in the best way they knew how; however they also obeyed their mother and would not override her objection to seeking medical help;
- Both, in retrospect, appeared remorseful for not obtaining assistance for their mother at an earlier date; and
- There were no external relatives or professionals in a position to monitor the health of Mrs Reardon.

I agree with the assessment of Detective Sergeant Gill. Before her death, Mrs Reardon required urgent medical care and hospitalisation. The appropriate and reasonable response of persons in the position of Julie and Phillip, with an awareness of Mrs Reardon’s decline in health, should have been to obtain immediate medical assistance when it became apparent that she was unwell.

I conclude that Mrs Reardon’s death may well have been prevented if Julie and Phillip had sought medical assistance for her when her illness became apparent. In this regard, I accept the opinion of the coronial medical consultant, Dr Anthony Bell. It is unknown when Mrs Reardon’s sepsis commenced. This is likely to have been at least a week before her hospitalisation on 20 September 2013. I note Dr Bell’s comments that at Mrs Reardon’s age pressure ulcers may appear rapidly, within 7 to 10 days before her hospitalisation. Furthermore, he stated in his report that ulcers usually develop in the deeper tissues with less skin damage, and thus the extent of the damage is easy to underestimate. This timeframe accords with the likely time for development of Mrs Reardon’s ulcers.

The medical assistance that may have prevented her death at that stage would have included hospitalisation for treatment of the infection and wounds, and a re-distribution of pressure. This may have successfully resolved her condition prior to it becoming fatal.

However, Dr Bell notes that sepsis may well have started significantly earlier than a week before Mrs Reardon’s death but with little outward symptomatology. He states that the diagnosis of sepsis in the elderly can be difficult due to the lack of immune response leading to a number of diminished symptoms. Sepsis is frequently missed by medical practitioners in the elderly and the immune suppressed. Therefore, it is possible that, even if Mrs Reardon had been treated when her symptoms became apparent, her sepsis may not have responded to treatment.

All of the evidence indicates that Julie and Phillip were incompetent to deal with the changed state of health of their mother and the increased level of care required. They were able to

care for her in her normal health condition but when her condition declined with influenza, they unfortunately possessed no coping or adjusting mechanisms to arrange immediate medical care. They remained well motivated to care for their mother. However, they continued to obey their mother's wishes not to be treated and did not possess the ability to override those wishes until she was in a critical condition. Their response in this regard was characteristic of their low intellectual functioning. Sadly, with no treatment, Mrs Reardon's condition became worse. She was bedridden and developed pressure sores and loss of condition, leading to sepsis and death. As stated, however, I am not able to find that treatment in the 7 to 10 days before her death, when her symptoms of influenza and ulcers became apparent, would have necessarily prevented her death.

Comments and Recommendations

The circumstances of Mrs Reardon's most unfortunate death do not require me to make any recommendations pursuant to section 28 of the *Coroners Act* 1995.

I convey my sincere condolences to the family and loved ones of Mrs Reardon.

Dated: 1 August 2016 at Hobart, in the state of Tasmania

Coroner
Olivia McTaggart