



## **FINDING OF INQUEST**

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 14<sup>th</sup> day of May 2014 and the 28<sup>th</sup> day of November 2014, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Constance Mary Hogan.*

*The said Court finds that Constance Mary Hogan aged 73 years, late of Murray Mudge, 7 Raymond Grove, Glenelg, South Australia died at the Repatriation General Hospital, 216 Daws Road, Daw Park, South Australia on the 5<sup>th</sup> day of May 2012 as a result of general inanition due to dysphagia on a background of multiple neurological and psychiatric diagnoses. The said Court finds that the circumstances of her death were as follows:*

### **1. Introduction and reason for Inquest**

1.1. Constance Mary Hogan was 73 years of age at the date of her death on 5 May 2012 at the Repatriation General Hospital. At the time of her death she was subject to a detention and treatment order under the Mental Health Act 2009 and, accordingly, hers was a death in custody within the meaning of that expression in the Coroners Act 2003. This Inquest was held as required by section 21(1)(a) of that Act.

### **2. Cause of death**

2.1. A cause of death was given by Dr Iain McIntyre in a pathology review report dated 8 May 2012<sup>1</sup> as general inanition due to dysphasia on a background of multiple neurological and psychiatric diagnoses, and I so find.

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<sup>1</sup> Exhibit C2a

### **3. Background**

- 3.1. Ms Hogan had suffered from mental ill health for many years. She also had a history of alcohol abuse. Her medical history includes bipolar disorder and there was an attempted overdose in 2005 involving paracetamol. Her physical ailments included diabetes, high cholesterol and osteoarthritis.
- 3.2. In March 2012 Ms Hogan displayed the signs and symptoms of a stroke. She could not stand and slipped off the bed and had right-sided weakness in her face, leg and arm. She was carefully examined and CT scans and other investigations did not reveal any obvious abnormality in the brain.
- 3.3. On 1 April 2012 Ms Hogan was detained under the Mental Health Act 2009 because there were concerns about her oral intake and it was anticipated that she would not cooperate with intravenous hydration which she required. Thus a detention and treatment order was instituted because Ms Hogan was not well enough to consent to the medical treatment she required.
- 3.4. During her stay in the Repatriation General Hospital Ms Hogan was provided with appropriate care for her complex medical conditions. The treatment orders were in my opinion lawful and appropriate. In my opinion, without those orders, and the treatment she was receiving as a result of them, her death would have occurred sooner<sup>2</sup>.
- 3.5. Ms Hogan's treatment included, in addition to the CT investigations, an MRI investigation on 20 April 2012 which was similar to previous scans. Ms Hogan was reviewed by the neurology registrar in April 2012 but a definitive diagnosis was not made. It was suspected that the symptoms of a degenerative brain condition may have been exacerbated by previous use of certain medications. Psychiatry review found it difficult to determine whether there was a psychiatric condition or a degenerative neurological condition.
- 3.6. Discussion with family members revealed that Ms Hogan would wish to be cared for but would not want to have invasive management in an intensive care environment.

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<sup>2</sup> See statement of Dr Andrew Russell, Consultant Physician, Exhibit C3a

Ms Hogan was treated with antibiotics and diuretics as appropriate and was tolerating nasogastric feeding.

3.7. On 1 May 2012 Ms Hogan was reviewed by Dr Russell and it was noted that she was becoming unresponsive and immobile, although not unconscious. Electrolytes and blood sugar were managed in a supportive way. On 4 May 2012 nasogastric feeding was ceased because of diarrhoea and a significant positive fluid balance. On 5 May 2012 there was evidence of a lung infection and it was decided to continue supportive hydration and nasogastric feeding as tolerated. However, later that same day Ms Hogan died.

3.8. The following useful summary comes from the statement of Dr Russell:

'Brain function is important for maintaining many bodily functions and when the brain doesn't work, the body 'falls apart'. Without a definitive diagnosis, and bearing in mind that for many of these conditions there is no specific test.

Neurological conditions are diagnosed based on the pattern of symptoms and signs. Some of them are what we call specific signs and symptoms and say it's likely that it is a certain condition. Others have non-specific signs and symptoms. Then it comes down to a balance of probabilities. In determining the most likely diagnosis it's a question of how many signs and symptoms point this way and how many point that way?

In this case due to her neurological or brain condition she was unable to take food and water by mouth voluntarily. The neurological state may also interrupt autonomic functions so hunger and thirst were likely not present.

Food and water were given intravenously and by gastric feeding tube up until the 5<sup>th</sup> May 2012. There is a limit as to how much water and food that can be given this way and how much the body may accept. Her high serum sodium (hypernatraemia) reflected a lack of water. Intravenous fluid replacement as 5% dextrose in water must be given slowly to correct this situation (to prevent the brain from swelling) and that is what was given.

On the other hand with no likelihood of recovery, treatment may just be delaying the inevitable.

In my opinion Mrs Hogan would have died earlier had it not been for the level of care she was provided with.'<sup>3</sup>

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<sup>3</sup> Exhibit C3a

**4. Conclusion and Recommendation**

4.1. Having carefully considered the evidence that was presented at the Inquest, I conclude that Ms Hogan's treatment was appropriate and that her detention was lawful. I have no recommendations to make in this matter.

*Key Words: Death in Custody; natural causes*

*In witness whereof the said Coroner has hereunto set and subscribed his hand and*

*Seal the 28<sup>th</sup> day of November, 2014.*

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*State Coroner*