

FORM 37

Rule 60(1)

FINDING INTO DEATH WITH INQUEST

Section 67 of the Coroners Act 2008

Court reference: 2195/10

Inquest into the Death of KEITH HARRINGTON SMITH

Delivered On: 6th April 2011

Delivered At: Coroners Court, Exhibition Street, Melbourne

Hearing Dates: 6th April 2011

Findings of: CORONER JOHN OLLE

Place of death: Sunshine Hospital, Furlong Road, St Albans, Victoria 3021

PCSU: Sergeant David Dimsey

FORM 37

Rule 60(1)

FINDING INTO DEATH WITH INQUEST

Section 67 of the Coroners Act 2008

Court reference: 2195/10

In the Coroners Court of Victoria at Melbourne

I, JOHN OLLE, Coroner

having investigated the death of:

Details of deceased:

Surname: SMITH
First name: KEITH
Address: 57 Angliss Street, Yarraville, Victoria 3013

AND having held an inquest in relation to this death on 6th April 2011
at Melbourne

find that the identity of the deceased was KEITH HARRINGTON SMITH
and death occurred on 9th June, 2010

at Sunshine Hospital, Furlong Road, St Albans, Victoria 3021

from

1a. PNEUMONIA

In the following circumstances:

1. Keith Smith was aged 81 years at the time of his death. He lived at 57 Angliss Street, Yarraville.
2. The coronial brief has fully addressed the circumstances of death.
3. Mr Smith's wife, Hilda, has provided a comprehensive insight into the life of her husband. The couple had a long, happy and productive marriage. They lived at their Yarraville address all their married life.

4. Though healthy most of his life, in June 1997 Mr Smith suffered a heart attack. He underwent bypass surgery with success. In September 2002 Mr Smith suffered a stroke. The consequence of the stroke required insertion of a PEG tube for feeding. Thereafter Mrs Smith was her husband's carer.

5. In October 2009, Mr Smith suffered a severe case of pneumonia, which required his hospitalisation for six weeks.

6. The death of his dog Darkie in February 2010 distressed Mr Smith and appears the catalyst of deterioration in Mr Smith's mental health.

7. In the final month of his life Mr Smith received respite care in Footscray and hospital admission at Sunshine Hospital. He was subsequently transferred to Sunshine Mental Health, where he remained for a fortnight. His behaviour had become erratic and out of character. Whilst a resident at Sunshine Mental Health, Mr Smith apparently suffered a fall. I do not consider the fall relevant to the cause of death.

Summation of Treatment

8. A report of Dr Fong, medical registrar at Western Health, has provided assistance to the investigation.

9. Dr Fong reviewed Mr Smith on the 8th June 2010, in respect to the onset of the increase of shortness of breath and poor oxygen saturation. I am satisfied Dr Fong had provided prompt attention to Mr Smith.

10. Dr Fong has set out in detail the findings of his examination. Dr Fong arranged for Mr Smith to be transferred to the emergency department of the Sunshine Hospital for ongoing medical management.

11. I am satisfied that Mr Smith received appropriate care and attention at the Sunshine Hospital and the communication with the family of Mr Smith was appropriate and regular. Unfortunately, due to the underlying co-morbidities, including recurrent aspiration pneumonia, conservative treatment was recommended. It was not possible to treat the cause of aspiration pneumonia, which was due to swallowing difficulties sustained from the previous stroke. The family agreed to the non-invasive ventilation, IV treatment and supportive care. Dr Fong noted that agreement was reached that Mr Smith was not for resuscitation, ICU management including incubation or inotrope support.

12. Overnight and into the next day, Mr Smith was appropriately monitored. Dr Fong had ongoing conversations with the family where it was agreed that Mr Smith was unlikely to improve and in all circumstances it was agreed to withdraw active treatment and provide symptomatic management. Mr Smith received morphine and atropine when needed to relieve respiratory distress and supportive nursing care. He died later that morning.

13. I am satisfied that at all times Mr Smith received appropriate medical care and attention.

Post Mortem Medical Investigation

14. On the 16th June 2010, Dr Sarah Parsons, Forensic Pathologist at the Victorian Institute of Forensic Medicine, performed an autopsy on the body of Keith Harrington Smith.


15. Dr Parsons found the cause of death to be pneumonia.

16. Dr Parsons noted that Mr Smith also had chronic lung disease in the form of bronchiectasis. Further, Dr Parsons noted nothing to suggest that the death of Mr Smith was due to anything other than natural causes.

Finding

I find the cause of death of Keith Harrington Smith to be pneumonia.

Signature:

The seal of the Coroners Court of Victoria is circular. It features a central coat of arms with a shield, a crown, and two figures. The words "Coroners Court" are written in a curve at the top, and "of Victoria" is written in a curve at the bottom.

John Olle
Coroner
6th April, 2011