IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2012 2208

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)
*Section 67 of the **Coroners Act 2008***

Inquest into the Death of: ROBYN JOY WANSTALL

Hearing Dates:	12 August 2013
Police Coronial Support Unit:	Senior Sergeant Ken Burchett, Assisting the Coroner
Findings of:	AUDREY JAMIESON, CORONER
Delivered on:	12 August 2013
Delivered At:	Coroners Court of Victoria Level 11, 222 Exhibition Street Melbourne 3000

I, AUDREY JAMIESON, Coroner having investigated the death of ROBYN JOY WANSTALL

AND having held an inquest in relation to this death on 12 August 2013
at Melbourne
find that the identity of the deceased was ROBYN JOY WANSTALL
born on 21 September 1955
and the death occurred on 11 June 2012
at Wantirna Health Hospital, 251 Mountain Highway, Wantirna
from:

1 (a) MALNUTRITION
1 (b) RUFUSAL OF ORAL INTAKE (PALLIATED)
1 (c) PHENYLKETONURIA WITH INTELLECTUAL DISABILITY

in the following circumstances:

BACKGROUND CIRCUMSTANCES

1. Ms Robyn Wanstall was 56 years of age at the time of her death. She lived at 24 Canara Street, Doncaster East in the care of the Department of Human Services due to intellectual disability. She had previously lived at Kew Cottages and in a Community Residential Unit between 2006 and 2010 when she moved to the Canara Street residence due to deterioration in her mobility.

2. Ms Wanstall had a medical history that included phenyleketonuria (PKU), an inherited disorder which resulted in abnormal childhood development, intellectual impairment and epilepsy. Other medical conditions included Parkinson's Disease, osteoarthritis, hypertension and renal impairment. She was prescribed a number of medications including Sinemet, Epilem and Clonazepam.

3. In April 2012 Ms Wanstall was admitted to Box Hill Hospital for an overall assessment of her medical conditions due to a recent overall decline in her health. At the time she was diagnosed with hypercalaemia probably due to underlying multiple myeloma. A definitive diagnosis was not obtained as it was decided that specific investigations required would be painful and any subsequent treatment inappropriate as Ms Wanstall was considered to have a relatively short prognosis. She was returned to Canara Street and a palliative care plan was developed in consultation with Ms Wanstall's family.

SURROUNDING CIRCUMSTANCES

4. Ms Wanstall was admitted to Wantirna Palliative Care Unit on 26 May 2012. In the weeks preceding her admission Ms Wanstall had been refusing food and later fluids and subsequently, her medications. She required admission to Wantirna Hospital to provide pain relief and seizure control. She received pain relief via a trans-dermal buprennorphine patch and seizure control via subcutaneous clonazepam. Later a syringe driver with clonazepam was introduced and titrated to prevent seizures.

5. Ms Wanstall died on 11 June 2012 at 11.00pm. Her death was expected.

INVESTIGATION

6. The death of Robyn Wanstall was *reportable* because immediately before her death she was *a person placed in custody or care* as defined in section 4, **Coroners Act 2008.**

Medical Investigation

7. Dr Jacqueline Lee Forensic Pathologist at the Victorian Institute of Forensic Medicine performed an external examination on the body of Ms Wanstall and reviewed a post mortem CT scan. Dr Lee reported that the external examination showed a cachetic body with a body mass index of 17.53. There were no signs of injury and otherwise appeared well cared for. The post mortem CT scan showed no acute disease. In the absence of a full post mortem examination Dr Lee reported that a reasonable cause of death could be ascribed to malnutrition arising from refusal of oral intake in a setting of palliation with the antecedent cause being phenylketonuria with intellectual disability.

Police Investigation.

8. The investigation and preparation of the Inquest brief was undertaken by Constable Paul Storen from Boronia Police Station.

INQUEST

9. An Inquest was held in accordance with section 52(2)(b) **Coroners Act 2008.**

10. A summary of the circumstances was provided by Senior Sergeant Ken Burchett, Police Coronial Support Unit, Assisting the Coroner.

11. No issues requiring further examination were identified. No witnesses were called.

FINDING

I accept and adopt the medical cause of death as ascribed by Dr Lee and find that Robyn Joy Wanstall died from malnutrition arising from refusal of oral intake in a setting of palliation with the antecedent causes being phenylketonuria with intellectual disability.

AND I further find that the care provided to Ms Wanstall was reasonable and appropriate in the circumstances and that there is no relationship between the cause of Ms Wanstall's death and the fact that she was a *person placed in... care.*

Pursuant to section 73(1) of the **Coroners Act 2008**, I order that this Finding be published on the internet.

I direct that a copy of this finding be provided to the following:

- Mr Les Wanstall
- Secretary of the Department of Human Services
- Looi Chong, House Supervisor, Canara Street Residential Care
- Constable Paul Storen, Investigating Officer
- Dr Yvette Kozielski, Eastern Health

Signature:

AUDREY JAMIESON
CORONER
Date: **12 August 2013**