



IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2024 006206

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

Section 67 of the Coroners Act 2008

Findings of:	Coroner Ingrid Giles
Deceased:	Carol Fay Glascott
Date of birth:	11 April 1945
Date of death:	24 October 2024
Cause of death:	1a: NON-CONVULSIVE STATUS EPILEPTICUS ON A BACKGROUND OF URINARY TRACT SEPSIS AND PNEUMONIA
Place of death:	Monash Medical Centre 246 Clayton Road Clayton Victoria 3168
Keywords:	In care, Specialist Disability Accommodation, SDA, supported independent living, disability, natural causes

INTRODUCTION

1. On 24 October 2024, Carol Fay Glascott¹ was 79 years old when she died at Monash Medical Centre after a short period of palliative care.
2. At the time of her death, Carol was living in a Special Disability Accommodation (SDA) residence in Vermont. She was receiving Supported Independent Living (SIL) services through Scope Disability Services (Scope).
3. Carol's medical history included an intellectual disability, Down syndrome, epilepsy, Lewy body dementia, dysphagia, arthritis, asthma, osteopenia and recurrent urinary tract infections (UTIs). She was non-verbal and communicated through facial expressions. Carol's medical treatment was managed by specialist clinicians, including a private neurologist.
4. Carol's cousin, Sharlene Kelso (Sharlene), and Sharlene's granddaughter, were Carol's joint guardians² and were actively involved in decisions about her care.
5. Between April and May 2024, Carol had four hospital admissions, primarily related to increased seizure activity. During her admission on 7 April 2024, she experienced status epilepticus.

THE CORONIAL INVESTIGATION

6. Carol's death was reported to the coroner as it fell within the definition of a reportable death in the *Coroners Act 2008 (the Act)* as she was a '*person placed in custody or care*' within the meaning of the Act, as a person in Victoria who was an '*SDA resident residing in an SDA enrolled dwelling*' immediately prior to her death.
7. This category of death is reportable to ensure independent scrutiny of the circumstances leading to death given the vulnerability of this cohort and is reflected in the definition of a '*person placed in custody or care*' in section 3(1) of the Act, read in conjunction with Regulation 7 of the Coroners Regulations 2019.
8. There is a requirement under section 52(2)(b) of the Act to hold an Inquest into the death of a person who was in custody or care immediately prior to passing, though pursuant to section 52(3A) of the Act, the coroner is not required to hold an Inquest if the coroner considers the

¹ Referred to throughout my finding as 'Carol' unless more formality is required.

² Pursuant to the *Guardianship and Administration Act 2019* (Vic).

death was due to natural causes. I exercise my discretion under this provision not to hold an Inquest in the present case on the basis that Carol's death was due to natural causes and there are no further issues I have identified that require the hearing of *viva voce* evidence.

9. Victoria Police assigned an officer, Senior Constable Kieran Burn, to be the Coronial Investigator for the investigation of Carol's death. The Coronial Investigator conducted inquiries on my behalf, including taking statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.
10. This finding draws on the totality of the coronial investigation into the death of Carol Fay Glascott including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.³

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Circumstances in which the death occurred

11. On 24 September 2024, Scope staff found Carol slumped to her right side in her wheelchair. They observed that she appeared lethargic and generally not herself. After Carol pointed to her head, staff asked whether she had a headache, and she gestured yes.
12. Carol was transported by ambulance to the Emergency Department (**ED**) at Monash Medical Centre (**MMC**) and was admitted that day for further investigation and treatment. The differential diagnoses were hypoactive delirium precipitated by a UTI and a post-ictal phase of epilepsy.
13. On 25 September 2024, Carol was reviewed by a multidisciplinary team during the consultant ward round. Treating clinicians ordered an electroencephalogram (**EEG**) and changed her antiepileptic medication to intravenous administration because she was refusing oral medication. The EEG showed abnormal findings consistent with possible non-convulsive

³ Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

status epilepticus (NCSE)⁴ and encephalopathy.⁵ Carol was referred for same-day review by the Neurology team to assess her antiepileptic management. She was also commenced on antibiotic therapy after urine testing confirmed the presence of *Klebsiella pneumoniae*.⁶

14. On 30 September 2024, the Neurology team reviewed Carol and found her to be hypertonic in all limbs. She was then closely monitored for ongoing seizure activity.
15. On 1 October 2024, Carol was reviewed again. A repeat EEG showed encephalopathy without seizure activity.
16. Carol remained clinically stable over the following days, and the plan was to discharge her once she had returned to baseline, subject to repeat EEG findings. However, an EEG performed on 4 October 2024 showed highly abnormal findings, indicating encephalopathy, focal seizure activity and possible NCSE. She had a Glasgow Coma Scale (GCS) score of 10⁷ out of 15, and her treating clinicians determined that she had not yet returned to her baseline level of functioning and was therefore not suitable for discharge.
17. Between 4 and 8 October 2024, Carol's vital signs remained within the normal limits, her blood test results were unremarkable, and repeat urine testing was negative for infection.
18. EEGs conducted on 8 and 9 October 2024 showed slight improvement, with plans for ongoing management by her private neurologist.
19. On 10 October 2024, Carol was considered stable enough to be discharged home on oral antiepileptic medication.
20. On 11 October 2024, Carol re-presented to the MMC ED with swallowing difficulties. The Neurology team and a General Medicine Consultant reviewed her and determined that adequate epilepsy control was not possible without intravenous treatment. As a result, Carol was considered unsuitable to be discharged back home, and further escalation of treatment

⁴ Non-Convulsive Status Epilepticus is a persistent change in the level of consciousness, behaviour, autonomic function, and sensorium from baseline associated with continuous epileptiform EEG changes, but without major motor signs.

⁵ Encephalopathy is a general term for any disease or dysfunction of the brain that alters brain function or structure, resulting in an altered mental state, such as confusion, memory loss, personality changes, or coma.

⁶ *Klebsiella pneumoniae* is a gram-negative bacterium that primarily causes severe healthcare-associated infections, including pneumonia, bloodstream infections, wound infections, and meningitis.

⁷ The Glasgow Coma Scale (GCS) is a tool that healthcare providers use to measure decreases in consciousness. A GCS score of 10 indicates a moderate brain injury or altered level of consciousness. This score reflects that a patient may be drowsy, confused, or lethargic, but can still open their eyes, utter words, and move purposefully.

was thought likely to cause additional side effects and adversely affect her quality of life. Her prognosis was considered poor and she was referred to palliative care.

21. Sharlene and Carol's treating clinicians had a discussion regarding Carol's ongoing care, and a decision was made to commence end-of-life care. Carol was transferred to the palliative care unit that same evening and placed on end-of-life care.
22. On 24 October 2024 at 3.42am, Carol died peacefully in hospital.

Identity of the deceased

23. On 24 October 2024, Carol Fay Glascott, born 11 April 1945, was visually identified by her cousin, Sharlene Kelso.
24. Identity is not in dispute and requires no further investigation.

Medical cause of death

25. Forensic Pathologist Dr Paul Bedford (**Dr Bedford**) from the Victorian Institute of Forensic Medicine (**VIFM**) conducted an external examination on 25 October 2024 and reviewed a post-mortem computed tomography (**CT**) scan and other relevant materials. Dr Bedford provided a written report of his findings dated 31 October 2024.
26. The post-mortem CT scan revealed cerebral atrophy, vascular calcifications, and extensive changes in the right lung.
27. Toxicological analysis of ante-mortem or post-mortem samples was not indicated and was therefore not performed.
28. Dr Bedford provided an opinion that the medical cause of death was '*1(a) non-convulsive status epilepticus on a background of urinary tract sepsis and pneumonia*'.
29. Dr Bedford provided an opinion that the cause of death was due to natural causes.
30. I accept Dr Bedford's opinion.

FAMILY CONCERNS

31. In her statement provided to the Court during the investigation, Sharlene expressed concerns about the treatment and care provided to Carol by Box Hill Hospital during a prolonged hospital admission in 2023.

32. Given that Carol's death occurred in late 2024 and that her death was due to natural causes, having carefully considered those concerns, I am satisfied that they are not sufficiently proximate to Carol's death to warrant further coronial investigation.

FINDINGS AND CONCLUSION

33. Pursuant to section 67(1) of the *Coroners Act 2008* I make the following findings:
- a) the identity of the deceased was Carol Fay Glascott, born 11 April 1945;
 - b) the death occurred on 24 October 2024 at Monash Medical Centre, 246 Clayton Road Clayton Victoria 3168, from '*1(a) non-convulsive status epilepticus on a background of urinary tract sepsis and pneumonia*'; and
 - c) the death occurred in the circumstances described above.
34. Taking into account all the available information, I am satisfied that Carol died from natural causes in the setting of multiple health conditions.
35. I am satisfied that Carol's death was not caused, or contributed to, by any issue in relation to the care and management provided by her treating specialists, Scope or its staff, or Monash Health clinicians.
36. The factual matrix of Carol's death does not, therefore, support a conclusion that Carol being 'in care' at the time of her death – according to the Act – had a causal relationship with her death. In such circumstances, I have not identified any opportunities for prevention.

I convey my sincere condolences to Carol's family for their loss and acknowledge their reflections and memories of Carol, including her love for people and her happy and outgoing nature.

ORDERS AND DIRECTIONS

Pursuant to section 73(1B) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

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

Sharlene Kelso, Senior Next of Kin

Monash Health

Scope (Aust) Ltd

Senior Constable Kieran Burn, Coronial Investigator

Signature:



Coroner Ingrid Giles

Date: 12 June 2026



NOTE: Under section 83 of the *Coroners Act 2008* ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.
