

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2014 1806

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 60(2)

Section 67 of the Coroners Act 2008

I, JOHN OLLE, Coroner having investigated the death of GLENN RICHARD ALTMANN
without holding an inquest:

find that the identity of the deceased was GLENN RICHARD ALTMANN

born on 24 September 1963

and the death occurred on 7 April 2014

at South West Healthcare, Ryot Street Warrnambool VIC 3280

from:

1(a) ASPIRATION PNEUMONIA

1(b) DOWN SYNDROME

Pursuant to Section 67(1) of the *Coroners Act 2008*, I make these findings with respect to the
following circumstances:

1. Glenn Altmann was born on 24 September 1963 and was 50 years old at the time of his death. He is survived by his sister Carol Altmann, with whom he maintained a close and loving relationship.
2. Mr Altmann had a medical history of Down syndrome, epilepsy, cognitive impairment (mostly non-verbal) and oropharyngeal dysphagia. Mr Altmann was, immediately before death, a person placed under the care of the secretary to the Department of Human Services ('DHS'). He resided in DHS supported accommodation in Warrnambool as a high level care patient.
3. In the six months prior to his death, Mr Altmann had been under palliative care with South West Healthcare, in the context of gradual decline with weight loss. In January 2014 he was

observed to have a decreased Glasgow Coma Scale with associated 'gurgly' moist breath sounds and raised inflammatory markers. He had recently lost some weight, his function continued to decline, he had increasing periods of reduced conscious state and had difficulty feeding. Mr Altmann was diagnosed with aspiration pneumonia, was recommended level 2 (moderately thick) fluids and pureed diet and was given intravenous antibiotics, however due to Mr Altmann attempting to remove the cannula he was changed over to syrup Augmentin Duo, with good effect. He was also diagnosed with oropharyngeal dysphagia which had been an ongoing issue as Mr Altmann had very little, if any cough/gag reflex.

4. Due to Mr Altmann's deteriorating state DHS staff and Mr Altmann's family discussed palliative care approaches, including hospitalisation. Due to Mr Altmann being distressed by hospitals, it was decided that he be cared for in his DHS accommodation with a palliative approach. DHS staff and treating clinicians had discussions with Mr Altmann's family and explained that aspiration will always be an issue for Mr Altmann, that he will aspirate on his own saliva and that some of the episodes will have little consequence and others may result in an infection or pneumonia. It was recommended to DHS staff and treating clinicians that if Mr Altmann was drowsy, could not sit upright or was too fatigued to eat that they do not need to wake or force feed him, which may result in him not drinking or eating for the whole day, but that the priority was to provide quality of life, not quantity. This plan was agreed to by family and staff. The focus was on Mr Altmann's comfort. Community palliative care assisted the DHS carers with Mr Altmann's medical care needs and the general practitioner managed episodes of aspiration and other medical issues requiring a doctor.¹
5. On the morning of 7 April 2014 Mr Altmann's condition deteriorated. The house supervisor notified the palliative care team doctor, Dr Emma Greenwood, and Mr Altmann's sister Carol. Dr Greenwood arranged for Mr Altmann to be transferred to the palliative care ward at South West Health Care. Mr Altmann's condition continued to deteriorate throughout the day and Mr Altmann passed away at 8.45pm with Carol in attendance.²

POST-MORTEM INSPECTION

6. A post-mortem inspection and report was undertaken by Dr Paul Bedford, Forensic Pathologist at the Victorian Institute of Forensic Medicine. Dr Bedford reported that there was

¹ Discharge summary, South West Health Care.

² Department of Human Services Client Incident Report Form, dated 11 April 2014.

a recent history of issues relating to the brain and development of seizures with general deterioration and then a complication of aspiration pneumonia leading to death. No suspicious circumstances were noted.

7. Dr Bedford reported that the death is due to natural causes and that the cause of death is 1(a) aspiration pneumonia and 1(b) Down syndrome.

FINDING

8. I am satisfied, having considered all of the evidence before me, that no further investigation is required. I am satisfied that there are no suspicious circumstances.
9. I find that the death was due to natural causes.
10. I find that Glenn Altmann died on 7 April 2014 and that the cause of his death is 1(a) aspiration pneumonia and 1(b) Down syndrome.

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

The family of Glenn Altmann;

Investigating Member, Victoria Police; and

Interested parties.

Signature:

JOHN OLLE
CORONER
13 February 2015

