FORM 37

Rule 60(1)

FINDING INTO DEATH WITH INQUEST

Section 67 of the ***Coroners Act 2008***

Court reference: 4383/10

Inquest into the Death of JOHN BATEMAN

Delivered On:	6th June 2011
Delivered At:	Level 11, 222 Exhibition Street, Melbourne, Victoria 3000
Hearing Dates:	6th June 2011
Findings of:	HEATHER SPOONER
Place of death/Suspected death:	Cabrini Palliative Care, 646 High Street, Prahran, Victoria 3181
PCSU:	Sergeant D Dimsey

FORM 37

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FINDING INTO DEATH WITH INQUEST

Section 67 of the ***Coroners Act 2008***

Court reference: 4383/10

In the Coroners Court of Victoria at Melbourne

I, HEATHER SPOONER, Coroner

having investigated the death of:

Details of deceased:

Surname:	BATEMAN
First name:	JOHN
Address:	3 Shelley Court, Ashwood, Victoria 3147

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

find that the identity of the deceased was JOHN BATEMAN

and death occurred on 12th November, 2010

at Cabrini Palliative Care, 646 High Street, Prahran, Victoria 3181

from
1a. COMPLICATIONS FOLLOWING SURGERY FOR INTRADURAL CERVICAL MENINGIOMA

In the following circumstances:

1. Mr Bateman was aged 76 when he died. He resided in a Department of Human Services Community Residential Unit at 3 Shelley Court, Ashwood. Mr Bateman suffered from an intellectual disability and had a medical history that included carcinogenic syncope, Tourette's syndrome and diabetes.

2. As Mr Bateman was 'a person placed in care' as defined by s.3(1) **Coroners Act 2008**, his death was reportable and subject to a mandatory inquest pursuant to s.52(2)(b) of the Act.

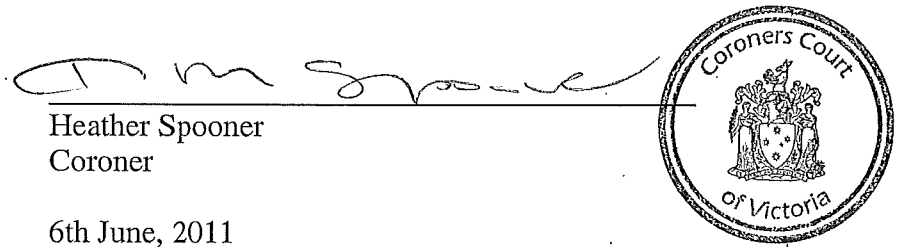
3. A police summary was prepared into the circumstances surrounding the death. It was apparent that in August 2010, Mr Bateman was referred to a neurosurgeon, Mr Rogers, for management of two problems at his cranio cervical junction. He recommended surgery to prevent the progression of Mr Bateman's neurology and the appropriate authority was sought and obtained from the Office of the Public Advocate. Post surgery Mr Bateman's condition initially improved however, he became unwell and was transferred to the Coronary Care Unit.

4. On 14 September following a further collapse he had surgery for the insertion of a stent.

5. On 11 October 2010, Mr Bateman was still unwell with hydrocephalus and an infection in his spinal fluid. The future management of his condition was discussed and he was referred for palliative care with a not for resuscitation order in place. Mr Bateman was transferred to the Palliative Unit of Cabrini and received end stage care prior to his demise on 12 November 2010.

6. It is apparent that Mr Bateman had significant health issues and unfortunately ultimately died from complications of the original surgery.

Signature:



Heather Spooner
Coroner

6th June, 2011