IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2025 0938

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

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

Findings of:	Coroner Paul Lawrie
Deceased:	John Patrick Button
Date of birth:	6 September 1961
Date of death:	17 February 2025
Cause of death:	ASPIRATION PNEUMONITIS IN A MAN WITH DOWN SYNDROME
Place of death:	Austin Hospital 145 Studley Road, Heidelberg Victoria 3084
Keywords:	In care, natural causes

Aboriginal and Torres Strait Islander readers are advised that this content refers to a deceased Aboriginal person. Readers are warned that there are words and descriptions that may be culturally distressing.

INTRODUCTION

1. On 17 February 2025, John Patrick Button was 63 years old when he passed away at the Austin Hospital, 145 Studley Road, Heidelberg, Victoria. He had been admitted to the hospital five days earlier after having suffered a seizure.

2. At the time of his passing, Mr Button resided at Aruma Supported Independent Living at 12 Dredge Street, Reservoir, Victoria. This is a Specialist Disability Accommodation (**SDA**) dwelling enrolled under the National Disability Insurance Scheme (**NDIS**) and operated by Aruma Services Ltd.[1]

3. Mr Button had Down syndrome. He was non-verbal and also suffered left ventricular dysfunction, scoliosis, dysphagia, and obstructive sleep apnoea. He required full assistance with feeding, personal care and mobility.

4. Mr Button was a proud Yorta Yorta man with strong connections to his Country and culture. He was born at Cummeragunja. At two years of age, he was placed in institutional care at Janefield in Bundoora, where he remained until age 42. He then transitioned into Supported Independent Living accommodation operated by Aruma Services.

5. In 2014, Mr Button was supported to reconnect with his cultural heritage. From January 2016 onwards, he regularly attended the Aboriginal Community Elders Services, where he engaged in cultural activities, participated in supported outings, and spent time with elders.

6. In January 2024, Mr Button was admitted to the Austin Hospital with urosepsis and increasing functional decline. His admission was complicated by delirium, seizure, and respiratory viral infection, and he remained in hospital until July 2024. When he was discharged, he was unable to return to his previous accommodation because of his increased needs. Consequently, he was transferred to a high needs SDA operated by Aruma Services at Dredge Street, Reservoir.

THE CORONIAL INVESTIGATION

7. Mr Button's passing was reported to the coroner as it fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**). Reportable deaths include deaths that are unexpected, unnatural or violent or result from accident or injury. The death of a person in care is a mandatory report to the coroner, even if the death appears to have been from natural causes. Mr Button was a "person placed in custody or care" within the meaning of section 4

[1] ACN 001 813 403

of the Act, as he was a "prescribed class of person"[2] due to his status as an "SDA resident residing in an SDA enrolled dwelling"[3].

8. First Constable David Laurie was assigned as the Coronial Investigator for the investigation of Mr Button's passing. First Constable Laurie conducted inquiries on my behalf and compiled a coronial brief of evidence.

9. This finding draws on the totality of the coronial investigation into the passing of Mr Button 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.[4]

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

Circumstances in which the death occurred

10. On 12 February 2025, Mr Button went out for the day with his community support worker, and he was noted to be tired and drowsy. At 8.00pm that evening, staff observed that he was pale and having difficulty breathing. An ambulance was called a short time later and he was conveyed to the Austin Hospital.

11. Upon admission Mr Button was found to have very poor oxygen saturation and reduced consciousness. The clinical impression was that he was suffering aspiration pneumonitis and he was treated on the ward with oxygen therapy[5], and multiple courses of antibiotics and steroids. Despite this treatment Mr Button remained hypoxic. He was also hypotensive and suffered general tonic-clonic seizures.

12. On 13 February 2025, Mr Button's doctors concluded that he was at the ceiling of clinical care. Mr Button did not have an appointed guardian or medical treatment decision maker, so discussions concerning Mr Button's treatment took place between his clinicians, the Office of the Public Advocate, and his carers. That afternoon, the decision was made to cease clinical interventions and transition Mr Button to comfort care.

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[2] Section 3(1), *Coroners Act 2008* (Vic).
[3] *Coroners Regulations 2019* (Vic), r 7(1)(d).
[4] 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.
[5] Delivered by High Flow Nasal Prong.

13. Over the next several days Mr Button was visited by his carers and he passed at 5.00am on 17 February 2025.

Identity of the deceased

14. On 28 February 2025, the identity of John Patrick Button, born 6 September 1961, was determined by Coroner Despot based upon DNA and other evidence. Identity is not in dispute and requires no further investigation.

Medical cause of death

15. Senior Forensic Pathologist Dr Michael Burke of the Victorian Institute of Forensic Medicine conducted an examination on 19 February 2025 and provided a written report of his findings dated 24 February 2025.

16. The post-mortem examination (including CT scan) revealed a marked increase in lung markings and foreign material in the upper airways in keeping with the clinical impression of aspiration pneumonitis. Chronic dilated ventricles in the brain were also apparent. There were no injuries that could be causative or contributory to death.

17. Dr Burke provided an opinion that the medical cause of death was 1(a) ASPIRATION PNEUMONITIS IN A MAN WITH DOWN SYNDROME, and that the death was due to natural causes.

18. I accept Dr Burke's opinion.

FINDINGS AND CONCLUSION

19. Pursuant to section 67(1) of the *Coroners Act 2008* (Vic) I make the following findings:

    a) the identity of the deceased was John Patrick Button, born 6 September 1961;

    b) the death occurred on 17 February 2025 at The Austin Hospital, 145 Studley Road, Heidelberg, Victoria, from ASPIRATION PNEUMONITIS IN A MAN WITH DOWN SYNDROME; and

    c) the death occurred in the circumstances described above.

20. There is nothing to suggest that the care Mr Button received at his SDA, or the medical care he received at the Austin Hospital was anything other than appropriate.

ACKNOWLEDGEMENTS

I convey my sincere condolences to Mr Button's family and carers for their loss.

I thank the Coronial Investigator and those assisting for their work in this investigation.

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:

Janet Taylor, Senior Next of Kin

Austin Health

Aruma Services Ltd

National Disability Insurance Agency

First Constable David Laurie, Coronial Investigator

Signature:

Coroner Paul Lawrie

Date: 17 September 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.