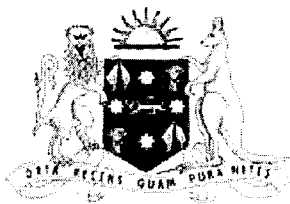


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**STATE CORONER'S COURT
OF NEW SOUTH WALES**

Inquest: Inquest into the death of Therese WILLIAMS

Hearing Dates: 22 February 2022

Date of Findings: 24 February 2022

Place of Findings: Coroner's Court of New South Wales at Lidcombe

Findings of: Magistrate Joan Baptie, Deputy State Coroner

Catchwords: CORONIAL LAW – cause of death

File Number: 2020/00252697

Representation: Mr K Jiang, Coronial Advocate Assisting the Coroner

Findings: Therese Williams died between 27 – 28 August 2020 at her home in GyMEA, New South Wales. The cause of Ms Williams' death was ischaemic heart disease. The manner of Ms Williams' death was from natural causes.

Non-publication order N/A

1. INTRODUCTION

- 1.1 This is an inquest into the death of Ms Therese Williams, who died at her home in Gymea between 27 – 28 August 2020, from natural causes.
- 1.2 In these proceedings, Ms Williams has been referred to as Therese, to reflect the personal and less formal manner that her family and friends remember her. It is not intended as any disrespect to her or her memory.
- 1.3 On 27 August 2020, Therese spoke with her mother, Mrs Maureen Kettle during the afternoon. They spoke about her plans for the evening and the impending birth of her grandchild. Mrs Kettle described her daughter's mood as "happy and well and was very excited for the arrival of her grandchild."
- 1.4 At around 6pm, Therese met up with two of her friends, Joanne and Wendy at the Gymea Bowling Club. The three friends shared pizzas and a bottle of wine and discussed work, the removal of Therese's wrist plaster cast and the excitement she was feeling around the approaching birth of her grandchild. Her friends described her as "happy and well" and that she "glowed".
- 1.5 The three women were driven home by Joanne's husband. They waited until Therese had safely entered her apartment building.
- 1.6 Shortly afterwards, at around 10pm, Therese spoke briefly on the telephone with another friend, Jodie. Therese indicated that she had had an enjoyable evening, but was feeling tired and was going to bed.
- 1.7 The following morning, 28 August 2020, Mrs Kettles sent a text to Therese. Later that morning, Mrs Kettles attempted to ring her daughter as she had not received a response to her earlier text message. Mrs Kettles became concerned and decided to go to Therese's home to confirm that she was alright. Once at the apartment building, Mrs Kettles buzzed the intercom but did not receive a response. She then let herself into the apartment building and then into the apartment. Mrs Kettles could not see her daughter in the living room area and then made her way to the bedroom. Mrs Kettles spoke to Therese, saying "wake up sleepyhead" and then realised, in what must have been an emotionally confronting situation, that she was deceased.
- 1.8 Police and paramedics attended at Therese's apartment. After inspecting the scene and undertaking other inquiries, the police concluded that there was no basis to suspect any third party involvement in her death. It appeared to be the result of natural causes.
- 1.9 An autopsy was performed, confirming that there was no evidence of any third party involvement and that her death was almost certainly due to natural causes. The pathologist, however, was unable to identify what that cause was. As a result, an inquest is mandatory.

2. THE LEGISLATIVE REQUIREMENT FOR AN INQUEST

- 2.1 Pursuant to the Coroner's Act 2009 ("the Act"), a Coroner is required to investigate all reportable deaths to determine the identity of the person that has died, when and where they died, and the cause and manner of their death.
- 2.2 The issues in this case as to identity, date, place and manner of death are uncontroversial. The principal issue in these proceedings which requires consideration and analysis of all the available evidence, relates solely to the cause of death.

3. MS WILLIAMS' LIFE

- 3.1 Therese was born on 24 June 1960. She was residing independently in a secure apartment complex at Gynea.
- 3.2 Therese was employed as a legal secretary/executive assistance with a city law firm. Due to the COVID 19 pandemic, she was largely working from home, although was required to attend her office from time to time.
- 3.3 Therese had maintained a very close relationship with her mother, Mrs Kettle. They were in contact at least daily, with conversations by telephone, via text message and in person.
- 3.4 Therese had been married previously and subsequently divorced.
- 3.5 Therese has one son, Mr Troy Williams. Mr Williams and his wife, Mrs Tegan Williams now have a son, Huxley, Therese's grandson.
- 3.6 Therese was described as a sociable person, who maintained regular contact with her family and friends. The officer in charge (OIC), Constable Adam Bloom noted that "As the OIC I have heard nothing but beautiful things about Therese, I believe that the world is a poorer place without her presence and am saddened that I was never able to meet her."

4. THE EVIDENCE

- 4.1 Therese attended at the St Michael's Family Medical Practice at Gynea. Her regular medical practitioner, Dr Vivian Mikhail was of the view that Therese's death was unexpected as she was in general good health.
- 4.2 Dr Mikhail last saw Therese on 20 August 2020, to assess the progress with her fractured right wrist. Her plaster cast was removed and she was placed in a splint.

- 4.3 Dr Mikhail's medical notes stated that Therese was a light consumer of alcohol, consuming one to two standard drinks, two to four times a month. Therese did not consume cigarettes or any illicit substances.
- 4.4 Therese had a medical history which included "osteoporosis with fracture (2014), work related traumatic fracture of the humerus and sacrum (2015), menopause (2004), hemithyroidectomy (2005), pneumonia (2015) and post-traumatic stress (2018)". She was prescribed Eutroxsig tablets to manage her hyperthyroidism and Prolia injections to manage her osteoporosis.
- 4.5 The medical records disclose a family history of "bronchial asthma, osteoporosis, hypertension and asbestos related lung cancer".
- 4.6 Therese's family were able to confirm that her grandmother suffered a myocardial infarction at the age of 58. In addition, her aunt has been treated with arterial stents; as well as her uncle who has also been treated with stents owing to a 90% blockage of one of his arteries.

5. **EVIDENCE FROM THE FORENSIC PATHOLOGIST**

- 5.1 Forensic pathologist, Dr Istvan Szentmariay performed an autopsy examination on 2 September 2020. At that time, he had access to a health summary provided to him by Therese's GP, Dr Mikhail.
- 5.2 Dr Szentmariay confirmed that "No suspicious external or internal injuries were identified."
- 5.3 Dr Szentmariay confirmed that "Routine toxicology showed no detectable alcohol in her system. Non-toxic blood levels of pholcodine (an opioid cough suppressant) and ranitidine (to reduce stomach acid and commonly used to treat heartburn) were reported in her post-mortem obtained blood sample."
- 5.4 Dr Szentmariay performed a post mortem CT scan, noting "The heart appeared to be within the normal size limit with no coronary artery disease." On further internal examination, he noted that "The heart was of normal weight. One out of three major coronary arteries showed up to 40% focal narrowing under the microscope (histology – the other two major coronary arteries showed no narrowing). Histology showed mild scarring of the left ventricle (with no acute changes)". At page 8 of his report, he noted "Cross sections of the proximal left anterior descending coronary artery show partly calcified atherosclerotic vascular changes resulting in up to 40% narrowing of the lumen."
- 5.5 On examination, Dr Szentmariay noted "The liver showed mild chronic congestive changes, no fatty changes were identified."
- 5.6 In addition, Dr Szentmariay performed thyroid hormone studies which confirmed that Therese was not suffering from either hypo or hyperthyroidism.

- 5.7 Dr Szentmariay observed "Examination of the soft tissues of the anterior neck showed a remotely removed right lobe of the thyroid gland. A 5mm nodule was noted in the remaining left thyroid lobe (histology showed adenoma - a benign lesion)."
- 5.8 Dr Szentmariay confirmed in his report that reviewing all of the results from the autopsy, that his opinion was that the cause of death should be recorded as "unascertained". He noted that "Should new relevant clinical information arise, the case can be subject to further review."
- 5.9 Dr Szentmariay gave evidence in these proceedings. Dr Szentmariay elaborated on his findings associated with the focal narrowing of Therese's arteries. He noted that the macroscopic assessment suggested a 30% narrowing, which worsened with the microscopic assessment to 40%. He noted that theoretically, her risk could be placed at 50%, certainly between 40-50%.
- 5.10 Dr Szentmariay indicated that at 40% a person would be at the lower end of risk of ischaemic heart disease, at 60% a person would be at a significant risk and at 80% a severe risk.
- 5.11 Dr Szentmariay noted in his evidence that a number of factors can contribute to those risk assessments. He noted that there was an entry in Dr Mikhail's medical notes that there was a history of hypertension, however there were no further entries and there was no record of her being prescribed medication for high blood pressure.
- 5.12 In relation to other contributing factors, Dr Szentmariay noted in his evidence that there appeared to be chronic congestive changes in her liver, which could be suggestive of a cardiovascular issue or minor heart failure where the heart is unable to pump sufficient blood, causing a backlog in the liver and leading to congestion in the liver.
- 5.13 Dr Szentmariay gave further clarification of his findings on page 8 where he noted the "Anterior left ventricular wall sample and posterior left ventricular papillary muscle show a small area of fibrosis." He stated that the small area of fibrosis was indicative of an area where the cells had previously died and had been replaced with scar tissue. He noted that this is something that one would not expect to see at a 40% narrowing, but was consistent with an earlier cardiac event.
- 5.14 Dr Szentmariay noted that a thyroid abnormality can contribute to the ischaemic heart disease, however this is rare.
- 5.15 Dr Szentmariay was asked what his opinion would be in light of the family history and his results from the post mortem examination and based on the balance of probabilities. He indicated that on the balance of probabilities he thought that the cause of death was likely cardiovascular and "ischaemic heart disease was the closest we can get".

6. CAUSE OF DEATH

- 6.1 Forensic pathologists perform their assessments and provide their conclusions based on medical science. In performing their medical investigations they may conclude that a cause of death is unascertainable because of the higher medical standard that they are required to apply to their medical conclusions.
- 6.2 The Coroner's Act 2009, permits a Coroner to be satisfied that the cause of death is satisfactorily determined based on a lesser legal standard known as the balance of probabilities.
- 6.3 In Ms Williams' case, based on her known medical history, her family history, (particularly as it relates to coronary health) and the results of the post mortem examination and the expert testimony provided by Dr Szentmariay, this Court can be satisfied that applying the balance of probabilities test, her cause of death was ischaemic heart disease.

7. CONCLUSIONS

- 7.1 It is so important that when considering the factors surrounding a person's death, that their life and their importance to those that knew them and loved them is not lost and is clearly acknowledged.
- 7.2 It is clear from all the evidence that Therese was an independent, sociable and capable woman, who was much loved by her family and friends.
- 7.3 I extend my sincere and respectful condolences to Therese's family and friends. I note that her mother, Mrs Kettles, her son, Mr Troy Williams and his wife, Mrs Tegan Williams, as well as her maternal uncle, Mr John Evans were present in Court by AVL (owing to current restrictions on physical attendance) and provided much assistance prior to the hearing.
- 7.4 I would also like to acknowledge and thank Mr Kai Jiang, Coronial Advocate for his assistance in the preparation and presentation of the evidence in this case. I would also like to acknowledge and thank the Officer in Charge of this case, Constable Adam Bloom for his investigation and collation of the brief.

8. **FINDINGS**

8.1 The findings I make under section 81(1) of the Act are:

Identity

The person who died was Therese Williams

Date of Death

Therese Williams died between 10pm on 27 August 2020 and 11.15am on 28 August 2020.

Place of Death

Therese Williams died at her home in Gymea.

Cause of Death

The cause of Therese Williams' death was ischaemic heart disease.

Manner of Death

Therese Williams died from natural causes.

8.1.1 I now close this inquest

Magistrate Joan Baptie

Deputy State Coroner

24 February 2022

Coroners Court of New South Wales