30th, August 2004

Dear Mr Lavaring,

RE: MR DESMOND BRAMICH

I am writing to you in regard to my husband's death on 28 July 2004 in the Bundaberg Hospital. Thank you for your kind words of condolence and the opportunity to voice my concerns to you.

I am sure you understand how heartbreaking it is to lose your spouse when they are relatively healthy and only in their mid life. It is terrible that Desmond was seriously injured in the accident but what I find absolutely tragic is that he came through that, only to die needlessly whilst under the care of Bundaberg hospital.

I am appealing to you to please instruct for an inquest to be carried out into my husband's death. At the time of the crisis, I and further members of Desmond's family, did voice our concerns but were not given completely truthful, accurate or comprehensive reasons as to why. Unfortunately, the senior medical person who was handling the crisis was blunt to the point of rudeness and either unwilling or unable to account for his death.

Due to the above I and other members of Desmond's family have collectively sought advice from senior nursing staff, medical staff, and radiologists concerning this type injury and the protocol generally followed to ensure the recovery of an individual. In light of the information we

received there does appear to be inconsistencies and contradictions between what occurred during his time in the Bundaberg Hospital and the general protocol followed by medical personnel in other hospitals. I have set out hereunder a time line of events with the co-operation of other family members and friends who also witnessed these inconsistencies and have raised questions.

Sunday 25 July

1630 hrs
Time of accident in Agnes Water.
Stabilised by local doctor and Ambulance bearer
Flown by helicopter to Bundaberg Hospital

1930hrs
Des arrived at Bundaberg hospital by helicopter
Worked on in trauma rooms to establish severity of injuries.
Taken to have images done.

Approx 2300 taken too intensive care.

Monday 26 July

Continuous monitoring of his condition by doctors and nursing staff.
Monitored for breathing and heart rate.
Intravenous line for pain killers (Morphine) to allow him to breath deeply so as to reduce the chance of complications.
Condition improved during the day, but kept in intensive care until early afternoon at which time he was moved to bed number 18 of the public ward. He was helped here to sit in the chair beside his bed

Tuesday 27 July

8.00am
Des advised me he had a terrible night from about 2.00am. IV for morphine was not checked throughout the night and had become loose. I

noticed his arm had a substance dripping from his hand where the morphine IV entered.
I advised the nurse immediately but it was not until the doctor was doing his rounds that the morphine IV was reinstated. Considerable time (approx 45 minutes) passed before this happened.

Why when my husband was stabilized, wasn't he flown to Brisbane? Who decided that it was not neccesary.

11.00am Physiotherapist and a trainee either took it upon themselves or at the instruction of the doctor in charge, took Des out of bed and made him walk up and down the Hallway. Who ordered this?

Mr. and Mrs. H , good friends of ours were visiting Des and couldn't understand why with crush injuries to his chest he would be expected to walk with the aide of 2 people having to support him on either side under his armpits, and why on their arrival they found him seated in an armchair beside the bed.

11.30: C , sister from Perth phoned. She spoke to me while Des was put back to bed from his walking exercises in the hall.
Des then spoke to his sister. He said he had been feeling well but now has begun to feel quite unwell.
She said he sounded weak and in pain.

Shortly after Desmond's mother phoned by this time he could only speak for a couple of minutes so the phone call was very short.

15.00:I came back to find Desmond had relapsed and was rushed back into intensive care.

16.30: Mr. and Mrs. Halliday returned to find Des was back in intensive care and advised of suggestions to transport him to Brisbane.

From this point in time Doctors were in touch with Thoracic specialist in Brisbane for advice in treating Desmond to try and stabilize him for transport to Brisbane.

22.30: approx Doctor advised our family that we needed to pray for a miracle as Des had little chance of survival. Doctor also advised that after fifteen years in trauma 80% of patients with this type of injury do not survive.
When questioned by family members as to why he was removed from ICU with these sorts of statistics he became defensive and a little hostile and also stated that Des had improved remarkably to allow his removal from ICU.

23.00: Doctors from Brisbane arrive to try and stabilize Des to take him
to Brisbane.
The doctor from Brisbane came and advised she would try to do everything to make his transport to Brisbane possible, she also stated had they had Desmond in Brisbane 1 hour earlier than there arrival in Bundaberg, he may have survived as they would have operated on him and had all the necessary facilities on hand to deal with such injuries.

Wednesday 28 July

00.10: Approx Des went into cardiac arrest and resuscitation commenced.

00.40: Approx Doctors advised that Des had passed away.

Times mentioned above are only approximations.

In conclusion the questions we have can be summed up as follows:

1. Why was he not stabilized and then flown to Brisbane where there is better equipment and more experienced Staff.
2. Every young nurse and 1st year medical student knows that sternum fractures are **extremely** dangerous. Did the hospital know before deciding to move Desmond from intensive care to the general ward that he had a fractured sternum?
3. Yet again, it is general protocol to keep patients with multiple chest crush injuries as immobile as possible. As one senior registered nurse said, the practice was to almost have patients " wrapped in cotton wool" their injuries deemed to be extremely sensitive to movement and very dangerous to excessive movement.
4. I have to ask again, when was the hospital aware of the fractures to Desmond's ribs and sternum. Did they **assume** that there weren't any or that the damage was not as extensive as was the case? So much so that they thought it was fine **not** to send him to Brisbane for proper care and **not** keep him in intensive care until his injuries had been thoroughly investigated by staff suitably trained and accustomed to dealing with trauma of this nature.
5. Why oh why (given the contradiction of sound medical practice) was my husband taken out of bed with so many internal breakages and trauma, on the very next day following his almost dying from the accident, and expected to do walking exercises? You will note from the time line above that it was very soon after this that he collapsed, and was taken back to intensive care.

6. From the coroners report I gather that cause of death was attributed to internal hemorrhage. I note however that the major blood vessels in the chest were intact and the consensus among most medical practitioners is that it is more usual for people to bleed out with crush damage in the abdominal and pelvic areas. The reason being that the structure of the chest holds excessive bleeding in check. At least to a point where transfusions can replace what is being lost particularly in the absence of the severing of a major vessel. We were told that "his heart gave out" did the staff use the correct amount of additive in conjunction with the litres of blood infused, that was necessary to keep the wall of his heart from slipping into arrhythmia?

7. Finally, given that the doctor in charge seemed quite fatalistic in his summation after the fact, at the time Desmond died, that "most people die from crush injuries" why were there so many important issues (as in Nos. 1 - 6 above) not more thoroughly scrutinized or followed up.

I hope the above information is a help to you and will ensure that my husband can rest in peace, knowing that we that are left behind and miss him so teribly, will receive some answers to his untimely passing.

Yours sincerely,

MRS TESSIE BRAMICH