

# Blame Poor Communications YCH Diabetes Fatality

By HAL BLAINE

Poor communications delayed a diagnosis and contributed to the death of a woman in Richmond Hill's York Central Hospital in August, an inquest jury has found.

"We are of the opinion that a contributing factor to her death was poor communications between patient, doctors, institutions and hospitals which delayed the diagnosis of diabetic acidosis," said a five-man jury on Thursday afternoon of last week.

The jury was delivering its verdict at the end of a three-day inquest at the Metro coroner's office into the August 19 death at York Central Hospital in Richmond Hill of Mrs. Joan Mallory, 39, of 64 Bridgeport Street, Richmond Hill.

The inquest was ordered by the Ontario coroner. A post mortem showed Mrs. Mallory had a recent brain injury probably due to a blow to the side of the head.

Evidence showed Mrs. Mallory, the separated mother of two children, had a recent history of treatment at the Clarke Institute of Psychiatry for a mental illness, paranoid schizophrenia (with depressive features that might have led to suicide). For about the last half year she had been residing with a male companion she met while confined to the Clarke Institute Hospital.

**30 WITNESSES**  
Although 30 witnesses were heard, including doctors, nurses, relatives and friends of the deceased.

Expert evidence showed the injury to Mrs. Mallory's head might have been received during one of her habitual bouts of fainting and falling. In any event, the physical injury was considered so slight it wouldn't have affected her fatal illness.

Evidence also showed Mrs. Mallory's relationship with her family physician Dr. Harvey Socol was a poor one. She had gone to another doctor when admitted to the Clarke Institute for her mental illness and hadn't informed Dr. Socol of this until she became ill and fell in need of renewed psychiatric medication.

Evidence showed the early symptoms of her fatal diabetic complications were similar to those of the acute mental anxiety from which she also suffered. At the time August 18 doctors at the hospital were working to save her life, a pregnancy test was positive and her family physician Dr. Socol believed from her physical condition and information received that she was two months pregnant. But the subsequent autopsy showed she wasn't pregnant.

**PREVENTED DIAGNOSIS**  
Both a University of Toronto medical expert and Dr. Socol told the jury her mental anxiety symptoms prevented immediate recognition of her diabetic acidosis complications in the early stages at Dr. Socol's office four days before her death and in the York Central Hospital emergency department the night before her death. A throat infection and her anxiety could have made her diabetic condition develop much faster than normal, it was said.

Mrs. Mallory was admitted to hospital for observation. But overnight no tests were made that revealed her true condition. A series of doctors and nurses failed to note any acetone smell on her breath, the symptom which the court was told should have been present and an indicator of her condition.

A urine test was ordered upon her admittance to hospital before midnight and this test would also have provided a warning of her diabetic condition. But she was unco-operative, probably because of her illness and approaching state of coma and even do urine sample when asked to do so by a nurse. Nursing staff hadn't any orders to force the urine test issue before the routine time for hospital patient testing in the morning.

**MORNING COMA**  
Before the results of routine tests were available the next morning, Mrs. Mallory had gone into a diabetic coma the medical expert said was about 75% fatal. Earlier diagnosis of her condition and earlier insulin treatment would have increased her chances of survival, the expert said. In his opinion it would take a minimum of two days for Mrs. Mallory's diabetic condition to develop, but usually much longer.

Dr. Socol told the court Mrs. Mallory's incipient diabetes condition was known because of the history of diabetes in her family. He told the court he did a blood test for diabetes for Mrs. Mallory three weeks before her death and diabetes wasn't indicated at that time.

But Dr. Socol said he doesn't note such tests on patients' cards in his office unless the results show a positive indication of an illness. On the night Mrs. Mallory was stricken Dr. Socol was away and his young associate Dr. Paul Woo had no knowledge of the danger of diabetes when he sent her to hospital and saw her there.

**DOCTOR'S RECORD**  
Dr. Woo consulted Mrs. Mallory's card in the doctors' office and saw only two recent notations by Dr. Socol about anxiety problems. There were no notations there about her propensity to be diabetic and there was no record there of Dr. Socol's last test for diabetes. There was also no record in the office files of the numerous and extensive diabetes tests done the previous year at the Clarke Institute during the period of close to a year when Mrs. Mallory didn't go to Dr. Socol.

But Dr. Woo did consult with Dr. Socol's long time partner Dr. Marvin Abrams on the night she was stricken. Dr. Abrams was also familiar with Mrs.

Mallory's history and knew she might become diabetic. But this didn't come to his mind when she was admitted to hospital.

After admitting Mrs. Mallory, Dr. Abrams said he expected to be called if there were any problems overnight, but didn't get any call.

**MONEY CONSIDERATION**  
Dr. Abrams said it used to be usual routine to do blood tests and a urine test when patients were admitted to York Central Hospital. "But with financial worries, we have discussed decreasing the frequency of such tests," he said.

The inquest's expert witness said in his experience such tests wouldn't have been done in the circumstances at a hospital unless a doctor saw a need for them and ordered the tests be done.

The inquest jury apparently felt information about Mrs. Mallory's history should have been more readily available to the doctors examining her in the emergency, since it made the following recommendation: "Doctors in keeping more accurate records, Times and results of tests, whether positive or negative, should be recorded. This record should include a readily accessible summary of important information."

Evidence at the inquest showed Mrs. Mallory's diabetic sister informed an emergency department nurse of the danger and history of diabetes, but this wasn't communicated to a doctor. The nurse did write "not known" on the hospital's patient-admittance questionnaire where it asked if the patient had diabetes.

Excessive thirst was also said to be a symptom of Mrs. Mallory's diabetic condition. Emergency Department nurses gave Mrs. Mallory large amounts of water to drink but the doctors examining her that night were unaware of this.

**DIDN'T TELL DOCTOR**  
Mrs. Mallory had exhibited to her family and friends evidence of an unusual thirst and frequent hunger for sweet items, and was probably aware of this and was aware of this was significant. But she hadn't told her doctor.

As it happened, the psychiatric drugs she was taking had as a side-effect a condition of dryness of mouth, something which Mrs. Mallory would probably have identified as a continuous thirsty condition.

The inquest jury recommends in this regard as follows: "Better communications between doctors, hospitals, and staff . . . and (they) in no way (to) rely on (the) patient to pass on information."

In its third recommendation the jury said, "When the patient has a family doctor, a complete report should immediately be forwarded to him by any specialist or institution following treatment of (the) patient."

Mrs. Mallory was frequently examined for her fainting spells over the years by Dr. Socol. She was also closely examined for this condition during the latter months of 1970 at the Clarke Institute. In the last week of December last year her companion from the Clarke Institute also took her to his doctor after she had a fainting spell. At that time she was sent to the Toronto General Hospital by the doctor. There she was examined and kept in the emergency department several hours, then being released. This was further information her family doctor didn't have, the inquest court was told.

**DEATH FINDING**  
The jury found that Mrs. Mallory died at 4:45 pm August 19 of diabetic acidosis. "Joan Mallory was admitted to York Central Hospital August 18, 1971 for a condition diagnosed by two doctors as hyper-ventilation (fast deep breathing) due to a state of severe anxiety. Approximately 13 hours later further diagnosis revealed diabetic acidosis which was immediately treated but failed to prevent her death."

In his address to the jury, Coroner Dr. Ross Bennett said: "As the father of a son only recently found to be diabetic, I can understand the feelings of the parents."

He added that he could see how it would be easy to criticize the actions of the YCH emergency department, Dr. David Elcombe and Dr. Paul Woo in their failure to recognize diabetes that night Mrs. Mallory was brought in.

"But we weren't present August 18. The information that we obtained, the attitude and reactions of the patient and the results of their examinations fitted their working diagnosis. . . her emotional state appears to have masked the underlying and rapidly developing diabetes."

irreversible by the time treatment was started.

**CORONER'S OPINIONS**  
Coroner Bennett said he had prepared a list of his recommendations for the jury, but he added that after preparing them he wasn't strong in his feeling they were the right ones.

He said it was probable there would be better communication between hospitals and medical personnel, such as in the case of the general practitioners and the Clarke Institute in the treatment of Mrs. Mallory. (She informed Socol and partner Abrams of her stay at Clarke Institute shortly before her fatal illness.)

Coroner Bennett said he felt it was unrealistic to depend solely on the patient to inform her doctor of her treatment at Clarke.

The coroner also felt it might be a good idea if there was better communication of information between the doctors and emergency services personnel. He also felt it would be advisable for doctors to seek reassessment or consultation with another medical practitioner if a patient doesn't respond to treatment in a reasonable time.

The inquest started at 10 am Tuesday morning in the old Toronto City Morgue building courtroom on Lombard Street and continued late into the evening. It resumed Wednesday morning and continued all day. All the evidence had been heard by 5 pm Wednesday. The inquest court convened again at 2 pm Thursday. After the coroner summed up the evidence and directed the jury, the five jurors went out at 2:23 pm and took close to 1 1/2 hours to prepare their verdict.

**LIST OF DOCTORS**  
Witnesses called to testify at the inquest included the following physicians: Dr. Donald Guthrie, York Central Hospital pathologist of RR 1, Kleinburg, who did the post mortem; Dr. Bernard Granton of 117 Yonge Street South and 64 Denham Drive, Thornhill, the coroner called to York Central Hospital at the time of death; Dr. Harvey Socol of 294 Bayview Plaza, Richmond Hill and 24 Forest Court, Thornhill, the family doctor who attended at York Central Hospital; Dr. Paul Woo of 294 Bayview Plaza, Richmond Hill and resident of 6040 Bathurst Street, Apartment 1802, Toronto, an associate with Dr. Socol and partner; Dr. Winston Chow of 59 Yonge Street North, Richmond Hill and resident at 164 Norman Drive, King City, a specialist in internal medicine who assisted Dr. Socol at YCH; Dr. David Elcombe of RR 1, Maple, YCH staff member on duty at emergency during admission of the deceased; Dr. Marvin Abrams of 294 Bayview Plaza, Richmond Hill and resident at 20 Cedar Court, Thornhill, partner of Dr. Socol and associate with Dr. Woo; Dr. Vivien Smith of 155 Balliol Street Apartment 1105, Toronto, intern psychiatrist at the Clarke Institute of Psychiatry Hospital who attended the deceased; and Dr. Donald Killinger, staff member at Wellesley Hospital, specialist in body hormones and assistant medical professor at the University of Toronto, who was called before the inquest court as an expert witness.

Witnesses called from Scott's Ambulance Service were driver Murray Kirkpatrick of 286 Desmaré Crescent, Richmond Hill and Leonard Woodcock of RR 3, King City. They took the deceased Mrs. Mallory from her home to the hospital emergency department.

**NURSING STAFF**  
Hospital nursing staff members called as witnesses included: Mrs. Gail Blunt of 150 Colbourne Avenue, Apartment 209, Richmond Hill, the admitting department nurse; Miss Pat McLean of 101 Woodland Avenue, Richmond Hill, fourth floor head nurse at YCH on night shift when Mrs. Mallory was admitted; Mrs. Carman McCabe, 236 Essex Avenue, Richmond Hill, the night shift nurse who cared for Mrs. Mallory; Mrs. Margaret Steadman of 464 Palmer Avenue, Richmond Hill, head nurse on YCH fourth floor on the day Mrs. Mallory died; Mrs. Margaret Finch of 31 Major Buttons Drive, Markham, nursing supervisor on the evening at YCH when Mrs. Mallory was brought to emergency; Mrs. Mary Dew of 34 Hamilton Drive, Newmarket, YCH nursing supervisor on the night Mrs. Mallory was admitted; Mrs. Sally Milne of 221 Browdale Crescent, Richmond Hill, another nurse on duty at emergency the night Mrs. Mallory was admitted; Mrs. Evelyn Shier of 211 Richmond Street, Richmond Hill, YCH day shift head nurse; Miss Carol Douglas of RR 1, Schomberg, fourth floor registered nursing assistant who attended Mrs. Mallory on admittance Mrs. Elizabeth Webb of RR 1, Gormley, evening shift nurse attending when Mrs. Mallory died; Mrs. Edith Bull of 219 Ashlar Road, Richmond Hill, part time nurse called

provide constant care for Mrs. Mallory during the early afternoon of the day she died.

**FAMILY AND FRIENDS**  
Other witnesses called included: Robert Mallory of 64 Bridgeport Street, estranged husband of the deceased; Mrs. Doreen Herrington of 105 La-Rose Avenue, Apartment 1014, Weston, sister of the deceased; Helen and George Weston of 18 Sellmar Avenue, Weston, the parents of the deceased; Joan Sleep of 145 Byng Avenue, Willowdale, a long time close friend of the deceased Mrs. Mallory; Mrs. Joan Smart of 110 Inverloch Boulevard, Thornhill, who worked with the deceased at a Metro school; Adolf Vanderstar of 11 Audley Avenue, Toronto, companion of Mrs. Mallory during the months preceding her death; Mrs. Mallory's 11-year-old daughter Susan was on the court's list of witnesses, but didn't appear or get called. The same was true for William Tie, principal of Sir Stamford Fleming School, 50 Amner Avenue, employer of Mrs. Mallory.

York Regional Police Detective Clifford Cox was the investigating officer. The Crown Attorney was Paul Roche.

**LAWYERS AND JURORS**  
Attorneys appearing included: William Cornwall of Toronto, representing Doctors Socol, Abrams and Woo; Hugh Kelly of Toronto representing the Clarke Institute of Psychiatry; Donald Mills of Toronto, representing the family of the deceased; and Stuart Parker representing York Central Hospital.

The five jurors picked for the inquest were all men and from Toronto, including: Broker John Ebach of 294 Deloraine Avenue; Clerk James Elson of 92 Edith Drive; Purchasing Manager Francis Edmondstone of 80 Thretheway Drive, Apartment 3 (the jury foreman); Secretary Victor Easton of 707 Eglinton Avenue West, Apartment B-1; and Clerk Thomas Endacott of 184 Bain Avenue.

Presenting the subject of the inquest to the jury, Coroner Bennett said the deceased Mrs. Mallory, the separated mother of two children, was twice at York Central Hospital for surgery in the years before her fatal illness. She was also at the Clarke Institute of Psychiatry in 1962 and 1970.

Nurse Supervisor Mrs. Finch was the first witness, saying she was acquainted with Mrs. Mallory and was on duty at the time of death.

Local Coroner Dr. Granton told how he was called to the hospital where Mrs. Finch identified the body of Mrs. Mallory to him. He took custody of the body and called in a pathologist to do the August 20 post mortem.

Granton also said he checked the official hospital records in the case. He presented these records to the inquest court as an exhibit.

Pathologist Guthrie said he found the body dehydrated, with the brain swollen due to fluid content, a symptom of diabetes complication.

Dr. Guthrie said there was a small recent hemorrhage on the left side of Mrs. Mallory's head. It was three to four inches in diameter, he said, and very recent. It could have been caused by a fall or trivial injury to the head.

**INJURY BEFORE DEATH**  
"It wasn't important in death, but indicated an injury a few days before death," he said. Mrs. Mallory at the time of death was also in the early stages of acute bronchial pneumonia.

**NO BREATH SMELL**  
"When I first saw her, I put it down to a mental problem. When reassurance didn't work I called in her physician. I never thought of diabetes. I didn't know she had excessive thirst and four glasses of water," he said, while such knowledge might have changed his diagnosis. He was certain there wasn't any smell of acetone on her breath.

**DIABETES INHERITED**  
Dr. Guthrie said Mrs. Mallory could have had diabetes for a long period of time, or it could have developed fairly recently. Diabetes could be inherited. Mental depression and anxiety could be symptoms of the disease.

"My findings didn't prove she had diabetic acidosis. The symptoms could have been associated as well with serious brain injury. In my opinion the swelling of the brain wasn't due to the small injury she had," he said.

Next witness, 10-year-ambulance driver Kirkpatrick said he received a top priority code 4 call at 8:06 pm August 18 to 64 Bridgeport Road for a woman with an asthmatic condition - difficult breathing. He arrived at 8:12 pm, the delay

having been due to his going to Bridgeford Street first, by mistake.

He knocked on the door and it was three or four minutes before anyone came to the door. It was locked and he couldn't get in. Mrs. Mallory was pale, having difficulty breathing. She collapsed and fainted. He caught her. It took 1 1/2 minutes to get to the hospital, arriving at 8:19 pm. Oxygen was given during the trip.

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Ambulance attendant Woodcock said he cared for Mrs. Mallory during the trip to the hospital and she appeared to be a little better when they arrived. She could speak after being given the oxygen.

**EMERGENCY ARRIVAL**  
Four-year Registered Nurse Blunt said Mrs. Mallory arrived at emergency pale, restless, anxious, in a right-gown and housecoat. Oxygen was given, along with eight milligrams of Valium ordered by Dr. Elcombe.

Mrs. Mallory asked for water and was given a drink twice. It was a particularly busy evening at emergency, Mrs. Mallory was breathing heavily, was distressed, but there was no smell of acetone on her breath, said Nurse Blunt. Mrs. Mallory was in emergency from 8:20 to 11:10 pm.

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