



STATE CORONER'S COURT OF NEW SOUTH WALES

Inquest:	Inquest into the death of Gabriele Hannemann
Hearing dates:	11-12 May 2015
Date of findings:	9 June 2015
Place of findings:	State Coroners Court, Glebe
Findings of:	Magistrate Harriet Grahame, Coroner
Catchwords:	Coronial Law-Cause of death
File number:	2012/219411
Representation:	Bronwyn Lorenc, Coronial Law Advocate – Advocate assisting the Coroner
Findings:	I find that Gabrielle Hannemann died on July 15 2012 at 2/95 Eddy Street, Merrylands of natural causes.
Recommendations:	

This decision has been prepared without the assistance of a transcript.

IN THE STATE CORONER'S COURT
GLEBE
NSW
SECTION 81 CORONERS ACT 2009

REASONS FOR DECISION

1. This inquest concerns the death of Gabriele Hannemann .

Introduction

2. Gabriele (Gaby) was born in Berlin, Germany on 28 August 1957 and migrated with her family to Australia in 1959. She was by all accounts a happy and normal child. Unfortunately in 1961 Gaby and three of her siblings contracted polio. Gaby's case was very serious and she was paralysed. For the first six years of her illness she required full time care and stayed at Prince Henry Hospital at Little Bay.¹
3. Gaby had full feeling below her neck, however she had very limited movement. She could not move her arms or legs and retained only a very small amount of movement in her left fingers. Her diaphragm was also affected and she found it difficult to breathe without assistance, when sleeping. Until recently, when she transitioned to new equipment, Gaby was reliant on an "iron lung" at night.²
4. Polio also affected Gaby's growth and over the years her spine became twisted. She was reliant on a wheelchair. At aged ten Gaby returned to live with her parents who cared for her full time, feeding and bathing her and looking after all aspects of her personal care. Later she lived at Cram House and Ferguson Lodge. She was a very

¹ Statement of Peter Hannemann. Tab 2, [4]

² Statement of Peter Hannemann. Tab 2, [4]

social person and once she got an electric wheelchair that she could control with her chin, she gained some further independence.³

5. Gaby struck up a relationship with a gentleman named David Ping-Nam and they later lived together at 2/95 Eddy Street, Merrylands. Until his health began to fail, David was also Gaby's carer. Later Gaby was assisted by paid carers who came in to cook, clean and look after her personal needs.
6. What is clear from all the evidence is that Gaby was a strong and vibrant woman who enjoyed socializing. She was involved in collecting donations for charity and enjoyed "singles events" at places such as the Parramatta Leagues Club. She was an ardent Eels fan and would regularly attend games.⁴ At the time of her death Gaby was interested in finding a new relationship. She was well loved by her carers and family.
7. Gabriele Hannemann died suddenly and unexpectedly on the morning of July 15 2012.

The role of the Coroner

8. The role of the Coroner is to make findings as to the identity of a nominated person, and in relation to the date and place of his or her death. The Coroner is also to address the issue of the manner and cause of the person's death.⁵
9. In this case, it is clearly established that Gaby died in her own home, 2/95 Eddy Street Merrylands on 15 July 2012. This inquest has been convened to investigate more fully the manner and cause of her death.

What was Gaby's state of health at the time of her death?

³ Statement of Peter Hannemann. Tab 2, [7]

⁴ Statement of Peter Hannemann. Tab 2, [11] and elsewhere

⁵ Section 81 Coroner's Act 2009 (NSW)

10. Gaby had a variety of medical issues, some of which were a direct result of her post-polio syndrome.
11. For the last 20 years she had been attending the same GP, Dr Peter Edwards⁶ who looked after her everyday medical needs. They clearly had a close and trusting doctor/patient relationship. Since 2005 she had also been managed by the Westmead Respiratory Failure Service, originally under Dr Tracy Robinson and more recently under the care of Dr Peter Wu⁷ Both Dr Edwards and Dr Wu gave evidence at the Inquest.
12. Gaby had suffered post-polio quadriplegia since the age of 4. As a result she had respiratory muscle weakness that caused chronic hypercapnic ventilatory failure. This condition is not uncommon in post-polio patients.⁸
13. Gaby did not require respiratory assistance during the day but for many years had used an “iron lung” (Negative pressure ventilator) at night. At the time of her death she was being transitioned to a positive pressure ventilator. Over a number of years Gaby had been resistant to making this transition as she felt comfortable using the old “iron lung” with which she was so familiar. However as the maintenance and Hospital support for that equipment became problematic, she was forced to make the change. At the time of her death she was using a positive pressure ventilator, the Elisee 150 at night. The overall transition was still being monitored by Dr Wu.
14. Gaby’s reluctance to engage with the new respirator and to undertake the necessary testing as part of the transition process meant that at the time of Gaby’s death Dr Wu had incomplete information in relation to her arterial and venous blood gas levels. Gaby last saw Dr Wu on 25 June 2012 to assess her tolerance and success in transitioning to the new system. At that time Dr Wu noted that Gaby had still not

⁶ Statement of Dr Peter Edwards, Tab15 and evidence at Inquest

⁷ Statement of Dr Peter Jui-Chang Wu, Tab 13 and evidence at Inquest

⁸ Statement of Dr Peter Jui-Chang Wu, Tab 13 and evidence at Inquest

increased her back-up respiratory rate to the recommended rate of 16 breaths per minute and she was on 14 breaths. However, Dr Wu did not appear to believe there was anything unsafe or critical in that and the matter appears to have been left in abeyance to be reconsidered and monitored again at her next routine appointment.

15. Dr Edwards, Gaby's long term GP was not aware of any symptoms consistent with a lack of night time oxygen such as morning headaches and Gaby's carers, whose job it was to assist her nightly respirator regime, did not report any particular difficulties, aside from a general reluctance to make the transition from the old machine. The new device caused Gaby some stress and she found it uncomfortable.
16. Gaby suffered from chronic depression and anxiety. In Dr Edwards's view it was reasonably well controlled by medication. Gaby had been prescribed Arapax since 2005 and from time-to-time was prescribed Valium and Temazepam.
17. Gaby also took medication to reduce her cardiovascular risk in the presence of hypertension, obesity, impaired glucose intolerance and immobility.⁹ She had a range of other issues from time-to-time such as mild asthma, constipation, and skin rashes that were also managed by Dr Edwards as they arose. Some of these conditions could also be classed as complications arising from her post-polio syndrome.

What happened on the evening of 14 July 2012?

18. On July 14 2012 Gaby had plans to meet up with Mr Richard Graham, a gentleman she had commenced contact with on the internet. They had originally met on a social media website named "Tagged" and later become Facebook friends. This was to be their first meeting face-to-face. Gaby was excited about the prospect.
19. Gaby and Mr Graham met at the Church Street Mall at Parramatta where a festival of some sort was taking place. They chatted together and Mr Graham assisted Gaby by

⁹ Statement of Dr Peter Edwards, Tab15 and evidence at Inquest

purchasing and helping to feed her some German food. After a while Mr Graham agreed to attend Parramatta Leagues Club with Gaby later that evening. Gaby returned home by bus and Mr Graham followed shortly afterwards by motorcycle.

20. Back at Eddy Street, Gaby's carers for the evening Ms Verevou and Ms Urgakovic prepared Gaby's dinner and assisted in getting her ready for the Club. Gaby and Mr Graham shared some wine and they all continued chatting.¹⁰
21. At around 8.30pm Gaby, her carers and Mr Graham went to the Club where they continued socializing. At the Club Gaby drank two or three glasses of wine and danced and spoke with guests, many of whom she already knew. Mr Graham was attentive and they danced together from time-to-time throughout the evening.
22. The group returned to Gaby's home after 1am and were soon met by Gaby's nightshift carer Ms Khan. They continued chatting and ate cake that Ms Khan had brought with her. None of the carers, who knew Gaby well noticed anything worrying. At the inquest they each gave evidence to the effect that Mr Graham appeared to be "a nice guy".
23. Ms Verevou and Ms Khan assisted Gaby with her personal care and prepared Gaby for bed. She was placed on her back with her head resting on a small pillow. Another portable bed was prepared for Mr Graham in the same room. Gaby told her carers she would call out when she was ready and the carers left Mr Graham and Gaby together in her bedroom. It was clear on all accounts that Gaby was expecting a sexual encounter.
24. Mr Graham gave evidence at the Inquest and I accept his account of what then occurred. It is consistent with the DNA evidence and with what could be heard by Ms Khan and Ms Verevou who remained in a nearby room. It is unnecessary to review this evidence in detail, suffice to say that Gaby and Mr Graham were involved in consensual sexual activity, not involving sexual intercourse.¹¹ Mr Graham states that he did not lie on top of Gaby or lean on her, rather he approached her carefully from the side. Except when they were kissing he did not cover her mouth. Later when Gaby was found by her carers she was still in the same position they had placed her in. Her eyes were closed.

¹⁰ Statements of Ms Verevou and Ms Urgakovic Tabs 5,6,8 and evidence at Inquest. Also statement and ERISP of Mr Graham Tab 3 & 4 and evidence at Inquest

¹¹ Statement and ERISP of Mr Graham Tab 3 & 4 and evidence at Inquest

25. Mr Graham gave evidence that not long after their physical contact ceased, Gaby “went quiet.” He believed that she had fallen asleep. Shortly afterwards he left the room and called the carers who came in to place Gaby on her night time respirator. Gaby looked pale, she was non-responsive and her lips were blue. Ms Khan contacted emergency services. Mr Graham, Ms Verevou and Ms Khan moved Gaby to the floor and commenced CPR. Ambulance officers arrived and took over. Unfortunately they too were unable to revive Gaby and she was pronounced dead.

What was Gaby’s death suspicious?

26. While she had a complicated medical history, Gaby’s death was sudden and unexpected.
27. The crucial question for this inquest is to determine, if possible, Gaby’s cause of death. Initially, given the circumstances and information from the Department of Forensic Medicine where Gaby’s autopsy was carried out, police quite properly investigated the death as suspicious. Mr Graham was the only person with Gaby in the lead up to her death. They did not know each other well.
28. A post mortem examination took place on 17 July 2012. The Forensic Pathologist attending was unable to make a clear finding in relation to her cause of death. It was recorded as “unascertained”. The document records among other things, that there were some petechial haemorrhages on the superior palpebral conjunctivae.¹²
29. Petechial haemorrhaging can sometimes be associated with death by asphyxia or strangulation. Given that there was no clear cause of death it was important to fully investigate the circumstances surrounding Gaby’s death. She appeared to have died in the presence of only one person, someone not at all well known to her or her carers. She was by reason of her immobility particularly vulnerable and for that reason Police

¹² Autopsy Report Tab 1

questioned Mr Graham in considerable detail and he was called to give evidence at the Inquest.

30. Mr Graham cooperated fully with police and gave evidence at the Inquest in a clear and forthright manner. While the circumstances were somewhat delicate to describe, he appeared to be doing his best to give an honest and genuine account of his contact with Gaby in July 2012. I accept his evidence. He does not appear to have known Gaby had recently transitioned from an “iron lung”. He thought she used a “sleep apnea” mask at night. I note that the machine she used was consistent with the look of such a device. He told the Inquest that at first he thought Gaby “went quiet” after orgasm and that she had fallen asleep. This helps to explain why he was not immediately panicked when she became unresponsive and appears to have waited three to five minutes before alerting her carers. I accept his evidence that he did not deliberately cover her airways or lean on her body. I accept his evidence that as far as he can remember he did not lean on her accidentally, while touching her genital area.¹³
31. It is important to note, that Gaby’s carers who clearly had Gaby’s best interests at heart gained a good impression of Mr Graham on the night. He was friendly and attentive. From what they could hear from outside the bedroom they were left in no doubt that Gaby was happy and enjoying the encounter. Gaby had access to an alarm at all times and knew that her carers were just outside should she have needed assistance.¹⁴
32. According to Dr Kendall Bailey the Forensic Pathologist who gave evidence at the Inquest, there were no other signs on Gaby’s body consistent with asphyxia or strangulation. At the same time, petechial haemorrhaging may be caused by CPR or some other undetermined cause.
33. At the conclusion of the evidence there is no remaining suspicion attaching to Mr Graham whatsoever. I note this is a view shared by investigating police.

What then was the cause of Gaby’s death ?

34. It appears that a number of factors may have contributed to Gaby’s death.

¹³ Evidence of Mr Graham at Inquest

¹⁴ Ms Urgakovic at Inquest

35. Dr Bailey was of the view that Gaby's post poliomyelitis increased her risk of sudden death. This view was shared by Doctor Edwards, her GP for many years. The increased risk is of course impossible to quantify, but Dr Edwards was comfortable in stating that her long-term prognosis was less than someone without her condition.
36. This general risk may have been compounded on the evening in question by a number of factors. Firstly it appears that Gaby had slightly more to drink than she usually did, according to her carers. Her blood alcohol level was 0.087g/100mL which while taking her over the legal driving limit is not dangerously high. Gaby was also taking paroxetine (anti-depressant medication) and appears to have been on a stable dose for some years without ill effect. However, in combination with the alcohol her somewhat elevated paroxetine level, may have contributed to her chronic muscle weakness or depressed her respiratory function and therefore compromised to some unknown degree her breathing on the evening in question.
37. Secondly, Gaby was placed on her back, when she usually slept on her side. It is possible that if she did fall asleep immediately after the sexual contact this unusual position may also have compromised her breathing to some limited degree. She usually fell asleep using an artificial respirator, on the evening in question it is impossible to know if she fell asleep before she died and what effect that may have had on her breathing.
38. Thirdly, it is possible that during sexual activity Gaby was accidentally moved into a position that was not optimal for her compromised respiration. Mr Graham's evidence was that at one point during the encounter she began to breathe more quickly, this may also have caused additional stress to her system. Although, as Dr Wu stated in evidence, it is impossible to say with any certainty what, if any, the actual effect of this was.
39. Taking all the evidence in to account, there were a number of additional risks evident on the night Gaby died. Her underlying condition was serious and chronic. While it is impossible to be specific about her cause of death, it appears that it is likely to have resulted broadly from complications related to her respiratory weakness. It is clear that Gaby had greatly reduced lung capacity. In his evidence Dr Wu explained that the

most recent spirometric testing had placed her at only 13% capacity (once the usual adjustments had been made for sex, height and weight).

40. It is impossible to categorically state Gaby's cause of death, but on the balance I am comfortably satisfied that her death was a result of natural causes.

Findings

41. I find on the balance of probabilities, that Gabriele Hannemann died on July 15 2012 at her home at 2/95 Eddy Street, Merrylands of natural causes. While it is impossible to detail the cause of her death with any clarity, her death is the likely result of complications from the post-polio syndrome she had lived with since 1967.
42. I offer Gaby's family, carers and friends my sincere condolences. She was clearly a remarkable woman.

Harriet Grahame

Coroner

July 9 2015