

# Death by Scalding

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1. Letter to the Honorable Ron Stevens,  
Justice Minister and Attorney General
2. Autopsy Report

## ***Elder Advocates Of Alberta***

February 22, 2005

**The Honourable Ron Stevens, Minister of Justice and Attorney General,**  
Legislature Building,  
10800 - 97 Avenue,  
Edmonton AB. T5K 2B6

Dear Mr. Minister:

**Reference: Scalding death - [REDACTED] - Jubilee Lodge Nursing Home-**  
**April 22, 1989 Autopsy Number # 5432 - 9 - 89**

### **A - REQUEST FOR FATALITY INQUIRY:**

We are asking that a *Fatality Inquiry* be called into the sudden death of the above named individual.

Furthermore, the *Fatality Inquiries Act*, Section 35 (1) states that the *Minister may order that a judge conduct a public fatality inquiry in a death or two or more deaths that arose out of the same circumstances*. This is the second known death due to scalding, that has occurred at this elder care facility.

### **B - COMPLAINT AGAINST THE MEDICAL EXAMINER & PATHOLOGIST.**

Please accept this as a complaint against the Medical Examiner, Dr. W. Plimbley and Pathologist, Dr. P.K. Petrik, who on the *Form 3, Autopsy Report* entered the  
(a) *immediate cause of death* "as *Coronary Heart Disease*"; and  
(b) *significant conditions contributing as* *Alzheimer's disease, advanced, clinical*.  
There is no mention that in fact the extreme scalding may have been a contributing factor or even that the scalding may have been a sole factor in this horrific death.

The *Autopsy Report* states that there was, "extensive slippage of skin all over the body, the epidermis came off in large pieces and the denuded underlying skin ranged in color from pink to yellow to dark brown."

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February 19, 2005

The Honourable Ron Stevens, *Minister of Justice and Attorney General*  
Edmonton AB.

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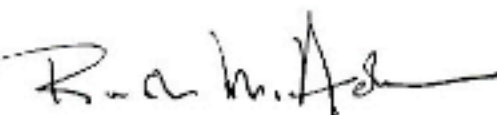
In fact this lady had been *blanched* like a tomato being prepared for canning, the family could not have an *open coffin* because of her *blanched* condition. Persons who do not suffer from heart disease would still decease if they suffered such a deadly assault on their being.

It is unconscionable that no *Fatality Inquiry* has been held. **Perhaps no *Fatality Inquiry* was called because the cited cause of death (natural cause) did not warrant that the *Fatality Review Board* be notified.** Was the *Fatality Review Board* notified?

Thank you for your attention to this matter. Please allow us to be in receipt of your response concerning this matter by March 11, 2005.

Yours most truly,

*Elder Advocates Of Alberta*

Per: 

Ruth Maria Adria

C.C

The Honourable Ms. Iris Evans, *Minister of Health and Wellness*

The Honourable Ms. Yvonne Fritz, *Minister of Seniors and Community Support Services*

Dr. Kevin Taft, MLA, *Leader of the Official Opposition.*

Ms. Bridget Pastoor, MLA,

Mr. Ray Martin MLA



## AUTOPSY REPORT

5432-9-89

COPY

RE: \_\_\_\_\_

MAY NOT BE REPRODUCED

Office of the Chief  
Medical Examiner

The deceased was found dead in a bathtub with 7 inches of hot water which was still running on April 22, 1989 at 1750. She was a resident of the Jubilee Nursing Home and had been treated for advanced Alzheimer's disease. Her medication consisted of Haldol.

The postmortem examination was performed by myself in the morgue of the Chief Medical Examiner on April 23, 1989 at 1315. At autopsy the body was identified by a Medical Examiner's body tag.

### EXTERNAL EXAMINATION

The body was undressed and was that of a normally developed, adequately nourished, white adult female who appeared about the stated age of 76 years. The body measured 169 cm and weighed 58 kg. The rigor mortis was mild to moderate. The postmortem lividity was distributed at the anterior parts of the body with an area of blanching below the right breast and at the right lateral and anterior thigh. The hair was grey and short with evidence of a perm. The irides were bluish-green. The pupils were equal and measured 0.3 cm in diameter each. There was moderate bilateral arcus senilis. A small amount of blood-tinged secretions had escaped from the nose. The teeth were natural and in good repair. The hair and body were moist. There was extensive slippage of skin all over the body including the trunk, both extremities, neck, and face. The epidermis came off in large pieces and the denuded underlying skin ranged in color from pink to yellow to dark brown. Marked venous pattern was noted in the denuded areas. An old midline incision measuring 14 cm in length extended from the navel to the symphysis. 5 cm above the right groin there was an old oblique 11 cm incision. An almost mirror image old incision of the same length was located above the left groin. There was no evidence of injury or foul play.

### INTERNAL EXAMINATION

At opening the lungs were partly collapsed and weighed

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ORIGINAL  
GAP

right 565 g, left 430 g. The pleural surfaces were smooth and pink-red. The upper and lower airways were clear and patent. The pulmonary arteries and their branches were clear and patent. Sections through the lungs revealed pink-red parenchyma. NOT NO REPHO areas of consolidation were found. White thick pleural plaques were noted at the right and left lung apices.

Medical Examiner  
Province of Alberta

The pericardial sac contained about 5 - 10 ml of yellowish fluid. The heart was of normal size and shape and weighed 291 g. There was right preponderant type distribution of the coronary arteries. While the right coronary artery, main left coronary artery and the left circumflex branch were patent with no significant atherosclerosis, the proximal portion of the left anterior descending artery and the first diagonal branch (which was of the same calibre as the left anterior descending artery) were 80% stenosed by atherosclerosis. Transverse sections through the heart revealed brownish-red myocardium which appeared to be of normal thickness. The cardiac valves showed normal configuration. The aorta and the major branches showed mild atherosclerosis, mostly in the abdominal segment of the aorta and the common iliac arteries.

The esophagus, stomach, and small and large intestines were unremarkable. The stomach contained about 450 - 500 ml of grey liquid with floating, partly digested, semi-solid food. The vermiform appendix was absent. The liver weighed 990 g and was covered with smooth transparent capsule. The parenchyma was brownish-red, moderately firm, and homogeneous. The gallbladder was absent. The pancreas was grossly normal.

The kidneys were grossly asymmetrical with the right weighing 122 g and the left only 40 g. While the right kidney was normal at gross inspection as well as on sectioning, the left kidney was small and appeared to be a miniature of a normal kidney. On sectioning the cortex was about 3 - 4 mm in thickness. There was no significant atherosclerosis or stenosis of the renal artery. The appearances were suggestive of a congenitally hypoplastic kidney rather than a shrunken kidney due to vascular or other causes. The ureters and bladder were unremarkable. There was about 25 ml of urine in the bladder.

The uterus was small and symmetrical and weighed about 40 g. On sectioning no alterations were found. The ovaries and fallopian tubes were unremarkable and corresponded to the age of the deceased. There was a barely discernible transverse scar at the anterior lower uterine segment compatible with a remote Cesarean section.

The spleen weighed 70 g and was covered with smooth grey capsule. On sectioning the parenchyma was dark red and rubbery.



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MICROSCOPIC EXAMINATION

Microscopic sections of the lungs revealed severe acute congestion with intra-alveolar hemorrhages and patchy pulmonary edema. Sections demonstrate a pleural fibrotic plaque.

Sections of the heart through the left ventricle revealed focal interstitial myocardial fibrosis and focal small coronary artery disease. Sections of the right ventricle reveal fatty infiltration.

Sections of the liver show acute congestion. Sections of the thyroid show focal chronic thyroiditis. Sections of the spleen show congestion. Sections of large coronary arteries show moderately severe atherosclerosis.

TOXICOLOGICAL ANALYSIS

No drugs were detected by standard screening procedures. No alcohol was detected.

CONCLUSIONS

It is my opinion that the deceased died most likely of coronary heart disease. The immediate cause of death was, in all probability, cardiac arrhythmia. In addition to 80% stenosis of the left anterior descending artery and the first diagonal branch there was evidence of focal small coronary artery disease and, on microscopic examination, there was patchy interstitial myocardial fibrosis indicative of ischemic myocardial disease. The slippage of skin was of postmortem origin. The findings at the scene do not suggest that the deceased died of drowning.

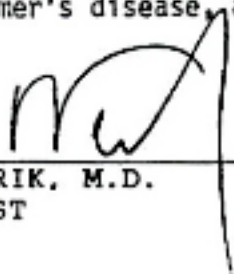
SUMMARY OF FINDINGS

1. Deceased was found dead in a bathtub with 7 inches of hot water with the water still running:
2. Marked postmortem slippage of skin - trunk, extremities, neck, and face.

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3. Atherosclerosis - coronary arteries (left anterior descending and first diagonal branch 80% stenosis).
4. Diffuse cerebral edema with herniation of cerebellar tonsils.
5. Alzheimer's disease, advanced, clinical



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P. K. PETRIK, M.D.  
PATHOLOGIST  
PKP:mjc

May 16, 1989