



CANADA
Province of Alberta

Report to the Minister of Justice and Attorney General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the CALGARY COURTS CENTRE
in the CITY of CALGARY, in the Province of Alberta,
(City, Town or Village) (Name of City, Town, Village)
on the SEVENTH day of APRIL, 2008, (and by adjournment
year
on the 8, 9 AND 10TH day of APRIL, 2008),
year
before JOHN D. BASCOM, a Provincial Court Judge,
into the death of MARY MARGUERITE LEET 51 Yrs
(Name in Full) (Age)
of NO. 220, 6220 - 17TH AVENUE S.E. CALGARY, AB and the following findings were made:
(Residence)

Date and Time of Death: MAY 12, 2006 AT APPROXIMATELY 17:25 HOURS

Place: FOOTHILLS MEDICAL CENTRE

Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Multiple blunt force injuries.

Dr. Craig Litwin, Medical Examiner for the Province of Alberta, appointed under the *Fatality Inquiries Act*, testified that on May 15, 2006 he conducted an autopsy on the body of Mary Marguerite Leet. His conclusion as to the medical cause of death was multiple blunt force trauma.

Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – The Fatality Inquiries Act, Section 1(h)).

Accidental.

1. Mrs. Leet was a 51 year old female who was admitted to the Foothills Medical Centre on March 23, 2006, following a two day history of headache, global dysphasia and focal right sided seizures. Previously she had been brought to the Peter Lougheed Centre two weeks earlier with seizures which were thought to be associated with alcohol withdrawal.

2. When she was first seen on March 23, 2006, she was confused and her husband had to provide her medical history. A MRI revealed a large left temporal lobe deficit with hemorrhage and edema. The initial diagnosis was acute meningitis/encephalitis and possible alcohol withdrawal with delirium tremens. Mrs. Leet was provided with a course of antibiotic therapy and although she gradually improved she was left with intermittent confusion and hallucinations.

Near the end of April, 2006, Mrs. Leet was assessed and determined that she had very poor short term memory, was unable to problem solve and had poor insight into her problems. Mrs. Leet was described as being severely dysphasic and at times completely unable to communicate. She had difficulty understanding questions and interpreting their meanings. She was only able to follow one step commands and became frustrated when she was unable to remember things or communicate.

3. On April 29, 2006 Mrs. Leet left the hospital on her own and was later found by her family walking on 16th Avenue N.W. The psychiatric examination found Mrs. Leet to be severely dysphasic, lacking insight and a high risk to leave the hospital again. On May 10, 2006, Mrs. Leet once again left the hospital and was found by her family somewhere in the neighborhood of Canada Olympic Park. The medical personnel were concerned with Mrs. Leet's mental health and she was certified under the *Mental Health Act*.

4. On May 12, 2006, Mrs. Leet left the hospital on two occasions. She was returned to her ward and placed on one-on-one surveillance. At the time she was acutely confused, tearful and wanting to go home to her family. At approximately 5:30 p.m. on May 12, 2006 while Mrs. Leet was in her room she managed to break the window in her sixth floor room and fell to her death.

5. Dr. Craig Litwin, Medical Examiner, concluded Mrs. Leet's death was a suicide. This conclusion was a result of Dr. Litwin examining Mrs. Leet's medical records, the incident report and photographs of the scene. Dr. Litwin learned that Mrs. Leet had previously attempted suicide some 20 years previous. Dr. Litwin opined that Mrs. Leet had the ability to reason and that her actions leaving the hospital indicated she was aware of where she was. Dr. Litwin also considered the hospital room surroundings and concluded that it would take a conscious act by Mrs. Leet to mount the window sill and break the window.

6. Dr. Joseph Herman, a medical internist, supervised the general medicine unit that Mrs. Leet was on at the time of her death. Mrs. Leet was diagnosed with acute encephalitis, an infection of the brain and surrounding structures. In addition, there were symptoms of alcohol withdrawal, which manifested itself by periods of delirium tremens. Dr. Herman's primary diagnosis was acute encephalitis caused by a virus. While in hospital Mrs. Leet suffered a number of seizures. By the end of April, 2006 the brain infection was still affecting her speech and memory. As stated by Dr. Herman:

She could eat and dress, bathe, do all those things, but she could not be counted on to do the right thing in a situation which involved thought and planning, and more than single sort of steps to it , and she would not understand the consequences of the things that she did. She might not recognize a risk. If she was crossing the street, she might not recognize the risk.

7. As time progressed Dr. Herman became concerned with Mrs. Leet's delusions. This was manifested by her hearing voices. They were suggesting to her that people were going to harm her. Dr. Herman made a psychiatric consult to Dr. Zanussi, who certified Mrs. Leet on May 11, 2006. Dr. Zanussi concluded that Mrs. Leet was suffering from delirium, but there was nothing specific concerning a desire on behalf of Mrs. Leet to hurt herself. Dr. Zanussi testified that there is a general risk for people, such as Mrs. Leet, to suffer harm when they have the desire to leave the hospital setting.

8. On May 12, 2006 Dr. Herman visited Mrs. Leet in her room at 3:00 p.m. At the time Mrs. Leet was under surveillance by a security officer due to Mrs. Leet's risk of leaving the hospital. Dr. Herman noted that Mrs. Leet was completely non-communicative. She was speaking in phraseology. She was saying words that sounded like words but were not words. Mrs. Leet was animated, anxious, agitated, upset and appeared to be fearful. Dr. Herman noted that Mrs. Leet

was suffering from acute delirium. Dr. Herman spent approximately a half an hour with Mrs. Leet. He managed to calm her down and was able to understand that she had a fear that people were trying to kill her. Dr. Herman reassured her that the voices she was hearing and the things in her mind were not happening and was caused by her brain infection.

9. Mrs. Leet expressed to Dr. Herman that she wanted to go home. Dr. Herman indicated to Mrs. Leet that she required further treatment but eventually her condition would resolve and she would be able to go home. At the conclusion of Dr. Herman's visit with Mrs. Leet she was lucid and able to talk in full sentences. She did not express any thoughts of self harm. She only expressed fear that someone was going to hurt her. Mrs. Leet told Dr. Herman that her family was coming to see her and asked him to tell them that she was in her room waiting for them.

10. Based on the testimony of Dr. Herman and Dr. Zanussi, I conclude that Mrs. Leet's death was accidental. Both attending physicians testified that there was no indication that Mrs. Leet was suicidal. The fact that she may have attempted suicide some 20 years prior, does not indicate she was suicidal at the time of her death. It is more likely that due to her delusional state she did not appreciate the risk of breaking and jumping from the window.

Circumstances under which Death occurred:

At approximately 5:25 p.m. on May 12, 2006, Mrs. Marguerite Leet broke the window of her sixth floor room in the Foothills Hospital and fell to her death. Mrs. Leet had been admitted to the hospital on March 23, 2006, suffering from HSV encephalitis. She suffered from extensive dysphasia, confusion and paranoia, which was due in part to the original infection. At the time of her death Mrs. Leet was certified mentally incompetent and deemed to be a risk to herself and others which necessitated her hospitalization. Prior to Mrs. Leet's death, she had eloped from the hospital on several occasions. The afternoon of her death Mrs. Leet had left the unit and was found outside the hospital by security. Mrs. Leet was placed under observation by security to ensure that she remain on the hospital unit. Some time prior to 5:30 p.m. on March 12, 2006, Mrs. Leet climbed on to the window ledge, broke the window and fell to her death.

Recommendations for the prevention of similar deaths:

At the time of Mrs. Leet's death she was housed on a medical unit despite the fact that she had been certified by Dr. Zanussi pursuant to the *Mental Health Act*. At the time of her death Mrs. Leet suffered from a medical condition that caused extensive dysphasia, confusion and paranoia. This placed Mrs. Leet in an unusual circumstance where she required both medical and psychiatric treatment at the same time. Subsequent to Mrs. Leet's death the CHR conducted a critical incident review. The recommendations from the review was that CHR create a medical psychiatric unit or medical psychiatric beds on existing units. This type of unit would be able to provide the needs of a patient suffering from medical and psychiatric problems as in the case of Mrs. Leet. Additionally, such unit would have security measures, more akin to a psychiatric unit to ensure the safety of the patient.

The court recommends that the CHR create medical psychiatric units or alternatively provide medical psychiatric beds in existing and proposed hospitals.

DATED NOVEMBER 28, 2008 ,

at CALGARY , Alberta.

JOHN D. BASCOM
A Judge of the Provincial Court of Alberta