



Michelle Hookham
Mental Health & Homeopathy

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24th February, 2025

Re: Formal complaint of Maree Twomey (DOB: 17.04.1955) regarding care received in the Emergency Department

Dear Strephon and David,

I write on behalf of Maree Twomey with regards to the occasion of care in the Emergency Department of Hawkesbury District Hospital on the 26th of June, 2024. I am Maree's community mental health nurse (CMHN) in private practice and transported/accompanied her to the hospital on that evening. The complaint was not submitted sooner, as Maree was too unwell to do so, which will become clearer as you read this letter.

Circumstances:

On the 26th of June, 2024, I took Maree to the Betta Care Pharmacy in Richmond to collect her medication. Whilst transferring from the car, I observed that she was having great difficulty walking and had substantial pain with every movement. I observed that when she took steps, her left leg was giving way on weight bearing. She had an unsteady gait, was swaying when standing, and reported weakness in her legs. This was a sudden deterioration of a chronic health problem.

Maree was crying and voicing that she couldn't take the pain anymore. An excerpt of my notes from the previous day captures the degree of pain. Maree stated: "I've been screaming in pain; I'm very depressed; I don't know what to do; I can't even sit down; I have to eat standing up and have pins and needles down the right side of my neck."

Following a discussion about my concerns regarding the deterioration in her condition, she agreed for me to take her to the Hawkesbury Emergency Department (ED).

Upon arrival, Maree was triaged, given an anti-inflammatory IM injection and sent for a CT scan of the lumbosacral spine, pelvis and left hip. We then waited in the ED for three to four hours to be



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reviewed by a medical practitioner. (The discharge summary has been attached to this letter). ED was busy, so this was understandable.

Maree was seen by Dr Umair Qazi and I accompanied her to the examination room. The review was very brief (approximately 10 minutes), and without a physical medical examination, except for checking the patellar reflex. Maree remained in the wheelchair throughout the consultation. Dr Qazi did not assess her leg weakness or 'collapsing' of her leg when attempting to ambulate. The doctor had a friendly demeanor and was generally courteous, however for most of the consultation, he sat with his back to Maree. He asked questions and was documenting on the computer throughout. Maree is hard of hearing and became upset as she couldn't hear Dr Qazi's questions, which I had to relay back to her. She found the experience demoralising and disrespectful.

Dr Qazi informed Maree verbally of the CT scan report, which I documented in my clinical notes of that day: "no fracture; evidence of impinged nerve between L4 to S1; some minor disc bulging." I recall us both feeling relieved that there was no major pathology. Dr Qazi advised Maree to use heat packs and regular analgesia. Maree informed Dr Qazi that she had tried several different medications for pain relief (Panadol; Panadol Osteo; Ibruprofen) and none worked. He suggested that the leg giving way was due to pain rather than an organic cause, and that she needed to lose weight. Maree has struggled with weight issues over the course of her life, including eating disorders when younger. The comment caused undue emotional distress, which stayed with her for a few weeks.

I took Maree home at 9.30pm, where she took her medication and went to bed. She had organised for a friend to stay with her overnight as she felt vulnerable after the events of the day.

Background to the complaint

Maree had been experiencing a deterioration in mobility over the previous few years, which she attributed to peripheral neuropathy following chemotherapy for bowel cancer. She had noticed increasing leg weakness and associated falls over the past year. She had seen her GP, Dr Nagwa Morris, who had referred her for a brain scan, however that had not been completed at the time of Maree's presentation to Hawkesbury Hospital's Emergency Department (ED).

Ensuing medical emergency

In the early hours of the 28th of June, less than 48 hours after discharge from Hawkesbury Hospital's ED, Maree got out of bed to go to the spare room to get a blanket. Her leg buckled and she had a serious fall. She was home alone, unable to get up to call an ambulance and crawled around on the floor for about three hours to get back to her room. Maree informed me that as she was crawling along the floor, her back was in spasm arching upwards with involuntary movements which was very painful. Maree vomited from the pain and subsequently had to drag herself through that to get to her mobile phone, which was on her bed.



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Maree's left arm was also in spasm and started to lose sensation. Unable to lift her head/neck off the floor, she was eventually able to pull the phone from the bed by the charging cable, to call emergency services. On arrival, the paramedics entered her home through the kitchen window. Maree was taken to Hawkesbury Hospital, then transferred to Nepean Public Hospital for further assessment. Within 24 hours of the fall, Maree had complete loss of functioning in her left arm, which was an additional cause of anxiety and distress. She had no previous history of left arm issues.

Maree was transferred to Nepean Private under Dr Tait on the 10th of July 2024. She was diagnosed with cervical myelopathy and had ACDF c3 – c6 surgery (from the discharge summary). She was transferred to Matilda Nepean Rehabilitation Unit on the 17th of July 2024 and discharged on the 7th of August, 2024.

Following discharge from Matilda Nepean, Maree struggled to return home, because of the traumatic nature of the fall. She was having intrusive flashbacks triggered by the home environment and was not coping emotionally. Consequently, she had a voluntary psychiatric admission to St John of God Hospital (SJOG) under her psychiatrist, Dr Ruby Thavakulasingam, for a period of two months.

Update

Maree's physical health recovery has been slow. The use of her left arm and coordination skills returned soon after the surgery, which was a big relief. However, she has experienced continued *distress about the permanent restriction of movement in her neck following the spinal fusion of four vertebrae*, continuing leg weakness and loss of balance. She has had a couple of falls since the surgery – once in Nepean Private after surgery, and once in SJOG when the brakes of her walker failed to lock. Maree is now required to always use a walking frame. Unfortunately, when Maree loses balance or her left leg becomes fatigued and gives way, she can fall to the side, and the frame goes with her. She has constant anxiety about falling.

While in SJOG, Maree contacted the physiotherapy department of Hawkesbury Hospital to organize physiotherapy. She was informed there was a wait of thirty days or more and she was not considered a priority. Maree persevered in trying to contact the physiotherapy department to establish appointments. SJOG staff were aware of Maree's frustration and anxiety to get an appointment and set up a room for her to exercise in the interim, however that was problematic as there was no physiotherapy support. Maree was eventually given three physiotherapy appointments in November/December 2024, however she was disappointed with the sessions, as they were predominantly talk-focused, with minimal hands-on physiotherapy or exercises. Maree's NDIS care coordinator, Narelle Paslow-Reid from Support Your Design took Maree to each of these sessions and can affirm the difficulty Maree had with accessing adequate physiotherapy treatment. At the third session, the physiotherapist informed Maree that he was not going to give her exercises as he considered she had a further problem behind her left knee. Maree felt disheartened at the prospect of further complications and increasingly deteriorating mobility and recovery.

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Towards the end of 2024, Maree's mobility deteriorated further. She had ongoing low mood and PTSD associated with the fall and eventually pursued a medical review by Dr Pushpa Soorlyaarachciat, Matilda Nepean on the 16th of December, 2024. Dr Soorlyaarachcia was concerned about Maree's condition and arranged an urgent re-admission to Matilda Nepean on the 17th of December, 2024 for intensive physiotherapy. Maree was relieved to be in full time care on that occasion, as she was having increasing difficulty attending to her activities of daily living because of her condition. Maree had an MRI of her left knee to follow up regarding the concerns of the physiotherapist at Hawkesbury Hospital. The results showed that no abnormalities were detected.

Maree was discharged from Matilda Nepean on the 31st of December, 2024. She is currently back at home and having outpatient physiotherapy at the Matilda Unit twice a week. Her NDIS support workers transport her for the sessions, however the program is for two months only, after which Maree will be without a structured rehabilitation program. She does not want to return to the Hawkesbury Hospital physiotherapy department, as the care has not been as helpful as the service at Matilda Nepean.

Maree's mental health has been significantly impacted by the medical emergency and she continues to ruminate on the events of the night of the fall, the ensuing surgery and recovery. During our consultations and out of hours phone support, she recounts the events of the night frequently, as her way of trying to process the trauma, and is emotional when expressing herself. I observe that her mood has been low since the fall, with suicidal ideation at times. She questions the value of her life with restricted mobility, chronic pain and reduced capacity to be independent. The series of events have impacted her relationships and contributed to social isolation.

Chief Complaint

Maree accepts that her deteriorating mobility over the past few years most likely stemmed from the cervical myelopathy. The fall brought this to light, and through a series of comprehensive medical assessments, a correct diagnosis was made and surgical intervention was undertaken.

Maree continually questions:

1. If the cervical myelopathy could have been diagnosed without her having to endure the trauma of the fall
2. Whether the fall exacerbated the myelopathy or caused permanent damage to the cervical nerves
3. If she had received a diagnosis and intervention by the examining doctor on the 26th, or an admission for further investigation, the injurious and traumatic fall may have been prevented
4. If she had an initial *physical* examination, she may have been referred for a different type of scan, that may have diagnosed the primary source of the pain

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5. If the examining doctor had conducted a thorough medical examination and realized the extent of incapacity and pain Maree was experiencing, he may have admitted her for further investigation when the lower back CT came back with minimal findings.

Maree articulates her experience below:

"Even talking about it now I can't stop crying; I keep seeing myself so desperately trying to get help; that I had to crawl through the house in excruciating pain; with my back arching with every move; I started to vomit before I got to the bedroom door but had to push myself to keep crawling to get to the phone. I was so fearful that the phone would disconnect when I pulled the cord. By the time I got there I couldn't lift my head off the floor; my hand was in spasm; I burst into tears and dropped the phone with the emergency SOS. I spoke with the paramedics, who had to break into my home through the window. I thought I was going to die on the floor.

Even at SJOG, I had PTSD to return home. The staff had to work with me by gradual exposure. I was stuttering and my body was shaking when I tried to enter my home. I had to have medication to settle me down. In the end, I had no choice but to return home. But every time, and even now, it reminds me of the fall. I see myself crawling and I can almost feel my back jerking as it's so vivid. That shouldn't have happened. The doctor should have done something; put me in a bed; watched me walk. It makes me angry. He was negligent; he didn't do what he was supposed to do. I felt that he was rude by speaking to me with his back turned. He didn't ask me about my walking."

In Maree's words:

- Why was there no further investigation done by the doctor to determine the source of my pain?
- Without a conclusive investigation as to the cause of pain, why didn't I have a further medical investigation or CT scan?
- Why did the examining doctor suggest inadequate treatment (heat packs, regular pain relief analgesics) when I clearly stated I had already tried several which had not been helpful for my pain?
- Why was it necessary for the examining doctor to suggest and inform me to lose weight when this had no bearing on the intense pain, inability to walk and the need for a wheelchair?
- Why was I not admitted for further follow up and investigation to identify my cause of pain?



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Desired outcome

Maree has informed me that she wants more than an apology in response to this letter. She wants the hospital to know what occurred, so that services can be improved to ensure that everyone receives the right care at the right time. She requests a formal meeting with the CEO, Director of Medical Services and Michelle Hookham. At this meeting, Maree would like to have the opportunity to be heard and to have her questions addressed. She would also like to know how the matter will be addressed with Dr Qazi.

Maree is fortunately in a private health fund, so has been able to access quality care and rehabilitation, however her private health insurer (PHI) will only provide cover until the 17th of March. At the very least, Maree would like to have ongoing physiotherapy at Matilda Nepean until she no longer needs it. She is on the Disability Support Pension and cannot meet the cost herself. Should she require further physiotherapy at Matilda Nepean beyond the provision of her PHI, she requests that the funding be provided until she no longer needs it.

Yours sincerely,

Michelle Hookham

Maree Twomey