

Submission to the Joint Standing Committee of Community Development on the Inquiry into the Principals and Objectives of the Disability Services Act.

I, David William Free, am the son of Molly J Free.

Our mother suffered from diabetes and depression for more than 20 years – due to an unfaithful husband.

Mum separated from dad and we lived with her stepsister Aunty Joan in Hobart because I and my brother John were scared of being put into an institution.

She became very ill, and I often had to inject her with insulin, because she was too weak to do it herself. I also helped her to the toilet, changed her bed linen and cleaned up vomit. I was 8 or 9 years old.

We moved to New Town when she got better, and she started a part-time position at the Mothercraft home as assistant cook. I helped her after school in the kitchen washing dishes and other duties to take the workload off her.

Mum became ill again and had to give up her job, she often went into a coma.

I started work on a milk run, and nighttimes at Elwick drive-in to help out with expenses. I was 14 years old then.

She was sent to the Royal Hobart Hospital and later to Royal Derwent where she died at the young age of 48.

I lived with mum all the time she was alive. Royal Derwent Hospital was a terrible place for people to spend their last days in. All the patients were housed into one large room with no privacy not even a curtain separating the beds and the hygiene was poor.

I was a carer for my mother.

Thank you,



C/O J. FREE

David W. Free

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April 2009

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File please - Discharged

**REPORT ON PATIENT**

ROYAL HOBART HOSPITAL WK

25th February, 1970.

TO: Doctor Pate, Royal Derwent Hospital, New Norfolk...7450.

Dear Doctor,

Your Patient Molly FREE, admitted 30.1.70,  
Royal Derwent Hospital.  
under UNIT Endocrine was discharged/med. on 11.2.70.

**DIAGNOSIS and TREATMENT**

History:

This 48 year old lady was a known diabetic for twenty years, whose diabetes was difficult to control in spite of being on a consistent but unsatisfactory diet at Royal Derwent Hospital. As she was incontinent of urine and faeces this caused further difficulty in assessing her control. She had been found to have numerous urinary tract infections at New Norfolk which had been adequately treated.

On examination:

Temperature 36.7°C; Pulse rate 100/minute; respiratory rate 24/minute. She had four plusses of sugar in her urine. No acetones.

Significant features were: She was tender in the right loin, and had pitting oedema up to her knees.

Investigations:

Initial glucose on admission was 330 mgm %.

Full blood examination: Haemoglobin 12.4 grams %; E.S.R. 50 mm; W.C.C. 7,500.

Chest x-ray: No recent infection.

M.S.U. - More than 200,000 coliforms with 50 W.B.C./h.p.f. Coliform were sensitive to Ampicillin, Carbenicillin, Nitrofurantoin, Naladixic Acid, Tetracycline; resistant to Sulphas.

Treatment and Progress:

She was initially commenced on a sliding scale, and then back to her old regime of Regular Insulin 16 units in the morning and 12 units at night. On this, she again showed glycosuria so Inseral t.d. capsules 1 b.d. was added. In the meantime, her urinary tract infection was treated with Naladixic Acid with 1 gram q.i.d.

On 11.2.70, when her diabetes was under control, she was transferred back to Royal Derwent Hospital.

Thank you for referring this patient.

Discharged to O.P.D./Own Doctor

Yours faithfully

  
M. TISDALL

Medical Officer

**THIS COPY TO BE POSTED TO PRIVATE PRACTITIONER**

Royal Derwent Hospital New Norfolk

Twentieth

February

Seventy

the death of

Nelly Jean Free

Jack Glover

My full name is Dr. George Roberts Pate at the Royal Derwent Hospital in the State of Tasmania. I am a legally qualified medical practitioner at present employed as assistant psychiatrist.

Nelly Jean Free was admitted to Royal Derwent Hospital on 15th September 1969 from the Royal Hobart Hospital with severe generalised arterial disease secondary to diabetes of twenty years standing. Two years previous to admission she had a stroke which left her with some weakness of the left side of the body.

Throughout her stay in this hospital her diabetic condition was difficult to manage due to her mental state and resultant inability to co-operate.

On the 30th January 1970 she was transferred to the Royal Hobart Hospital for stabilisation of diabetes and returned here on the 11th February 1970. She remained fairly well until the 19th February, when she complained of feeling unwell and it was thought that diabetes was a primary cause. Following treatment she seemed better until approximately 4 p.m. on the same day she had a sudden collapse without lapse into unconsciousness and asked that her arm (left) be lifted; she was noticed to have cyanosis of extremities. Within a short time she became comatose and died within a few minutes. The body was seen by me after death.

In view of her known state of generalised arteriosclerosis with unstable diabetes, the cause of death, in my opinion, was coronary occlusion secondary to generalised arteriosclerosis with associated diabetes mellitus. A further contributing cause was premature dementia.

Jack Glover  
Coroner

G.R. Pate

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G.R. Pate

Taken and sworn before me at the Royal Derwent Hospital New Norfolk on the twentieth day of February 1970.