

FOR PUBLIC RELEASE: Coroner Judgement of Inquiry and Inquest Inquisition and Recommendations

Department of Justice, Legal Services Yukon Coroners Service

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Yukon Coroners Service: Judgement of Inquiry into the death of: Debra Ann Loeks Coroner Investigative File No.: 4520201317			
Name: Debra Ann Loeks	Date of Birth: <u>1962/09/3</u>	Date of Death:	2013/07/10 YYYY/MM/DD
Address: KM 6.2 Takhini Hotsprings Road, Whitehorse,	Yukon		
Street Address Ethnic Origin: <u>Caucasian</u>	Province/Territory Location of Death: KM 6.2 Takh	iini Hotsprings R	Postal Code Coad

Cause of Death

Morphine Toxicity

(Other significant medical causes contributing to death - Pulmonary Fibrosis)

Manner of Death

Accidental

Autopsy Findings

A post mortem examination was performed by Dr. Carol Lee, Forensic Pathologist on July 15, 2013.

The autopsy showed patchy foci of pulmonary fibrosis (chronic scarring of lung tissue that can impair breathing). Although there was evidence of patchy acute lung changes, there was no evidence of healing, with no signs of an underlying acute infection.

Toxicological Findings

Postmortem toxicological analysis showed a significantly elevated concentration of morphine (within a range where lethal outcomes have been reported). Post-mortem toxicology indicated 2.3mg/L, hydroxycholoquine levels of 9.2 mg/L, slightly elevated Nortriptyline (below levels considered toxic), and therapeutic levels of trazodone.

Circumstances of Death

50 year old, Debra Ann Loeks was found deceased in bed in her private residence at 17:20hrs on the evening of July 10, 2013.

The investigation revealed that Mrs. Loeks had a medical history which included idiopathic pulmonary fibrosis.

Prior to her death, Mrs. Loeks was admitted to Whitehorse General Hospital for a period of three weeks for a severe bout of shingles. She was released from hospital on July 6, 2013.

Upon release from hospital, Mrs. Loeks was prescribed opioid pain medication to manage the pain associated with the shingles. She was prescribed 20mg MS-IR Morphine Sulphate to be taken every hour as required. She was also prescribed 100mg MS-IR Morphine Sulphate to be taken twice a day.

Mrs. Loeks had a very limited prior history with opioid medications.

Significant Factors/Conclusions

Mrs. Loeks had no real history of taking opioid pain medication. There was nothing in the investigation to suggest opioid tolerance. Morphine, at elevated concentrations, can cause significant sedation and respiratory depression, even in a chronic user.

Mrs. Loeks had idiopathic pulmonary fibrosis which caused acute lung changes which were observed at autopsy. Idiopathic pulmonary fibrosis is scarring or thickening of the lungs without a known cause. The scar tissue replaces healthy tissue and causes inflammation. This damage causes your lungs to stiffen and makes breathing more and more difficult.

Recommendations

No recommendations

Amacanala Signature, Chief Coroner

Whitehorse, Yukon

November 12/13