ATTORNEY-GENERAL

Parliament House
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REPORT TO THE LEGISLATIVE ASSEMBLY

Under section 46B of the *Coroners Act 1993*

In the matter of the Coroner's Findings and Recommendations regarding the death of Christine Guyula

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Under section 46B of the *Coroners Act 1993* (the Act), I provide this Report on the findings and recommendations of Local Court Judge Elisabeth Armitage, Territory Coroner, dated 9 January 2026, regarding the death of Christine Guyula (the Deceased) (Attachment A refers).

The Report includes the response to the recommendations of the Territory Coroner, by Mr Chris Hosking, then Chief Executive of Department of Health (DoH).

The Deceased was 48 years old when she passed away in the Intensive Care Unit at Royal Darwin Hospital on 17 March 2022. The cause of death was hypoxia due to complications following incision and drainage of a right buttock abscess, with multiple illnesses contributing to death including Type 2 diabetes mellitus, chronic kidney disease Stage 4, and rheumatic heart disease.

Recommendations of the Territory Coroner

The Territory Coroner made the following formal recommendations regarding the death of the Deceased:

'119. **I recommend that the Department of Health** mandate compliance with current ANZCA PG18 Guideline on monitoring during anaesthesia 2025 and, in addition, mandate Train of Four calibration and continuous monitoring when neuromuscular blockades are used.

120. **I recommend that the Department of Health** develop and institute a schedule of anaesthesia auditing to ensure compliance with mandated and recommended patient monitoring and to improve the adequacy and accuracy of anaesthesia record-keeping.

121. **I recommend that the Department of Health** have a dedicated C-MAC video laryngoscope available in the Post Anaesthetic Care Unit (PACU) at all times.'

Response to the Territory Coroner's recommendation

A copy of the Coronial Findings was provided to Mr Hosking on 10 February 2026, under section 46A(1) of the Act.

A written response was received from Mr Hosking on 21 May 2026 as required by section 46B(1) of the Act. The response includes the following:

Recommendation 119

> 'NT Health is actively reinforcing compliance with Australian and New Zealand College of Anaesthetists (ANZCA) PG 18 guideline, particularly the required use and calibration of train of four monitoring when administering neuromuscular blockade. These standards are being emphasised in Anaesthesia Safety & Quality meetings and incorporated into teaching sessions for all anaesthesia staff, including those newly rotating into RDPH and other Northern Territory hospitals from interstate.
>
> On 20 March 2026, ANZCA wrote to the NT Coroner, in response to the three recommendations. ANZCA clarifies the wording used, while providing overall concurrence with the Coroners recommendations at paragraphs 120 and 121 of the Coronial Findings, due to the alignment with ANZCA PG 06 Guideline on the Anaesthesia Record 2020 and ANZCA PG 56 Guideline on equipment to manage difficult airways 2025, respectively. However, in relation to the recommendation at paragraph 119, ANZCA notes:
>
> > ANZCA PG 18 Guideline on Monitoring during anaesthesia 2025 recommends:
> >
> > *6.7 Neuromuscular function monitor – Quantitative neuromuscular function monitoring should be available for every patient in whom neuromuscular blockade has been induced and should be used whenever the anaesthetist is considering extubation following the use of non-depolarising neuromuscular blockade.*
>
> ANZCA provided the following comment:
>
> > *Notably, ANZCA PG 18 is silent on calibration of the neuromuscular function monitor prior to administration of non-depolarising neuromuscular blocking drugs. As was alluded to in the inquest, calibration of the monitor may improve its accuracy. However, calibration involves painful nerve stimulation for nearly a minute in duration that is possible only if conducted prior to the administration of the neuromuscular blocking drug. This is not practical to perform on an awake patient or when rapid induction of anaesthesia and paralysis is required to minimise the period for potential airway contamination with gastric contents prior to securing endotracheal intubation.*
> >
> > *The anaesthetist is required to use professional judgement to balance the practicalities of physiological monitoring whilst rapidly attending to the complex concomitant tasks of safely anaesthetising the patient. ANZCA PG 18 deliberately leaves this space for such professional judgement to be exercised.*
>
> NT Health is committed to mandate compliance with ANZCA PG 18, acknowledging there is a need for anaesthetist to use professional judgement about calibration of the monitor when anaesthetising patients. NT Health will adopt the ANZCA PG 18 clarification of the Coroner's recommendation at paragraph 119.

The Coroner has uploaded the ANZCA correspondence to the website where the Coroner's findings are made publicly available. The correspondence appears to now form an addendum to the Coroners findings, providing the precise wording for the recommendation at paragraph 119, the concurrence of recommendation at paragraph 120 with the ANZCA Guideline, and clarification of the recommendation at paragraph 121.'

Recommendation 120

'NT Health has adopted ANZCA PG 06 Guideline on the Anaesthesia Record 2020 and notes:

> *6.3.5 Monitoring; Documentation of the physiological variables monitored and the equipment used, where relevant. Information provided as a monitor print-out should include accurate patient identification (see PG18(A) Guideline on monitoring during anaesthesia).*

NT Health has conducted audits of anaesthesia monitoring and practice; and has included a formal auditing schedule to be conducted by the RDPH Safety & Quality Unit.

NT Health is implementing the inclusion of the formal audit schedule across each NT Health sites to ensure consistent local auditing practices are developed by end of 2026 and maintained.

Scheduled audits will continue to occur, and the results will be regularly fed back to anaesthesia staff and their managers to increase adherence to the Guideline and audit procedures.

An amendment to the Anaesthesia Record for Northern Territory Hospitals has been approved by the NT Health Clinical Policy Committee, to specifically note Neuromuscular blockade parameters measurement and as a cognitive aid to staff to document this clinical variable. This is currently with the printers with expectation to be implemented within 3 months.'

Recommendation 121

'NT Health has adopted the ANZCA PG 56 Guideline on equipment to manage difficult airways 2025 and notes the 20 March 2026 ANZCA correspondence in relation to airway assessment being fundamental to identifying risk of a difficult airway, and the importance of having readily available and accessible airway equipment for the management of airways where difficulty occurs.

NT Health notes the increased first pass success rate of intubation where videolaryngoscopy is used and the limitations relating to any reduction in time to intubation, incidence of hypoxia or respiratory complications. NT Health also notes the 'C-Mac' videolaryngoscope is just one brand of many videolaryngoscopes that would be suitable for such purposes, and will procure videolaryngoscopes of a suitable type without being limited to 'C-Mac' videolaryngoscopes.

The availability of videolaryngoscopes across NT Health operating suites and PACUs has significantly improved over the past two years. NT Health will ensure a device is permanently located in PACU and that all anaesthesia and nursing staff know where it is stored, improving readiness and response capability.'

I am satisfied that the CEO of the DoH has considered the recommendations of the Territory Coroner and has responded to the recommendations.

DATE: 24 JUN 2026

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MARIE-CLARE BOOTHBY

ATTACHMENT A

Refer to Findings