

From: [douglas.sheridan](#)
To: [justiceinquiry](#)
Subject: Re: (7) Re: These are the reasons we are not interested in Dr Burke opinion. Result from a phone call from tania.maxwell staff .
Date: Wednesday, 8 September 2021 5:02:46 PM

From: douglas.sheridan [REDACTED]
Sent: Saturday, 17 July 2021 12:16 PM
To: [REDACTED]
Subject: (7) Re: These are the reasons we are not interested in Dr Burke opinion. Result from a phone call from tania.maxwell staff .

From: douglas.sheridan
Sent: Monday, 28 June 2021 8:36 PM
To: [REDACTED]
Subject: These are the reasons we are not interested in Dr Burke opinion.

Now presuming Dr Burke did a thorough autopsy & did not seem to come up with any bowel or stomach problems, you have to wonder why [REDACTED] periodic sick bouts were severe & serious enough to warrant xrays & blood tests that never came to light & an colonoscopy that was ultimately aborted.

Maybe some one knew nothing was going to show up in colonoscopy.

Now they only want us to believe it was a simple heart arrhythmia & want us as layman to pull the wool over our eyes to meet with their Dr Burke for an explanation.

He never checked into blood tests recently taken before death then more bloods were taken on the [REDACTED] to which the results should have been available. But tried to find 22mths later, **proving there was no investigations.**

It seems DR BURKE DID NOT MAKE CONTACT with ambulance officers for post death info from their end as their statements were only taken aprox weeks before the inquest & after 21mths and in their statement said, **proving there was no investigations.**

Ambulance officers, on closer examination I noticed she presented with anginal respirations and her airway was completely obstructed with copious amounts of white fluid.

I positioned myself at the head of the patient and attempted to clear the patients airway with suction and insert a oropharyngeal airway into the patients upper airway. Each time I attempted to manually ventilate the patient with oxygen 100% via a closed circuit oxy saver the patients upper airway would block again with white fluid. Each time I would attempt to clear it again. **AND THEY THEN MENTIONED THEY THEN CALLED POLICE..... ((WHY)).**

Another concern with DR BURKE was NO SAMPLES of the fluid kept from [REDACTED] lungs which were twice the weight of normal.

These fluids would have been very crucial for testing as there should be a big difference between ,bodily fluid ,tap water with Floride and other components ,OR processed bottle water.

One would have thought this should have been a standard procedure.

The other concern is lack of detail in the autopsy report as [REDACTED] did have scarring from operations on her ears she did have scarring on breasts from fatty tumours removal and also

recent scarring from childbirth and green eyes not blue, and a large spur on her wrist from an impact at her work .very noticable, .Not very accurate.

Why didn't DR BURKE make these observations himself and list them.

One would have thought this should have been a standard procedure.

Now why didn't DR BURKE make himself aware of all the water and other circumstance's surrounding her death before they had made their judgement on such, the professionalism observed leaves a lot to be desired.

Now in relation to Dr Burke' opinion, as said before, was he made aware of what went on in the bathroom for 3hrs ending up with all water in the lungs & her airways full of water, & the ambulance officer's statement of copius amounts of fluids obstruction of such, we don't think so, AND WHY NOT. proving there was no investigations.

Why was [REDACTED] body released for cremation so soon when unascertained, when they have other alternatives. Was there an application for the release of [REDACTED] and if so why the rush.

Why did not Dr Burke attend the inquest & attempt to explain his prognosis to all.

Why when lungs were twice their weight were no fluid samples kept. Coroner wrote back, because it was a home death. proving there was no investigations.

Were blood hair & other samples kept for further investigation of unascertained death.

Why did DR Burke make no mention of Ambulance officers concerns of flooded airways & excess fluid to collaborate his findings of flooded lungs & flattening of the GYRI. Or the TOXICOLOGY information in his summary. BECAUSE HE DIDN'T DO HIS JOB. proving there was no investigations.

DR M P Burke' autopsy report makes a small mention of pulmonary oedema & flattening of the gyri page 7 item 3 but makes no further mention of this.

He settled for UNASCERTAINED and (((appears))) to have died from sudden cardiac arrhythmia.

Another item of interest of DR M P Burke' is that there was nothing untoward found in the stomach or bowel, so now you have to wonder the need for a colonoscopy in the first place.

These are the reasons we are not interested in Dr Burke opinion.

Regards. Doug [REDACTED] Sheridan.