

B. WILLIAM MURPHY, M.D., P.A.
1105 SPRING STREET
SILVER SPRING, MARYLAND 20910
588.3664

July 12, 1988

John Plunkett, M.D.
Regina Medical Complex
Hastings, Minnesota

Re: Jane Duchene (deceased)

Dear Dr. Plunkett:

On May 27, 1988 I wrote to you concerning Mrs. Duchene. I have received no response thus far to my letter. Acting on the assumption you may not have received the letter, I am writing again and shall send this by certified mail. Uncertainty as to your being aware of the contents of the May 27th letter troubles me, as they concern matters of major medical and legal significance. They are issues that I think involve the functions and responsibilities of a coroner.

I have been told you are the coroner for Dakota, Ramsey and Scott counties near Minneapolis/St. Paul. Events related to the death of Jane Duchene occurred in one or more of these counties I believe. The autopsy you performed on Saturday, November 22, 1986 on the embalmed body of the deceased was at the Southern Funeral Home and I am uncertain as to the specific county. While it is clear Mary Jane Duchene requested the autopsy, it is unknown who ordered embalming or why. That is a serious matter isn't it? Body fluids cannot be examined after the body is embalmed. There must be written authorization to proceed with embalming surely. Where is the documentation?

I believe the post-mortem examination was carried out by you in a private practice context at the daughter's request. I have been over the report dated 11/22/86 of your examination a number of times. Your findings have been important to me in that they support conclusions I had reached in the protracted course of a study of Jane Duchene's terminal illnesses, primarily in their psychiatric aspects.

BB

C-15

- EXHIBIT 9

John Plunkett, M.D.
July 12, 1988
Page -2-

I am a psychiatrist and a psychoanalyst in practice just north of the District of Columbia, my major activity being forensic psychiatry. Over two years ago I was asked to undertake a study of psychiatric matters apparent in Jane Duchene's terminal condition. Her daughter, Mary Jane Duchene, engaged me in this work, in the course of which I was forwarded your report by Ms. Duchene.

Psychiatric study by no means ended with Jane Duchene's death. What appeared to be an unremarkable medical situation, a carcinoma with widespread metastases in an aging woman with diabetes mellitus and clear cut clinical evidence of an organic brain syndrome did not remain unremarkable.

There have been a near-incredible series of what may be called, loosely, psycho-social factors complicating Mrs. Duchene's terminal illnesses--and death. These "factors" involve medical, psychological, psychiatric, legal (in both civil and criminal forms) as well as fiscal matters. Because of these extraordinary aspects it remains essential I continue my participation in studying these matters.

I have read or seen a very large number of documents and records of various kinds over the past two years, Dr. Plunkett. I have access to personal and medical data on the late Jane Duchene going back to early in her personal history. Medical data relative to the diagnosis, treatment and general management of the patient concerning her adenocarcinoma, its metastases and clinical manifestations observed are in my records. These include United Hospital records, court depositions, etc. The treatment and clinical course of her diabetic condition is to a fair extent available from her doctor's records, hospital records and particularly from the records during her residence in the Wedgewood Health Care Center. You have some of these records now I understand.

It was from Wedgewood that she became your patient. It was from some connection after her death in Wedgewood that she became your embalmed patient. It was in Wedgewood that her "brittle" diabetes manifested to brittleness by not infrequent hypoglycemic reactions over the greater part of her life there. Some were quite severe in nature.

C-16

9A

John Plunkett, M.D.
July 12, 1988
Page -3-

You have received, I believe, nursing records and records of physicians' orders regarding the care of this patient, particularly those of the latter part of her residence there? It was in Wedgewood that the clinical picture of a slow decline physically, while in a quiet state of progressive dementia, changed abruptly after October 22, 1986.

The notes from Wedgewood indicate a very substantial reduction in this diabetic's daily insulin dosage ordered on October 22nd or 23rd. The Wedgewood nurses' records are of an abrupt and rapid clinical deterioration from then on. You will have seen, or see that the phenomena noted appear to be those of untreated or undertreated diabetes, terminating in coma and death. I won't detail the specific symptoms and signs noted because they are there for you to consider directly. To me they add up to diabetic ketosis and then coma, starvation and dehydration precipitated by the reduction on insulin to mere token dosage.

I do not see evidence from your post-mortem findings of any changes or developments of a sudden acute character in her carcinomatous condition to account for the abrupt metabolic deterioration in Mrs. Duchene's condition. There don't appear to be metastatic invasive changes that could have killed her, e.g. hemorrhage or pressure symptoms.

There are many aspects of this woman's treatment or lack of it that bear on the necessity for clarification of how Mrs. Duchene died as she died and when she died. The "care" meted out to her and her daughter over her final illnesses, continuing to this day in regard to Mary Jane Duchene were and are almost indescribably bad in certain respects. The series of events and the behavior of some persons connected with these events necessitates careful investigations which identify certain irregularities which have escaped detection in the past.

I think it is reasonably clear that the nursing home records, the unexplained embalming of the body, your previous post-mortem findings and a lot of available and potentially available other data point to a suspicious death. It is hard to escape the conclusion that reduction of essential daily insulin to an ineffective dosage level or levels led rapidly to a diabetic form of death.

C-17

9B

John Plunkett, M.D.
July 12, 1988
Page -4-

Diabetes is not mentioned on the death certificate I have seen. This data has real legal significance. It necessitates investigation, inquest, whatever is real, honest and appropriate. If there is a clear cut alternative cause of death demonstrated, fine. As it stands now the clinical course can hardly be other than that of diabetic acidosis, ketosis, coma and death.

As it stands suspicion exists that Jane Duchene may have been murdered, i.e. a first degree homicide. I don't have specialist expertise in internal medicine, but it does not require specialization in metabolic disorders to recognize Mrs. Jane Duchene's abrupt deterioration as untreated or undertreated diabetes. It did not occur to me before that such could occur in a medically controlled setting.

It is not pleasant to write about this matter. Much of what has occurred over the two years I have studied aspects of this situation is decidedly unpleasant, evil and initially difficult to believe. Yet, the facts remain.

In particular the facts of this specific matter remain to be identified and clarified by sound and hopefully conclusive investigations.

It is the necessity of determining this matter that prompts me to take the unpleasant step of writing to you. It is not the cause of death of this specific patient alone that is at issue, although that death alone is reason enough to require investigation as I see it. Beyond this death, there are other issues of major significance for the safety and welfare of the population of the three counties you serve, as well as other counties in the State of Minnesota. These matters will not go away. They necessitate real scrutiny. The possibility of homicide in this case, a possibility long considered by professional investigators to be real, has made it imperative I communicate what I have to you. Substantial progress is being made in related matters.

Any information or opinion you are able to communicate to me would be valuable. As I see it there is no alternative to clarification and sorting fact from fiction in the complex and potentially explosive investigations developing. I

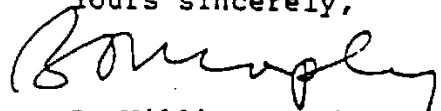
C-18

9C

John Plunkett, M.D.
July 12, 1988
Page -5-

should appreciate any help that you as pathologist or coroner
can give or that I can offer.

Yours sincerely,



B. William Murphy, M.D.

BWM/dl

C-19

9D

PHYSICIAN'S ORDER

STANDING HOUSE ORDERS

REHAB. POTENTIAL: Fair
DISCHARGE PLAN: Permanent Placement
LEVEL OF CARE: ~~skilled~~ skilled 10/16/86

Restraints per nursing care plan for safety.

DIET: 2000 Cal ADA

MEDICATIONS: ~~Lente-U-100 Insulin 2U sub-q qAM & 4U Regular sub-q qAM~~
~~5U Lente-U-100 Insulin sub-q q4PM~~ DC 11/18/86
Use sliding scale for Regular Insulin-PM schedule
200-250 BS 4U Regular Insulin sub-q qPM
251-300 BS 5U Regular Insulin sub-q qPM
301-350 BS 6U Regular Insulin sub-q qPM
Greater than 350 BS 8U Regular Insulin sub-q qPM
Desyrel 50 mgm po qHS DC 11/18/86
HCTZ 25 mg po qod PRN HOLD 10/22/86
Ensure (8 oz) po TID-may have 4th can PRN DC 10-27-86 see nursing

TREATMENTS: REGLAN 10 mgm po qid prn gastric distress DC 11/18/86
Glucometer BID before breakfast & supper DC 11/18/86

1986 Flu Vaccine .5 ml IM X1

up to date

RENEWAL FOR 90 DAYS
PLAN OF CARE REVIEW

.O.R..

Landra Ford by 10-16-86

~~10/23/86 DC 4 UNITS REGULAR INSULIN IN AM~~

EXHIBIT C-20

DUCHENE, JANE D 531394
845 OR CORBETT WHCC
DOB 6 21 18

PHYSICIANS ORDER

10/10/86

Reglan 10mg po qid prn as needed for gastric distress.

T.O. Dr. Corbett / D. Harrison

J. Harrison MD 10/10/86

10/10/86

may have flu Flu Vaccine, See IM

T.O. Dr. Corbett / Harrison

10/14/86 Harrison

10/22/86

5:30 pm Hold HCTZ

Call office with name up this apt
T.O. Dr. Corbett / Harrison

10/23/86

apn Hg

10/23/86

- 1) D.C. 4 UNITS AND 12U LENTE REGULAR INSULIN IN AM
- 2) GIVE 6 UNITS LENTE INSULIN SUB-Q IN AM
- 3) D.C. 3 UNITS LENTE INSULIN SUB-Q IN AM
- 4) CONTINUE USING INSULIN SCALE FOR REGULAR INSULIN IN AM

T.O. Dr. Corbett / J. Costa RN

10/23/86 J. Costa RN 12:45p

10-27-86

3P

DNR

Ensure I can go qid

Copied from MIE signed by Dr. Corbett / Sandra Ford
Sandra Ford RN 10-27-86 3P

10-28-86

2:30p

Use egg shell mattress

T.O. Dr. Corbett / Sandra Ford RN

Sandra Ford RN 10-28-86

10-31-86

1p

Mace have Plintum 1.0

EXHIBIT 11

C-21

Dave Andrews