

SOUTH



AUSTRALIA

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 15th and 16th days of February, and 25th day of February, 2000, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Jarrod William Stonehouse, also known as Jarrod William Scott.

I, the said Coroner, do find that Jarrod William Stonehouse, also known as Jarrod William Scott, aged 23 years, late of 15 Goodall Avenue, Kilkenny, died at 15 Goodall Avenue, Kilkenny on the 1st day of January, 1998 as a result of aspiration of blood due to stab wound to trachea. I find that the circumstances of death were as follows:-

1. **Background**

1.1 Jarrod William Stonehouse was born in Burnie, in Tasmania, on 26 May 1974. He was one of eleven children. He was fostered out at an early age, and left his foster home at the age of about fourteen. It seems that he was drinking heavily, taking drugs and behaving violently and aggressively from that time. His sister Kassandra said:-

“Jarrod would stay with me occasionally and once police raided my house looking for Jarrod. When Jarrod stayed at my flat we would talk, and he used to say he would end it one day. Jarrod had a complex personality, suffered from mood swings. I took him very seriously when he was talking about things. I also considered him to be violent”.
(Exhibit C.5a, p1).

1.2 After moving to Adelaide, Mr. Stonehouse used the name Scott and commenced a defacto relationship with Pauline Miller, who also became known as Scott. For ease of reference, I will refer to the deceased in these findings as Jarrod William Stonehouse. Their relationship seems to have been a stormy one, with many fights. Mr. Stonehouse was drinking to excess and smoking marijuana regularly.

2. Events of New Years Eve and New Years Day 1998

2.1 At around lunchtime on 31 December 1997, Jarrod and Pauline and her two children went to her cousin's house at Mansfield Park. They continued drinking throughout the day. Ms. Scott and the children left at about 11.00p.m. Mr. Stonehouse arrived home soon afterwards, drunk and angry.

2.2 After it "got physical", Ms. Scott rang the police. Constables Neagle and Gerschwitz attended and persuaded Mr. Stonehouse to leave the house. They conveyed him back to Mansfield Park.

2.3 Ms Scott's cousin, Robert VanDenBergh, had agreed that Mr Stonehouse could come and stay the night. At about 3.00am, however, the two men caught a taxi into the city. They tried to gain entry to night clubs on West Terrace, but were refused entry. Mr Stonehouse then 'disappeared', so Mr VanDenBergh returned home (Exhibit C7a, p2).

2.4 Mr. Stonehouse returned home at about 6.30a.m. New Years Day. Ms. Scott said:-

"When he came home this morning he was still really drunk and I opened up the door for him to come in and to have a sleep. He started on me as soon as he got home - he is jealous of my kids and he was scaring them so I went and got my two kids ... and I pretended to run up to my brother's house ... to hide from him.

I then saw Jarrod chasing after me and I saw he had his hand around his throat area and I could see all this blood running down his chest because he wasn't wearing a top at the time. As he was coming towards me I saw him fall over at one stage on the nature strip but as soon as I saw the blood I quickly ran to my house to ring an ambulance". (Exhibit C.6a, p2)

2.5 Ambulance Officers Harrop and Whales arrived at the house at 7.26am. Ms Harrop said:

"I saw a small laceration to the midline trachea area open approximately 3cms. External bleeding was controlled and blood loss at the scene was very minimal with blood smears down his chest and abdomen, he wasn't wearing a shirt. The wound wasn't bleeding or oozing at that stage". (Exhibit C.14a, p2)

2.6 Mr. Stonehouse was "uncooperative" at the scene, and threatened to punch Ms. Harrop. The police were called and Constables Bentley and Lockwood attended at about 7.55a.m. Mr. Stonehouse became more cooperative and was conveyed by ambulance to the Queen Elizabeth Hospital ("QEH") with the police following.

- 2.7 In the meantime, Ms. Scott had showed Mr. Whales a “steak knife” with blood on it which had been in the laundry trough.
- 2.8 At the QEH, Mr. Stonehouse was seen by Registered Nurse Simmons, who was the triage nurse at the time. She assigned a Level 4 priority, meaning that he should be seen by a doctor within an hour. However, Dr. Le performed an initial check of Mr. Stonehouse’s throat. He said that:-
- “The sister wanted me to have a quick look at the wound for the purpose of determining to which section of the emergency department the patient should be delivered. I had a look at the wound at that time. The person was in no distress. He was resting comfortably but he smelled of alcohol. I had a look at the wound and at the time the wound was dry. He was quite comfortable so I told the sister that the wound should be explored and that the patient should be assessed, but this could be done in the general section”. (Addendum to Exhibit C.21a).
- 2.9 Most of the people present at that time described Mr. Stonehouse’s aggressive and threatening and generally uncooperative behaviour at that time. Dr. Alka Tyagi, who was asked to see him by her supervisor Dr. Assem Alwani, requested the presence of a Patient Services Assistant (“PSA”) because Mr. Stonehouse tried to hit her when she went to examine him. He refused to answer her questions when she tried to elicit a history. The PSA requested “back-up”, so two more PSA’s and a security officer attended to assist.
- 2.10 Dr. Tyagi said that she cleaned the two wounds in Mr. Stonehouse’s neck, which were not bleeding then, and began suturing them. Mr. Stonehouse was “jumping around” as she did so. She said that the wounds “did not look deep”, so she did not probe them further (T.69). She inserted two sutures in the higher of the two wounds, with difficulty, and was unable to complete the third one into the other wound because of Mr. Stonehouse’s uncooperativeness. She called in Dr. Alwani, who tied the knot in the third suture for her (T.72).
- 2.11 When suturing was complete, Mr. Stonehouse was left in the company of PSA Lewis as a precaution until he sobered up. Mr. Lewis told me that Mr. Stonehouse complained of his sore neck and of feeling “sick” (T.19). He said that he saw Mr. Stonehouse spit what he thought was blood into a kidney dish (T.20). He said:-

“Later on, yes, because he was saying that he was sore, after that he just complained ‘I’m sore, I’m sore’ and I walked outside and I saw the doctor and I said to the doctor ‘Listen

he said he's sore', I said 'He's taken a sip, he can't take the sip' and I said that there was some blood, yes". (T.21)

He said that the doctor did not examine Mr. Stonehouse further after this. Dr. Tyagi said that she could not remember being told these things by the PSA (T.73-74). She said that if she had been told this, she would have investigated the matter further, as he might have been "bleeding inside" (T.74).

- 2.12 I have some reservations about Mr. Lewis' evidence on this point. I did not find him a particularly convincing witness, and the answer I quoted in the last paragraph was given rather hesitatingly. It would be a serious thing if Dr. Tyagi had ignored information of such a serious nature. I am not sufficiently persuaded by the evidence to find that she did so.
- 2.13 Ms. Scott and the children caught a taxi into the hospital, and was told that Mr. Stonehouse was ready to come home. She had some concerns about this, saying that he was "still really drunk" and that he did not look well (Exhibit C.6a, p3-4). They caught a taxi home, and she made up a bed for him in the lounge room.
- 2.14 Mr. Stonehouse then began complaining of pain in his back, and asked Ms. Scott to call a taxi for him to return to the QEH. The taxi driver, Mr. Malycha, said that he attended at 1.33p.m., and the journey to the hospital took about five minutes. He said that his passenger was quiet throughout the journey.
- 2.15 On arrival at the QEH, Mr. Stonehouse was seen by Registered Nurse Umpherston, who was the triage nurse at that time. He complained of back pain. She said that he was neither drunk nor aggressive at that time. He was again allocated Priority 4.
- 2.16 At about 3.00p.m. Mr. Stonehouse was seen by Dr. Chau, who was an intern at that time. He elicited a history of back pain of three days standing after being hit with a bat. When Dr. Chau asked about his neck, Mr. Stonehouse said it was "fine" and that there was no shortness of breath (Exhibit C.26a). Dr. Chau did not examine Mr. Stonehouse's neck, although he noted that there was "no visible bleeding from the dressing" (Exhibit C.26a, p2). Mr. Stonehouse was given some Panadeine Forte for pain relief and allowed to leave.
- 2.17 Ms. Scott said that Jarrod arrived home again at about 5.30p.m. in a taxi. She said that he looked "really weak and not very well" (Exhibit C.6a, p4). At about this time,

several of his friends arrived, looking for a drink. They were Milton Peel, Bruno Carbine, Clem Chester, Johnny Chester, and Jackie Mobourne. Ms. Scott said:-

‘When these people came around, Jarrod said to me ‘don’t tell them about my neck’ because he was embarrassed about what had happened and that he had done it himself. He was joking around and told one of them ‘Pauline did it’ and he told another one of them that he had been in town the night before and got into a fight’. (Exhibit C6a, p5)

He told Peel that he had stabbed himself (Exhibit C.9a), and told Johnny Chester that he had been stabbed in the city (Exhibit C.11a). Chester noticed that his neck had become swollen. Several witnesses said that his throat would “leak” when he had a drink, but this seems unlikely since it was his trachea and not his oesophagus which had been perforated.

- 2.18 After his friends had left, Mr. Stonehouse complained of feeling dizzy and asked Ms. Scott to call an ambulance. She said that he went to go outside and collapsed on the path while she was on the telephone. She saw blood coming from his mouth when she went out to him after the call.
- 2.19 Paramedics Stevenson and Hill attended at 6.25p.m. They noted “copious amounts of blood” about the mouth. Mr. Stonehouse was in cardiac arrest. Blood was suctioned from his airway, and CPR was commenced. Adrenalin was administered. A second ambulance arrived, and further attempts to resuscitate him were made.
- 2.20 The ambulances departed for the QEH at 6.42p.m., arriving at 6.49p.m. During the journey further CPR and adrenalin were administered. However, by the time they arrived, they had been unable to reverse his cardiac arrest.
- 2.21 At the hospital, Mr. Stonehouse was intubated and ventilated and further CPR was attempted. Despite extensive efforts at resuscitation, Mr. Stonehouse could not be revived, and Dr. T.C. Howe, Senior Medical Registrar in the Emergency Department, pronounced him deceased at 6.59pm.

3. **Cause of death**

- 3.1 A post mortem examination of the body of the deceased was performed by Dr. J.D. Gilbert, forensic pathologist, on 2 January 1998. Dr. Gilbert found that the cause of death was “aspiration of blood due to stab wound to trachea” (Exhibit C.3a, p1).
- 3.2 Dr. Gilbert noted a number of injuries to the front of the neck, four of which he described as superficial. However, the two sutured injuries were more serious.
- 3.3 The first and higher injury was 1.3cm long, and the right inferior end was “squared off”. The depth of the wound was 2.5cm deep, and there was a 1.5cm wound through the tracheal wall. The second injury was lower in the neck and was 1.5cm long. It penetrated muscle, and went very close to, but did not injure, the left internal jugular vein and the left common carotid artery. The total depth of this wound was 3.5cm.
- 3.4 Dr. Gilbert explained that, in his opinion, a large amount of blood had entered the airway through the hole in the trachea (T.52). He said that the injured vessel(s) would not necessarily have bled copiously at the time of the initial injury (T.53). This is consistent with Mr. Stonehouse’s initial presentations at the QEH. He was not able to identify the particular blood vessel at autopsy, principally because without blood pressure it is more difficult to locate a damaged vessel (T.54).
- 3.5 Dr. Gilbert said that, although a person in a normal state might be expected to cough up such fluid from the lungs, such a normal reflex may be depressed in someone affected by alcohol or drugs (T.56).
- 3.6 Certainly, Dr. Gilbert said he found no other explanation for the presence of blood in Mr. Stonehouse’s airways (T.63-4). Accordingly, the injury to the trachea is sufficient explanation for the blood loss that followed, so I accept that this injury is the one which led to Mr. Stonehouse’s death.
- 3.7 Dr. Gilbert noted a number of bruises and abrasions consistent with a recent assault. However, the presence of superficial “tentative” injuries to the neck and to the hand were consistent with self-infliction. He also noted scars from previous self-incisions on the wrists.
- 3.8 In all the circumstances, I am satisfied that the wounds leading to death were self-inflicted, and I so find.

4. **Treatment administered at the Queen Elizabeth Hospital**

4.1 In his report, Dr. Gilbert commented:-

“3. It appears that when the deceased was first assessed at the QEH at around 0800 hours 1/1/98, the wounds were considered to be superficial as evidenced by treatment apparently limited to cleaning and suturing. The deceased was noted to be “deeply intoxicated”.

Any history from a deeply intoxicated person as to the causation and depth of injuries ought to be regarded as suspect and one could argue that nerve, vascular and airway involvement should have been rigorously excluded. Tests that could have been employed to exclude obvious airway involvement might include performance of a Valsalva manoeuvre and a soft tissue X-ray of the neck. A Valsalva manoeuvre involves asking the patient to forcibly exhale with blocked nostrils and a closed mouth or closed glottis. This would raise the pressure in the trachea to well above atmospheric pressure and, in the present case, would probably have produced obvious egress of air from the relevant stab wound (recent injury no. 5 above). A soft tissue X-ray of the neck might have shown free air in the tissue planes of the neck. Free air was present in the soft tissues of the neck in abundance at autopsy. In an uncertain case, fiberoptic bronchoscopy could also have been employed.

Even if haemorrhage had not occurred from the tracheal injury, soft tissue infection of the neck was another possible late consequence”. (Exhibit C.3a, p5)

4.2 Dr. C.J. Baggoley, Director of Emergency Services at Ashford Hospital, is a person who is highly qualified and has very extensive experience in emergency medicine and treatment of traumatic injuries. Dr. Baggoley provided me with a report providing an assessment of the treatment administered to Mr. Stonehouse (Exhibit C.31). In essence, Dr. Baggoley agreed with Dr. Gilbert, although he doubted that a Valsalva manoeuvre would have worked since it required a good deal of cooperation from the patient (T.91).

4.3 Dr. Baggoley made the following points:-

- the allocation of Priority 4 by the triage nurse during the first presentation was “probably reasonable” (T.84);
- two wounds in the front of the neck warranted “careful consideration”. There was a risk of damage to major structures, particularly the trachea, and major blood vessels. The signs of a problem may not have been immediate (T.85-6);
- the wounds in this case (depicted in photograph M.13) were not superficial - you cannot see how deep they are - they should not have been treated in the emergency department (T.89);
- any cut to that area of the neck that penetrated the skin surface required a surgical opinion. Such a wound required observation at least, and possibly exploration in an operating theatre (T.86);

- the intoxicated and uncooperative patient represents a “major challenge” to doctors. The first step in this case was to assess the seriousness of the problem before issues of restraint and consent became relevant (T.88);
- an assessment of whether an anaesthetic could safely have been administered, and when, to an intoxicated patient also required an assessment of the seriousness and urgency of the problem - if it was sufficiently urgent, the anaesthetist may have decided to proceed immediately rather than wait until the patient was sober (T.94);
- the fact that Dr. Gilbert was unable to find the blood vessel at autopsy “doesn’t get in the way of the obvious facts that it bled from the throat and, I am sure, from the wound that was described by Dr. Gilbert” (T.98).

4.4 In relation to an assessment of the quality of care provided to Mr. Stonehouse, Dr. Baggoley said:-

- penetrating trauma of this type is thankfully rare in our society, so expertise is not as great as in communities where it is more common (T.99);
- injuries to this particular area of the body are easily under-estimated (T.100);
- more senior and experienced medical staff would hopefully have appreciated the dangerousness of the situation (T.101);
- at around the time this occurred, the QEH Emergency Department had no director, no staff specialist and no trainees. Indeed, it had lost its accreditation as a training department for emergency medicine;
- since the appointment of Dr. Bob Dunn as Director, who is very highly regarded, the situation at the QEH has improved considerably. There is now significantly more expertise, and one might expect that a similar situation would be treated differently today (T.102).

4.5 Mr. Homburg, counsel for Doctors Alwani and Tyagi, submitted that the development of appropriate protocols for dealing with intoxicated and aggressive patients, and for dealing with potentially lethal penetrating injuries, would have greatly assisted Doctors Alwani and Tyagi in this situation. He pointed out that such junior and inexperienced doctors should not have been placed in this situation, and would not be placed there today (T.110). In view of Dr. Baggoley’s evidence, I accept that submission.

4.6 However, I think that it is appropriate to record considerable concern that such mistakes could still occur in 1997/8. In 1991, the Royal Commission into Aboriginal Deaths in Custody recognised these issues after examining several cases where deaths occurred after potentially life-threatening conditions were not recognised by inexperienced medical staff in Casualty/Emergency Departments in major teaching hospitals. As a result, the Royal Commission recommended:-

247. That more and/or better quality training be provided in a range of areas taking note of the following:-

(a) - (e) ...

(f) Aboriginal people often present to mainstream health care facilities with unusual health conditions and unusual presentation of common conditions, as well as urgent, life-threatening conditions. The training of health professionals must enable them to cope successfully with these conditions (4:257).

252. That hospitals that are regularly attended by Aboriginal people should review existing procedures in casualty in consultation with Aboriginal Health and Medical Services to reduce the likelihood of Aboriginal patients receiving ineffective diagnosis and treatment. The usefulness of standard protocols in such situations should be explored in the reviews (4:259).

4.7 Certainly, the QEH was and is a hospital of the type described by Recommendation 252 above. The fact that Mr. Stonehouse was part-Aboriginal is not really the issue in this case - by 1997/8, the QEH should have implemented the recommendations of the Royal Commission, and those improvements should have been available to all patients attending at the QEH. It is disturbing that the Emergency Department was allowed to deteriorate to the extent described by Dr. Baggoley. The question of who was responsible for such an unsatisfactory state of affairs goes beyond the scope of my inquiry.

5. **Recommendations**

5.1 It was heartening to hear Dr. Baggoley's evidence about the improvements that have occurred at the Emergency Department at the QEH since Dr. Dunn's appointment. However, I have no specific evidence that protocols have been drawn up, and that training has improved, in accordance with the Royal Commission recommendations.

5.2 Accordingly, pursuant to Section 25(2) of the Coroners Act, I recommend that, if this has not already occurred, the Director of the Emergency Department at the QEH should:-

- review the training of health professionals to ensure that patients presenting with potentially life-threatening conditions, particularly when intoxicated, receive appropriate medical care;
- that protocols are developed in accordance with Recommendation 252 of the Royal Commission into Aboriginal Deaths in Custody.

Key Words: hospital treatment; self-inflicted injury; intoxication.

In witness whereof the said Coroner has hereunto set and subscribed his hand and

Seal the 25th day of February, 2000.

Inq.No.8/2000

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Coroner