

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 9<sup>th</sup> and 25<sup>th</sup> days of June 2004, before Wayne Cromwell Chivell, a Coroner for the said State, concerning the death of Centella Theresa Hynes.*

*I, the said Coroner, find that Centella Theresa Hynes, aged 50 years, late of the Glenside Campus of the Royal Adelaide Hospital, 226 Fullarton Road, Eastwood, South Australia died at the Royal Adelaide Hospital, North Terrace, South Australia on the 25<sup>th</sup> day of March 2003 as a result of respiratory arrest on a background of left lower lobe pneumonia in a person with schizoaffective disorder, pulmonary hypertension and intellectual disability.*

### **1. Reason for inquest**

- 1.1. On 1 March 2003, Centella Theresa Hynes was detained pursuant to Section 12(1) of the Mental Health Act 1993 ('the Act') by Dr P McQuillan at Mount Gambier Hospital. Dr McQuillan noted that she was suffering from visual and auditory hallucinations. She was not taking her oral medication, and she was suffering escalating agitation. He decided that it was unsafe for her to remain on the Medical Ward both for the safety of the patients and staff (see Exhibit C7d).
- 1.2. On 2 March 2003, Ms Hynes was examined by Dr P C Davis, Psychiatrist, at the Royal Adelaide Hospital and Dr Davis confirmed Dr McQuillan's detention order as required by Section 12(4) of the Act (Exhibit C7e).

- 1.3. On 4 March 2003, Ms Hynes was seen by Dr H Marmanidis, Psychiatrist. Dr Marmanidis agreed with the original detention order, and noted that Ms Hynes was still thought disordered, incoherent, responding to auditory hallucinations and was posturing and gesturing inappropriately. Dr Marmanidis made an order for her further detention for a period of 21 days pursuant to Section 12(5) of the Act (see Exhibits C4a and C7f).
- 1.4. On 25 March 2003, at about 11:30am, Dr Marmanidis reviewed Ms Hynes and found that she was agitated, depressed and severely disturbed. Her physical state was also severely compromised. Accordingly, Dr Marmanidis made an order pursuant to Section 12(6) that Ms Hynes be further detained for a period of 21 days. This order was confirmed by Dr J N G Kent, Psychiatrist (Exhibit C7g).
- 1.5. Accordingly, at the time of her death on 25 March 2003, Ms Hynes was 'detained in custody pursuant to an Act or law of the State' within the meaning of Section 12(1)(da) of the Coroners Act 1975, and an Inquest into her death was therefore mandatory by virtue of Section 14(1a) of the said Act.

## **2. Background**

- 2.1. Centella Theresa Hynes was born on 8 July 1952.
- 2.2. The records indicate that Ms Hynes was diagnosed with chronic schizophrenia in 1969 when she was aged 16 years. From that time onwards, she received regular psychiatric treatment.
- 2.3. In addition to her psychiatric illness, Ms Hynes was intellectually disabled and was grossly obese.
- 2.4. On 19 May 2000, Ms Hynes was seen by Dr Robert Craig, Cardiologist and Clinical Director of the Cardiovascular Service at the Royal Adelaide Hospital. He said:

'I suspected Centella had pulmonary hypertension, which is an increase in the pressures of the pulmonary arteries that supply blood to the lungs. This is most commonly due to some problem in the left side of the heart, but it occurs very uncommonly as a primary event without any other pathology in the heart. Centella, however, appeared to have primary pulmonary hypertension. This is a progressive disease which, in my experience, usually results in death within six months. During my thirty-five year career I have only encountered three previous cases of primary pulmonary hypertension. Two were brothers, one of whom died while awaiting transplant. The other died six weeks after

transplantation. The third patient was diagnosed at the later stages of his illness and died a short time later. I was aware that Centella's father had malignant pulmonary hypertension.'

(Exhibit C5a, p2)

- 2.5. Dr Craig conducted further tests and confirmed the diagnosis. A CT Pulmonary Angiogram in September 2000 confirmed that Ms Hynes had a partially occluding chronic pulmonary embolism in the lower lobe of the right lung which he interpreted as in situ clotting as opposed to an actual embolism. He also noted the presence of a pulmonary arteriovenous malformation in the lower lobe of the left lung. It was decided to treat these conditions conservatively with Warfarin and Cardizem.
- 2.6. Dr Craig said that he discussed the issue of heart/lung transplantation with Dr DeAngelis, the Coordinator of such transplantation at the Royal Adelaide Hospital but was advised that Ms Hynes was too obese for that procedure. Dr Craig thought that Ms Hynes' schizophrenia also complicated the situation. He said:

'A schizophrenic patient who requires a regular carer is unlikely to manage the strict medication regime and long-term management necessary to recover from transplant surgery.'

(Exhibit C5a, p3)

- 2.7. Dr Craig last saw Ms Hynes in October 2002.

### **3. Progression of illness**

- 3.1. Ms Hynes was hospitalised in Mount Gambier as her condition gradually deteriorated. This culminated in her detention by Dr McQuillan on 1 March 2003, as I have already mentioned. She was transferred to the Royal Adelaide Hospital, arriving on 2 March 2003. She remained there until 7 March 2003 when she was transferred to Glenside Hospital where she was admitted to Karingai Ward, where she was managed by Dr Georgette Michail. Dr Michail said that Ms Hynes was 'very confused, disorganised and delusional' when she first arrived (Exhibit C6a, p2).
- 3.2. Dr Michail liaised with clinicians at the Royal Adelaide Hospital and ascertained the nature of Ms Hynes' physical illness, the fact that it was chronic and irreversible, and that she was not considered a suitable candidate for heart/lung transplant.

- 3.3. On 10 March 2003, Dr Michail prepared a 'Good Palliative Care Order' in close consultation with Ms Hynes' brother, Mr John Hynes (see Exhibit C7c). This order directed the discontinuance of life sustaining measures (including assisted ventilation, artificial nutrition and hydration, and cardio-pulmonary resuscitation) in the event that Ms Hynes' condition became moribund without any real prospect of recovery, while delivering treatment promoting relief of discomfort and pain, in accordance with proper professional standards of palliative care.
- 3.4. On 24 March 2003, Ms Hynes was transferred to the Royal Adelaide Hospital with suspected pneumonia. After arrival left lower lobe pneumonia was diagnosed. She continued to be agitated to the extent that she required physical restraint. She required ongoing sedation throughout 24 and 25 March 2003.
- 3.5. Shortly after 6pm on 25 March 2003, Registered Nurse Jenny Fong noted that Ms Hynes' respirations had stopped. She called the emergency team, who attended but because Ms Hynes was 'not for resuscitation', no resuscitation was attempted. Dr Joanna Ghali attended shortly afterwards, examined Ms Hynes and pronounced her life extinct at 6:35pm (Exhibit C2a, p2).

#### **4. Cause of death**

- 4.1. On 26 March 2003, Dr Ghali reported Ms Hynes' death to my office. On the basis of her report, I accept that the cause of death was respiratory arrest on a background of left lower lobe pneumonia in a person with schizoaffective disorder, pulmonary hypertension and intellectual disability.
- 4.2. There was no doubt about the cause of death, and so no post-mortem examination was ordered pursuant to Section 13(1)(f) of the Coroners Act 1975.

#### **5. Issues arising at inquest**

- 5.1. Ms Hynes' death was investigated by Detective Senior Constable John Brownridge of Adelaide CIB. I am grateful to Detective Brownridge for his helpful and detailed report.

5.2. Having regard to the evidence I have just outlined, and Detective Brownridge's comments, I make the following findings:

- That at the time of her death, Ms Hynes was lawfully detained pursuant to the Act.
- Ms Hynes received appropriate and skilled medical care throughout her illness, and in particular during the period of her detention.

**6. Recommendations**

6.1. There are no recommendations pursuant to Section 25(2) of the Coroners Act.

*Key Words: Death in Custody; Psychiatric/Mental Illness*

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

*Seal the 25<sup>th</sup> day of June, 2004.*

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*Coroner*