



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 12th day of July 2005 and the 11th day of August 2005, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Acting State Coroner, into the death of Giovanni Rosati.

The said Court finds that Giovanni Rosati aged 71 years, late of 2/15 Hardys Street, Underdale, South Australia died at the Queen Elizabeth Hospital, Woodville Road, Woodville South, South Australia on the 22nd day of September 2004 as a result of the combined effects of ischaemic and valvular heart disease. The said Court finds that the circumstances of his death were as follows:

1. Introduction

- 1.1. The deceased, Giovanni Rosati, was 71 years of age at the date of his death on 22 September 2004. He died at the Queen Elizabeth Hospital ('QEH') where he was an admitted patient.
- 1.2. The deceased had been admitted to the QEH on 14 September 2004. At all material times in that period, the deceased was detained pursuant to the provisions of the Mental Health Act 1993 ('MHA'). As of the day of his death the deceased was subject to a 21 day detention order, pursuant to section 12(5) of the MHA. Although this death had been notified pursuant to the provisions of the repealed Coroners Act 1975, it was in my view to be regarded as if it were a notification of a reportable death under the Coroners Act 2003 (see Section 25(3) of the Schedule to the 2003 Act). I have therefore taken the view that all of the provisions of the 2003 Act, including those which define the circumstances in which an inquest under the 2003 Act is mandatory,

apply to this death. The deceased's death was a death in custody as defined in Section 3 of the 2003 Act.

- 1.3. Accordingly, an inquest to ascertain the cause or circumstances of the deceased's death was mandatory by virtue of Section 21(1) of the 2003 Act. If I am wrong about that, and the repealed Act still applies, an inquest into the deceased's death was in any event mandatory pursuant to Sections 12(1)(da) and 14(1a) of the repealed Act for the same reasons, namely because the deceased died while he was detained in custody.

2. The deceased's circumstances before detention

- 2.1. The deceased lived a reclusive existence at in a unit at Hardys Road, Underdale. He most recently came to the attention of South Australian Mental Health Services on 26 August 2004 when police attended his address as the result of a report from a neighbour. However, it is to be noted from a perusal of his QEH clinical record (Exhibit C12e) that he had been diagnosed in the past as having what is variously described as 'neurotic depression', a 'personality disorder', 'paranoid disorder' and 'paranoid schizophrenia'. He had previously been detained under the MHA or its equivalent.
- 2.2. On the occasion of the incident of 26 August 2004 he was noted as having exhibited a paranoia of police, Centrelink and government who, he said, all maintained a conspiracy against him. Evidently he had also been collecting the mail from other units in the complex and tossing it everywhere. The police reported this incident to the Lyell McEwin Health Service.
- 2.3. On Tuesday 2 September 2004 Ms Amina Bracken, Senior Occupational Therapist and Ms Patricia Field, Social Worker both of the Lyell McEwin Health Service, Mental Health Division for Aged Care, attended at the deceased's premises. The deceased failed to answer the door and instead emerged from the rear of the premises. He would only speak to them in the yard. The deceased spoke of his identity having been stolen and of a conspiracy against him that involved the orchestrated prevention of his using utilities such as public transport. The two women also noticed that he had oedema (swelling) around both of his ankles. He was not clear as to when he had last seen a general practitioner and declined the offer of a referral to such a practitioner.
- 2.4. Ms Bracken and Ms Field discussed their observations of the deceased at a routine clinical meeting on 7 September 2004. Present at the meeting was a psychiatrist

attached to the Lyell McEwin Health Services, Dr Carole Fraser. It was determined that they would again visit the deceased.

- 2.5. On 14 September 2004 Ms Bracken and Ms Field again attended at the deceased's unit. Again he failed to come to the door and would only deal with them outside the premises. Although apparently less suspicious of the two women on this occasion, the deceased nevertheless continued to evince well entrenched delusions and to voice conspiracy theories. He appeared to be physically weaker on this occasion, being short of breath. His oedema had progressed further up his legs. Although admitting that he was not well, and that he was incapable of walking to the shops, due in part to yet another conspiracy operating against him in that regard, he continued to decline the offer of medical treatment, saying that he would only see two doctors whom he nominated but who were retired.
- 2.6. Later that day, Dr Fraser was informed of the situation and she decided to visit the deceased. She did so with Ms Bracken late that afternoon. Dr Fraser made a psychiatric and physical assessment of the deceased. Dr Fraser formed the view that the deceased may have been suffering from serious and possibly life threatening heart failure. He was short of breath and had pitting oedema up to his upper thighs - typical signs of heart failure. As far as his psychiatric state was concerned, Dr Fraser already knew from her conversations with Ms Bracken and Ms Field that the deceased suffered from paranoid and persecutory delusions. She formed the opinion that he was suffering from chronic paranoid schizophrenia. He resisted the need to go to hospital for treatment of his physical illness saying that nothing could be done for him because he had lost his identity and did not exist. He exhibited a bizarre delusional belief system. For instance, his shortness of breath was due to the trees taking the oxygen out of him and I have already mentioned that he put down his inability to walk to the shops in part to a conspiracy against him. Dr Fraser sums it up in her statement, verified by affidavit (Exhibits C9, C9a) that 'he rationalised his physical difficulties with a delusional belief system'. The deceased resisted the idea of hospitalisation and refused treatment. In those circumstances, Dr Fraser detained him under Section 12(1) of the MHA.
- 2.7. The decision by Dr Fraser to detain the deceased is not surprising. I take Dr Fraser to be saying that the deceased's delusional belief system, particularly as it impacted upon a lack of proper insight into his physical well-being and the necessity for treatment in respect of that well-being, was a life threatening circumstance in itself.

His mental illness was, in all of those circumstances, one that required immediate treatment and one which required detention in the interests of his health and safety.

2.8. Section 12(1) of the MHA is set out as follows:

12(1) If, after examining a person, a medical practitioner is satisfied:

- (a) that the person has a mental illness that requires immediate treatment; and
 - (b) that such treatment is available in an approved treatment centre; and
 - (c) that the person should be admitted as a patient and detained in an approved treatment centre in the interests of his or her own health and safety or for the protection of other persons,
- the medical practitioner may make an order for the immediate admission and detention of the person in an approved treatment centre.

2.9. I can see no reason to conclude other than that Dr Fraser's initial detention of the deceased was lawful and executed in the utmost good faith.

3. The deceased's hospitalisation and eventual demise

3.1. The deceased was conveyed by ambulance to the QEH. There he was assessed to be very unwell both psychologically and physically. He was diagnosed with a serious cardiac illness. According to Dr Michael Schirripa, a Psychiatric Registrar, whose witness statement, verified by affidavit I received in evidence (Exhibits C10, C10a), the deceased continued to exhibit his well established paranoid delusional system. He was refusing to take medications, both for the diagnosed cardiac condition and for his psychosis which was difficult to treat because it was so chronic and so entrenched. He continued to voice a variety of paranoid delusions about the government and stated that because he had no identity he could not have medicine. He was agitated and refused oral medication, but was eventually persuaded to receive intravenous antipsychotic medication to treat his psychosis and settle his agitation.

3.2. The original detention order imposed by Dr Fraser was reviewed by two psychiatrists on 15 September 2004 in accordance with the requirements of the MHA. The order was confirmed on that day. On 17 September 2004, the deceased was placed on the 21 day detention order. It was still in existence on the day of his death. This order was made by the same two psychiatrists. A plan was developed that was designed to have him admitted to Howard House which is a psychiatric hospital for older people. The difficulty in the way of this was the deceased's medical instability. He remained in a poor physical state.

- 3.3. Dr Christopher Zeitz, a Consultant Cardiologist whose witness statement, verified by affidavit I received in evidence (Exhibits C11, C11a), describes the deceased's diagnosis and treatment. Dr Zeitz's assessment was that he had severe aortic stenosis with well preserved left ventricular function. It meant that his heart function was compromised by what is essentially a narrow valve. The deceased was made aware of this diagnosis and of a prognosis that suggested there was a strong chance he would die within two years were he to go without treatment. The deceased was informed that there was an effective surgical treatment available which included the replacement of the heart valve. The benefits and risks were explained to him. The deceased exhibited a degree of suspicion in respect of what he was told. He refused to accept the recommended medical treatment. Dr Zeitz explains that not all fully informed patients of sound mind agree to undergo the surgical procedure described. It would therefore be wrong to suggest that the deceased's mental instability manifested itself in an irrational resistance of treatment. In any event, as Dr Zeitz explains, it would have taken perhaps two to three months to work up the deceased to a state where he was stable enough to undergo surgery and also to enable a determination to be made as to whether any coronary artery disease intervention would have been required at the same time as valve replacement surgery. The deceased died before any of that could be satisfactorily considered.
- 3.4. It is obvious to me that the deceased never achieved the necessary psychiatric or physical stability necessary for effective treatment. The treatment for his cardiac condition, which was ultimately the cause of his death, consisted in the main of the monitoring and attempted control of his fluid overload. Any other attempt at effective treatment was met with refusal. Ultimately, on 22 September 2004 while still in the QEH, he suffered a cardiac arrest. Appropriate resuscitation efforts failed to revive him. Dr Zeitz postulates that the most likely cause of the arrest was a cardiac arrhythmia related to his valve disease.

4. The post-mortem examination and cause of death

- 4.1. A post-mortem examination was conducted by Dr Allan Cala, a Forensic Pathologist with the Forensic Science Centre. Dr Cala observed marked cardiac enlargement with left ventricular hypertrophy and some scarring throughout the left ventricle. There was marked aortic valve calcification and stenosis, a condition quite in keeping with the diagnosis made by Dr Zeitz before the deceased's death.

4.2. Dr Cala expresses the view that the deceased had been in poor health for some time and that his sudden death would not have been unexpected. I accept Dr Cala's conclusion in that regard.

4.3. Dr Cala gives the cause of death as being the combined effects of ischaemic and valvular heart disease. I find that to be the cause of the deceased's death.

5. Conclusions

5.1. The deceased died on 22 September 2004 at the QEH from the combined effects of ischaemic and valvular heart disease.

5.2. The deceased died while he was in lawful custody having been detained at the time of his death pursuant to a 21 day order under Section 12(5) of the MHA.

5.3. There is no suggestion other than that at all times, the deceased had made available to him an appropriate level of psychiatric and medical care.

6. Recommendations

6.1. I do not see the need to make any recommendations in relation to this matter.

Key Words: Death in Custody; Ischaemic Heart Disease

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

Seal the 11th day of August, 2005.

Acting State Coroner