CORONERS ACT, 2003

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 20th and 21st days of February 2006, and the 5th day of May 2006, by the Coroner's Court of the said State, constituted of Elizabeth Ann Sheppard, a Coroner for the said State, into the death of Carol Anne Kiley.

The said Court finds that Carol Anne Kiley aged 55 years, late of 39 Warwick Avenue, Toorak Gardens died at Toorak Gardens, South Australia on the 7th day September 2003 as a result of multiple drug toxicity. The said Court finds that the circumstances of her death were as follows:

1. Introduction

1.1. At 3:15 pm on 7 September 2003, a telephone call was received at the South Australian Ambulance Service in relation to a possible death at 39 Warwick Avenue, Toorak Gardens. An ambulance arrived at the address within eight minutes. When ambulance officers entered the premises they located the body of Carol Kiley lying in a foetal position on the floor of the toilet at the rear of the property. There were no signs of life. Her skin was cold to touch and she was cyanosed. Ms Kiley appeared to have vomited and defaecated. She was wearing pyjamas but her underpants and pyjama pants had been pulled down. It seems likely that Ms Kiley was sitting on the toilet when she collapsed to the floor. Her appearance suggested to the ambulance officers that she had been dead for some time and that therefore it was futile to attempt resuscitation. (Exhibit C7)

2. Post mortem and toxicological analysis

2.1. A post mortem examination was performed by Dr Allan Cala, Forensic Pathologist at the Forensic Science Centre, on 8 September 2003. No significant findings were

discovered other than left atrial dilatation with changes of the mitral valve consistent with old rheumatic fever, as well as mild coronary atherosclerosis. (Exhibit C2a) The cause of death became apparent once a sample of Ms Kiley's blood was analysed and revealed the following:

- Blood alcohol level 0.147%
- Blood oxazepam 4.8 mg/L (toxic level)
- Blood temazepam 1.0 mg/L. (high therapeutic level)
- Blood promethazine 0.1mg/L. (therapeutic level)

In Dr Cala's opinion, death resulted from multiple drug toxicity due to the combination of the blood alcohol level with other drugs detected. Dr Cala did not express an opinion as to the likely time of death.

2.2. Toxicological analysis was conducted by Janice Gardiner. In addition to alcohol, oxazepam, temazepam and promethazine, Janice Gardiner's analysis also revealed a subtherapeutic concentration of diazepam and sub therapeutic concentration of presumptively identified nordiazepam. Drugs such as paracetamol, opiates or other common drugs were not detected in the blood. (Exhibit C3a) Promethazine is an antihistamine medication commonly used to treat allergies. (T104) In the absence of evidence concerning how Ms Kiley came into possession of this drug, I make no further comment about it.

2.3. I accept the findings of Dr Janice Gardiner and the cause of death as determined by Dr Cala. I accept that a toxic level of oxazepam may render a person unconscious, particularly when combined with alcohol. In Ms Kiley's situation, whilst she may have developed some tolerance to the medication over a number of years, the overall effect of the combination of the medication and alcohol, was fatal. (T139)

3. Police investigation

3.1. At about 3:40 pm on 7 September 2003, police officers Ruckert and Cawthorne attended 39 Warwick Avenue, Toorak Gardens upon notification of a possible sudden death. When they arrived, there were two ambulance vehicles in attendance with one vehicle preparing to depart. Ruckert joined ambulance officers Harrop and Oldman at the rear of the premises and saw the deceased lying on the floor in the toilet at the rear of the premises. He could see that she had defecated and vomited. She was cold to touch and had no pulse.

3.2. The bedroom apparently used by Ms Kiley, was in a messy state with multiple items all over the room. Next to the bed was a quarter full bottle of Vodka. There were empty liquor bottles in the bedroom, some also in a bin and more in the kitchen. (T210)

3.3. On the kitchen table were located prescriptions in Ms Kiley's name for hormone replacement therapy, Valium and Gaviscon. None of these items were seized and the scene was not photographed. This is a serious deficiency in the investigation into this matter and has compromised the quality of the assessment of the circumstances leading to Ms Kiley's death. Officer Ruckert noted Dr Bentley as the name of the prescribing doctor for the medications located on the kitchen table. (Exhibit C4b)

3.4. When Detective Brennan Medhurst from Adelaide CIB attended the home at 4:30 pm he noted that the house was dirty, unkempt and cluttered with items. He described it as being in a "poor state of repair to the point of being uninhabitable." He also noted "various empty liquor bottles consistent with heavy alcohol use." (Exhibit C5a)

3.5. Two other women lived in the house. One was Virginia Jacka who had lived with Ms Kiley for about 29 years at various addresses. The other woman was Ms Kiley's sister, Josephine. Officer Cawthorne stated in evidence that both women were hysterical when he arrived at the house. According to Officer Cawthorne, he was unable to get anything at all out of Josephine, but was able to calm down Ms Kiley's friend Virginia Jacka sufficiently to obtain a statement from her, which he recorded in his notebook. (T204-206, exhibit C16)

3.6. The handwritten statement records a version of events in which Ms Jacka claims to have seen Ms Kiley at about 5:00 am on 7th September, 2003 when Ms Kiley came into her bedroom to talk about some concerns she had about some friends. Ms Kiley told her that she hadn't been feeling well, had a high temperature and an upset stomach. They stayed together and talked for about 45 minutes and then she left. Ms Jacka stayed in bed for a while and then got up about 7:00 am to talk with Ms Kiley again. The following is an extract from the statement including portions which Ms Jacka is said to have pointed out as errors and which were crossed out before she signed the statement in Officer Cawthorne's notebook:

> 'I went to her room but she was not there. I called out to her. She did not answer. I went to the bathroom, but she was not there. I went out to the toilet and I saw her on the floor, she looked asleep. I did not think it was strange. Many years ago I found her asleep on

> toilet floor. So I left her there. I think she rolled over so I thought she was ok. I kept checking her every couple of hours to see if she was ok. At about 3.00pm I went in and she did not look right. So I checked her pulse. There was none. ~~(I touched her feet. They were cold.)~~ I thought she was okay. I kept going back, she was not breathing. I turned her onto her side and fluid came out of her mouth. I (~~know that she)~~ thought that she would be ok. I went outside then went back in checked the pulse still not there, she was cold. I called 000 and told the lady she might be dead.'
> (Exhibit C16)

3.7. Officer Cawthorne subsequently had the statement reproduced in typed form, which he kept on the police file. It was never sent to Ms Jacka for verification. This typed version, which was received into evidence, duplicates the original but with some minor differences. The portion of the statement concerning events as of 7am reads as follows:

> 'I went to her bedroom and called to her she did not respond, she was not in her room. I then went to the bathroom, she was not there. I went to the toilet and saw her lying on the floor; she looked like she was asleep. I did not think this was strange as I found her asleep in the toilet a few years ago. I think she rolled over so I thought she was fine. I kept checking on her every couple of hours to see if she was okay. At about 3.00pm I went back to her and she did not look right, so I checked for a pulse and could not find one, I thought she was okay. I kept going back and she was not breathing. I turned her on her side and fluid came out of her mouth. I went away then back to her, I checked her pulse and it was not there, she was cold to touch. I called 000 and told the lady I thought she was dead.'
> (Exhibit C15)

3.8. When Ms Jacka gave evidence, she claimed to have no memory of giving a statement to the police or signing her name for them, however, she conceded that it was possible that she did but has now forgotten, because she was so upset at the time. (T34) The original note book version of her statement was not in court when Ms Jacka gave evidence and therefore she was deprived of the opportunity of seeing the signature, which might have jogged her memory a little. When presented with the typed version of that statement, Ms Jacka seemed perplexed about it and was unable to explain how the sequence of events could have been stated in that way. She insisted in evidence that the first time she discovered Ms Kiley on the floor in the toilet, was at about 3:00 pm, not long before she called the ambulance. (T10) Ms Jacka seemed to agonise over her responses to questions on this topic as if her memory had completely failed her. The passage of time since Ms Kiley's death may well have exacerbated problems which Ms Jacka seemed to have with her memory.

3.9. Ms Jacka was asked about a version of events recorded by ambulance officers in a Patient Report Form which was received into evidence. It refers to the following history, recorded by ambulance officer Debbie Harrop:

> 'Hx 53 yo female, lives at home with sister and friend. Pt. has been in toilet several hrs, friend thought she was sleeping as she was c/o feeling unwell past few days - ? c/o "high temp". Friend kept checking on her & believed she was ok – friend believed she could feel a pulse just prior to SAAS arrival. Pt has been to GP on 5/9/03 & presc. Gaviscon Liquid – doesn't regularly see GP's.'

An additional entry which has been crossed out is as follows:

> 'Pt hadn't been to GP with this illness & doesn't regularly see Dr's.'
> (Exhibit C7)

3.10. Ms Jacka reluctantly conceded in evidence that she must have been the person who supplied this information to ambulance officers, although she claimed to have no recollection of speaking to ambulance officers at all. She acknowledged that Josephine would not have been capable of providing the information because she suffered a neurological illness which rendered her almost speechless. (T40)

3.11. After Ms Jacka challenged the accuracy of significant aspects of her statement to Officer Cawthorne, evidence was received from Officer Cawthorne to provide him with an opportunity of commenting on the matter. Officer Cawthorne said that he had an independent recollection of his attendance at the house and the circumstances in which the statement was taken. Officer Cawthorne explained that Ms Jacka was "borderline hysterical, clearly upset" when he met her. He explained that when taking the statement from Ms Jacka, he did it by following his usual practice of asking questions and noting the answers provided. At the conclusion of this process, he read it back to her and asked if she agreed with what had been recorded. There were a couple of minor alterations made during this process and after agreeing that it was accurate, Ms Jacka signed it. (Exhibit C15, C16,T204-205)

3.12. Officer Cawthorne explained that when he obtained this statement from Ms Jacka he questioned her about it because he was confused by her description of events and wondered if she had "mental health issues". Her appearance was dishevelled, in keeping with the state of the house. He did not notice any signs of alcohol consumption by Ms Jacka and was unable to say whether or not she appeared to be affected by any other substance. According to Officer Cawthorne, Ms Jacka kept repeating that she believed that Ms Kiley was okay and that she didn't need

assistance. (T207-212) Officer Cawthorne impressed me as a reliable witness and I am prepared to accept that the version of events recorded in his notebook represents the version of events given to him by Ms Jacka. I take into account that it was given whilst Ms Jacka was in a state of distress.

3.13. The description of events in the ambulance officer's record is generally consistent with the version of events given to Officer Cawthorne, however, I am not prepared to find conclusively that Ms Jacka provided the information contained within that document, in the absence of evidence from the ambulance officer who recorded it. There were three police officers in the house investigating this death, and it is possible that information recorded in Officer Cawthorne's notebook was shared amongst the police and provided to ambulance officers for their purposes. (Exhibit C7)

3.14. If Ms Jacka's version of events stated to Officer Cawthorne represents what actually occurred, it seems extraordinary that having seen her friend in a collapsed state on the floor in the toilet at 7:00 am, she took no action to call for help until 3:00 pm. It is particularly surprising, given that Ms Jacka as it turns out, was an experienced registered nurse. If she had seen Ms Kiley in the position that ambulance officers and police found her, it should have been obvious that things were seriously wrong. In evidence, Ms Jacka disagreed with the suggestion that Ms Kiley had a drinking problem. Ms Jacka also denied having an alcohol problem herself, but conceded that around the time of Ms Kiley's death, she was not coping very well with the pressures of caring for Ms Kiley and Josephine. She seemed reluctant to elaborate upon her problems, although she conceded that the situation in the house was becoming extremely difficult for her. As a result, Ms Jacka said that she was taking antidepressant medications and making arrangements to see a psychiatrist for her own health. (T30)

3.15. At the conclusion of her evidence I was left with the impression that Ms Jacka was not being entirely frank about whether or not she consumed excessive alcohol or medication in September 2003. I also formed the impression that throughout her evidence, she understated the nature of Ms Kiley's consumption of alcohol in the period leading to her death. (T17-18) Contrary to Ms Jacka's claims in evidence, I find it highly likely that she did discover Ms Kiley in a collapsed state in the toilet many hours before 3:00 pm, but for some reason, possibly extreme tiredness, intoxication with alcohol and or medication, she failed to recognise the seriousness of

the situation and went back to bed where she remained until about 3:00 pm. Ms Jacka explained that she would often watch television in her bedroom late at night and then sleep during the day.

3.16. It is reasonable to assume that if Ms Kiley had been discovered during the morning of the 7th September, and assistance was sought in a timely fashion, her death may have been avoided.

4. Background

4.1. Whilst Ms Jacka's credibility as a witness is shaken concerning the above matters, I do however accept her evidence touching on other topics. I accept that she was a very close and loyal friend of Ms Kiley for many years and probably knew her better than anyone. According to Ms Jacka, Ms Kiley's mother had suffered paranoid schizophrenia and as a result, Ms Kiley had a very unhappy childhood. (T22)

4.2. Ms Jacka explained that Ms Kiley was a secretive person who in the latter part of her life appeared to be losing her short-term memory. When Ms Jacka tried to draw her attention to the issue, she received a hostile response. The two women lived together for about thirty years and bought the house in Toorak Gardens in 1984, where they raised Ms Jacka's son. Ms Kiley's sister Josephine moved in with them after she developed a medical condition causing repeated strokes, which incapacitated her physically and mentally.

4.3. According to Ms Jacka, Ms Kiley suffered a back injury from her nursing days which left her with chronic back pain. She stopped working in 1984 following the closure of Hillcrest Hospital and her attempts to re-enter the workforce were unsuccessful. In 1996, Ms Jacka witnessed Ms Kiley have a severe seizure while they were out shopping together. Ms Kiley lost consciousness and was admitted to the Royal Adelaide Hospital for investigation. When questioned about this episode in evidence, Ms Jacka was not prepared to accept that the seizure may have been related to withdrawal from alcohol, notwithstanding observations to the contrary by Royal Adelaide Hospital medical staff. In early 2000, Ms Jacka reluctantly gave up her work as a trade union representative, to look after Ms Kiley and Josephine. According to Ms Jacka, this was necessary because Ms Kiley's memory problems and depression meant that she could no longer care for herself as well as her sister. (T15)

In the six months before Ms Kiley's death, when she had no insight into her short -term memory loss, things were becoming very difficult, according to Ms Jacka.

5. Contact with medical practitioners

5.1. For many years, both women had consulted general practitioner Lynton Bentley when he operated a practice in Dulwich. After he moved his practice to Mile End and then Prospect, he continued to see both women, but mainly Ms Jacka. According to Ms Jacka, it was extremely difficult to get Ms Kiley to go to the doctor and for this reason, she took on the role of requesting regular scripts, mainly by telephone, on Ms Kiley's behalf. Because Dr Bentley lived in the Dulwich area, he agreed to drop the scripts at the local pharmacy on his way home from work. This enabled Ms Kiley or Ms Jacka on her behalf, to pick up the medications without having to go to his surgery. The evidence suggests that some of the medications prescribed for Ms Kiley by Dr Bentley, were consumed at higher than therapeutic levels in the period prior to death and that when combined with alcohol, resulted in her death.

5.2. According to Ms Jacka, she and Ms Kiley kept their medications locked in their rooms because Josephine sometimes took their medication. Ms Jacka acknowledged that she locked her own medication, including diazepam in a locked cupboard, but that she and Ms Kiley knew how to access each other's medications if they wanted to. Ms Jacka claimed in evidence that she had never seen Ms Kiley take too much of her medication. (T26)

5.3. According to Ms Jacka, Ms Kiley made it clear to her that she was not prepared to talk about any of her psychiatric or psychological issues with her general practitioner Dr Bentley, or anyone, except for psychiatrist Dr Keith Kneebone, who is said to have managed her depression for approximately 10 years until he retired in 1999. Because Ms Kiley would have needed referrals from another practitioner to enable her to consult Dr Kneebone, there is likely to be some records in existence which would shed light on this topic. Unfortunately Dr Kneebone has since passed away and his records were unavailable. In the circumstances, the question of Ms Kiley's psychiatric management cannot be explored sufficiently to enable any conclusions to be drawn about this. Ms Jacka explained that after Dr Kneebone's retirement, Ms Kiley was unwilling to see anyone else for her psychiatric or psychological issues.

(T12-16) She stated that Ms Kiley had been prescribed antidepressants in the past, but didn't find them helpful.

5.4. Ms Jacka explained that Ms Kiley was "an absolute closed book" and it wouldn't have surprised her at all if Dr Bentley didn't know that she was seeing Dr Kneebone while he was writing scripts for her. Ms Jacka described how Ms Kiley developed weight problems and became obese after Dr Kneebone retired. For this reason she encouraged Ms Kiley to walk with her to lose weight. (T47-53) Later in the Inquest Dr Bentley explained that he saw them walking from time to time in the neighbourhood and he considered that to be an encouraging sign. (T88)

6. Dr Bentley

6.1. Dr Bentley gave evidence concerning his professional relationship with Ms Kiley whom he treated for approximately 20 years. Dr Bentley is an experienced general practitioner. He graduated in medicine at Adelaide University in 1969. He practised in a partnership at West Lakes for two years, then commenced sole practice at Dulwich until 1994. He then worked in a salaried position at a clinic in Mile End dealing with industrial injuries, but kept some of his old patients including Ms Kiley and Ms Jacka. In March 2002, Dr Bentley commenced a sole practice in Prospect. In the process of these moves, some of his patient files were destroyed or lost. Some specialist letters relating to Ms Kiley have survived as well as a Royal Adelaide Hospital separation summary concerning the seizure episode in 1996 and some pathology results. Dr Bentley's own notes which record his management of Ms Kiley before March 2002 are no longer available. The only notes which are now said to exist are those generated from the Prospect clinic. The following is a typed version of these handwritten notes concerning Ms Kiley:

> '19.3.02 Polyuria. Breast lump. L. Breast at 8.06.
> (19.3.02 Gribbles results)
> 16.7.02 Hz L eye , (*indecipherable)* Eye looks clean. Blisters around orbit.
> 17.7.02 Definitely Herpes Zoster. Conjunctiva clean. Discussed reduction of benzo.'
> (Exhibit C9, C10)

6.2. Dr Bentley acknowledged that these notes represent the only times that he was consulted by Ms Kiley at his Prospect surgery. There is no record of telephone contact or prescriptions issued. Overall, Dr Bentley's management of his records concerning Ms Kiley is most unsatisfactory. One suspects that many of his files for other patients have also been mismanaged.

6.3. Dr Bentley explained that Ms Kiley and Ms Jacka became his patients when he commenced at Dulwich in 1976. He continued to treat both women until Ms Kiley's death. According to Dr Bentley, when Ms Kiley worked as a psychiatric nurse, she required medication for sleeping. He said that after the closure of Hillcrest Hospital, Ms Kiley became unemployed. She tried some further education a year later, broke her arm and then became depressed. Depression led to lack of sleep and ongoing problems. Dr Bentley firstly prescribed Diazepam to help her sleep. (T82) He referred Ms Kiley to Dr Dunn in 1994 to investigate her consistently high liver enzyme levels which he suspected was caused by over use of alcohol. (T84) In Dr Dunn's letter to Dr Bentley in March 1994, the major focus of his attention appears to have been abnormal biochemistry and weight gain. Dr Dunn also noted the fact that Ms Kiley claimed to have stopped alcohol "recently" but had increased her weight from 57 kilograms to 77 kilograms in two years. (Exhibit C9, C10)

6.4. Following Ms Kiley's brief admission to the Royal Adelaide Hospital, for a reported seizure in 1996, Dr Bentley was provided with a copy of the separation summary which suggested that the seizure might have been related to withdrawal from alcohol. The summary noted Ms Kiley's presentation as follows:

> 'She became quite agitated whilst in hospital and her AWS reached 25 on one occasion, requiring several doses of diazepam to settle. She became quite defensive when again asked about alcohol intake.'
> (Exhibit C9, C10)

Dr Bentley understood that the 'alcohol withdrawal score' is a type of measurement of distress when one is suspected of withdrawing from alcohol. This provisional diagnosis was supported to some extent by abnormal liver function results documented in the discharge summary. According to Dr Bentley, when he next saw Ms Kiley, he discussed the question of alcohol consumption, but was met with denial of excessive drinking. He nevertheless decided to change her medication on the assumption that Ms Kiley was not being frank with him about her alcohol consumption. Dr Bentley stated that he prescribed temazepam to help her sleep and Oxazepam to keep her calm in the hope that she might reduce her alcohol consumption. He also prescribed Pandadeine forte for joint pain. (T84-85)

6.5. Once Dr Bentley closed his Dulwich practice, he continued to treat Ms Kiley and Ms Jacka. His contact with Ms Kiley was mainly over the telephone once every six to eight weeks when she phoned to request scripts. He stated that sometimes Ms Kiley

accompanied Ms Jacka to his surgery at Prospect and he would see her in the waiting room. He continued to provide scripts for Ms Kiley for this class of medications on a weekly basis for seven years until she died. Most of the telephone requests for scripts came from Ms Jacka on Ms Kiley's behalf. (T122) Dr Bentley explained the typical type of contact he had with Ms Kiley when he spoke with her as follows:

> 'Carol would ring, requesting prescriptions, and I would generally just ask her how she was and she'd say "okay", that was really as far as the conversations went'.
> (Exhibit C12)

According to Dr Bentley, Ms Kiley was a withdrawn, private type of person who was not very communicative.

6.6. Dr Bentley explained that he agreed to drop Ms Kiley's scripts into the Dulwich Pharmacy on his way home because he understood that she was reluctant to travel to see him at Prospect and had transport problems. (T87-8, T102, T113) He explained that he dropped the scripts off on Fridays, the last one being 5th September 2003.

6.7. According to Dr Bentley, when he saw Ms Kiley in March 2002, he noted that her liver function results were within normal range, which encouraged him to believe that her alcohol consumption had reduced. (T99) The last time he saw Ms Kiley was four months later on 18th July 2002 when she presented with an eye complaint and was referred urgently to the Royal Adelaide Hospital for treatment. (T86) According to Dr Bentley, he was concerned about the amount of medication Ms Kiley was consuming, but emphasised that it was difficult to get her to reduce it. He claims to have tried on several occasions to talk to her about her use of prescription medications. (T89-90) The only note made by Dr Bentley about this, is the one which records this last consult with Ms Kiley, when she needed urgent referral to the Royal Adelaide Hospital. (Exhibit C11, T107)

6.8. I accept that Dr Bentley tried to raise the topic on more than one occasion, but that his efforts were unsuccessful. In the absence of periodic reviews of Ms Kiley in his surgery, it is not surprising that Dr Bentley had no success. Given the limited type of communication he had with her, there would be little opportunity to discuss the topic in a considered fashion. As to whether Dr Bentley should have continued to issue scripts to Ms Kiley in these circumstances is an entirely different question, and one which is central to this inquest.

6.9. A computer printout listing the prescriptions dispensed in the name of Carol Kiley from the Dulwich Pharmacy, between 1st January 2000 and 5th September 2003, was received into evidence. (Exhibit C6) The list runs for 61 pages. Almost all of prescriptions listed, are attributed to Dr Bentley, with a small number attributed to other practitioners whom Dr Bentley understood supplied scripts for Ms Kiley in his absence. Dr Bentley readily acknowledged that the print-out represented those scripts which he provided between those dates and that it generally represented the type of medication he was prescribing for Ms Kiley, with similar regularity between 1996 and January 2000. T105-106)

6.10. In 2003, scripts written by Dr Bentley for Ms Kiley were dispensed at Dulwich Pharmacy as follows:

03/01/2003	Temtabs 10 mg Murelax 30 mg Panadeine Forte 500-30
10/01/2003	Panadeine Forte 500-30
31/01/2003	Panadeine Forte 500-30 Murelax 30 mg Temazepam 10 mg
07/02/2003	Murelax 30 mg Temazepam 10 mg Codeine/Paracetamol 30-500
14/02/2003	Panadeine Forte 500-30 Temazepam 10 mg Oxazepam 30 mg
21/02/2003	Temazepam 10 mg
14/03/2003	Codeine/Paracetamol 30-500 Murelax 30 mg
21/03/2003	Codalgin Forte 30-500 Murelax 30 mg Temtabs 10 mg
28/03/2003	Panadeine Forte 500-30 Temazepam 10 mg Murelax 30 mg
04/04/2003	Temtabs 10 mg
26/04/2003	Murelax 30 mg Temazepam 10 mg Panadeine Forte 500-30
02/05/2003	Codeine/Paracetamol 30-500 Murelax 30 mg Temazepam 10 mg

09/05/2003	Temazepam 10mg Codeine/Paracetamol 30-500 Oxazepam 30 mg Prochlorperazine 5mg
30/05/2003	Codalgin Forte 30-500
06/06/2003	Murelax 30 mg Temtabs 10 mg Stemzine 5 mg Codalgin Forte 30-500
13/06/2003	Codalgin Forte 30-500 Murelax 30 mg Temtabs 10 mg
20/06/2003	Codeine/Paracetamol 30-500
11/07/2003	Murelax 30 mg Temtabs 10 mg
18/07/2003	Codeine/Paracetamol 30-500 Murelax 30 mg Temtabs 10 mg
25/07/2003	Codeine/Paracetamol 30-500 Murelax 30 mg Temazepam 10 mg
01/08/2003	Codeine/Paracetamol 30-500
22/08/2003	Codeine/Paracetamol 30-500 Murelax 30 mg
29/08/2003	Codeine/Paracetamol 30-500 Murelax 30 mg Temtabs 10 mg
05/09/2003	Gaviscon 500 ml Codeine/Paracetamol 30-500 Temtabs 10 mg Murelax 30 mg

6.11. One can see from the pattern of prescription during this period, the same combination of drugs was being dispensed to Ms Kiley regularly in the months leading to her

death. Whilst some of the names of drugs are different, they represent the same class of medication.

6.12. According to Dr Bentley, he realised that there was a danger that Ms Kiley would develop a dependency on the medication he was prescribing. He acknowledged that on one occasion in early 2003, a relieving pharmacist at Dulwich, questioned him about the high level of medication being prescribed for Ms Kiley. Dr Bentley agreed that it was a problem and told the pharmacist that he would try to do something about it. Dr Bentley explained that he did ask Ms Kiley to come and discuss things with him, but that she was reluctant to come.

6.13. According to Dr Bentley, before he left the Dulwich practice, he suggested that Ms Kiley see a psychiatrist, but she made it clear to him that she didn't want to see one because of her background in psychiatric nursing which made her feel compromised. In evidence, Dr Bentley expressed his surprise when told part-way through the inquest, that Ms Kiley was said to have been seeing Dr Kneebone for approximately 10 years until 1999. (T91) I accept Dr Bentley's claim that he was never informed by Ms Kiley or anyone else that Ms Kiley had been consulting Dr Kneebone.

7. Review of Dr Bentley's medical management

7.1. Dr Tony Davis is an experienced psychiatrist presently consulting at the Royal Adelaide Hospital and in private practice. He was asked to review Dr Bentley's management of Ms Kiley and to prepare a report for the coroner. In his report, Dr Davis is critical of Dr Bentley's provision of weekly prescriptions for oxazepam, temazepam and panadeine forte in the absence of periodic reviews in his clinic. At the time of preparation of the report, Dr Davis was unaware of the suggestion that Ms Kiley was consulting Dr Kneebone. In his opinion, Dr Bentley should have made arrangements for psychiatric referral, but he readily acknowledged the difficulty posed by Ms Kiley's reluctance to see a psychiatrist. Dr Davis's assessment is summarised in his report as follows:

> 'The history highlights long-term problems in relation to alcohol and benzodiazepine dependence, and probable codeine dependence.
>
> I consider that the medical management of Ms Kiley was inadequate. Dr Bentley did not report any attempt to assess her mental state in a comprehensive fashion, or a treatment plan that would be generally indicated in the management of someone with a mood

> disorder complicated by substance abuse. There was no psychiatric intervention or involvement of drug and alcohol services, to either assess or manage her complex disorder. There is no reference to further physical assessments, to exclude possible underlying physical pathology that may have contributed to both the depression and the substance dependence.
>
> I understand that there were certain issues that made it difficult for Ms Kiley to attend the clinic, namely a geographical distance and a reluctance to drive. There was also a reluctance to attend a psychiatrist. I consider that Dr Bentley's decision to continue to issue her with weekly prescriptions was ill advised, and that this easy access to medication effectively perpetuated her dependence on benzodiazepines and codeine. It appears that the alcohol problem was not resolved in any case, and that intoxication with alcohol and benzodiazepines was the cause of her death.
>
> I consider it is important that medical practitioners take due care when prescribing benzodiazepine medications, given the potential for dependence, abuse and toxicity. In some cases it is reasonable to use benzodiazepine as a long-term strategy, particularly when managing complex problems related to alcohol dependence and other forms of substance dependence. However, this form of medication is advised as part of a treatment strategy that also involves attention to physical factors and ideally some form of psychosocial intervention that might assist with control of substance use in the long-term. I can not offer any argument that might support the indefinite use of such medications in the absence of ongoing periodic assessments and review of physical, psychological and social factors that have an impact on the health of the patient in the long-term.'
>
> (Exhibit C13)

7.2. In evidence, Dr Davis elaborated by saying that in Ms Kiley's case, given the medications she was receiving, it would have been appropriate for Dr Bentley to insist upon three monthly reviews in his clinic. Dr Davis explained that dependency can occur within six weeks or a few months and that if one prescribes on a weekly basis for a long time, one can assume that the patient is dependent. Where alcohol dependence continues as well, in addition to codeine dependence, they will interact. (T136) According to Dr Davis, Ms Kiley would have developed a major problem with poly-substance dependence and she probably suffered from chronic depression. (T140)

7.3. Dr Davis acknowledged the extreme difficulties in treating patients who refuse to accept advice, but he emphasised that this doesn't mean that a practitioner is obliged to continue prescribing medication unconditionally, when the major issue has not been addressed. The major issue for Ms Kiley was the management of her withdrawal from the medication. Dr Davis explained that had he been in Dr Bentley's position, he would not have been prepared to continue with endless prescriptions in the absence of some form of agreement with Ms Kiley that she seek assistance such as

drug and alcohol counselling. (T141) Dr Davis explained that if he were Dr Bentley, he would have continued to encourage Ms Kiley to see a psychiatrist and would not have abandoned the idea because of her initial reluctance.

7.4. According to Dr Davis, assuming that Ms Kiley was seeing a psychiatrist and was hiding this from Dr Bentley, it doesn't alter the fact that from 1999, Ms Kiley was receiving "extraordinary doses of three drugs on a regular basis without ongoing assessment or appraisal or a specialist's intervention". (T140) One can only speculate about whether Ms Kiley disclosed to Dr Kneebone that she was taking regular large doses of the medications which Dr Bentley was prescribing for her.

7.5. As to the role of oxazepam as a drug of choice for problem drinking, Dr Davis explained that it is an effective drug in the short-term, to wean people off alcohol because it deals with anxiety. (T134) People who are anxious and depressed, tend to drink more and then the drinking can became the major problem. According to Dr Davis, the long term problem with benzodiazepines is the potential for dependence, followed by withdrawal from them which can create anxiety, which in turn, drives the dependence. (T135-6) Dr Davis explained that regular consumption of codeine can also lead to dependence and anxiety.

7.6. Dr Davis indicated that in his view, it would have taken between six and nine months at least to be able to turn Ms Kiley's dependence around and that it would not have been an easy job. To deal with the situation, Dr Davis said that he would have tried to stabilise the patient with antidepressants supported with psychotherapy. (T138) He acknowledged that in some situations where a patient refuses to follow advice, the practitioner may decide to withhold scripts and wait for a crisis to develop which may lead to the intervention of Drug and Alcohol Services. Again, Dr Davis readily acknowledged that where a patient denies having a problem of alcohol dependence or alcohol abuse, then treatment is very difficult. He said that as part of a strategy one can take blood tests on a semi-regular basis to examine the liver function as an indicator of excessive drinking but that the absence of high liver function test results does not necessarily preclude ongoing problems.

7.7. When asked to comment on the dosage of the medication prescribed for Ms Kiley in the period between 1 January 2000 and the time of her death, Dr Davis expressed the view that codeine forte was being prescribed in moderate doses, oxazepam in

moderate to moderately high doses and temazepam in moderately high doses. In combination, the benzodiazepine input in his view was quite substantial. (T175)

7.8. I accept the opinions expressed by Dr Davis in his report, and in his evidence before me. Dr Davis was an impressive witness who gave measured and thoughtful responses throughout his evidence.

8. Dr Bentley's response to criticisms of his management

8.1. Before giving evidence, Dr Bentley had considered Dr Davis' report and was aware of the criticisms concerning his management of Ms Kiley. To Dr Bentley's credit, he readily conceded the force of the criticisms in the report. (T119) In response, Dr Bentley explained the difficulties which general practitioners face with patients who withhold information from them and are dishonest about their consumption of drugs or alcohol. (T129) He acknowledged that in hindsight, he could have made the provision of scripts conditional upon getting Ms Kiley to agree to take steps to seek other help, but he emphasised that practitioners can't make reluctant patients seek help if they don't want to. (T112, T129) Dr Bentley emphasised how complex and challenging Ms Kiley was as a patient. Ms Jacka's evidence provides confirmation of how difficult it was to get her to see a doctor. Dr Bentley pointed to the absence of ongoing signs of excessive drinking and his occasional observation of her with Ms Jacka walking around the streets in Dulwich to suggest to him that she was doing reasonably well. Clearly this was no substitute for periodic physical and psychiatric assessments, which should have taken place while he was providing Ms Kiley with regular scripts for medications which when taken long term, create problems of dependency. His efforts though well-intentioned, were misguided. No doubt he will be much more cautious in future when similar challenges arise.

8.2. I find that it is likely that Ms Kiley's death could have been avoided had she been managed differently, although I accept that she was a very difficult patient to engage with. It is a serious concern that the development of her poly-substance abuse was facilitated by the long-term provisions of scripts, yet her depression and possible alcohol abuse which she had previously been struggling with, were matters which were never adequately addressed.

9. Was death intended?

9.1. I find that the evidence does not support a suggestion that Ms Kiley intended to end her life. It is much more likely that she was in the grips of a serious benzodiazepine dependency and failed to appreciate the lethal dangers of combining the prescribed medications with alcohol.

10. Origin of diazepam found in Ms Kiley's blood

10.1. One issue explored during the Inquest was how Ms Kiley obtained diazepam which found its way into her blood when she died. Dr Bentley has indicated that once he changed over her medication to oxazepam and temazepam, he stopped prescribing diazepam. I accept Dr Bentley's word on this which is confirmed to some extent by the Dulwich pharmacy dispensing records for Ms Kiley. (Exhibit C6) Counsel for Dr Bentley pointed out that on page 12 of that document is an entry which indicates that on 31st January 2003, a script was filled for 50 Antenex tablets prescribed by Dr J. F. Beare, who is said to be one of the practitioners who Ms Kiley received scripts from in Dr Bentley's absence. I am prepared to accept that some of this medication, also known as diazepam, may have been in Ms Kiley's possession in the period shortly before her death. The failure by police to seize the script in Ms Kiley's name located in the kitchen precludes me from making a firm conclusion on this topic. (MIMS and Exhibit C46)

11. Adequacy of medical notes

11.1. Dr Bentley readily conceded in evidence that his notes are inadequate. He claimed that his note keeping since Ms Kiley's death has improved. (T127) Dr Bentley seemed to be unaware of guidelines issued by the Medical Board about note keeping requirements. The Medical Board of South Australia published a reference to the relevant guidelines on this issue by way of a newsletter in August 1999. The newsletter was forwarded to all registered practitioners including Dr Bentley. (Exhibit C14) No doubt other publications forwarded to practitioners over the years have alerted members of the profession to the importance of accurate note keeping. It was urged upon me by counsel for Dr Bentley, that I suggest to the Medical Board, that a reminder bulletin be issued to practitioners about their obligations concerning note keeping. This topic has received repeated treatment in the course of previous inquests and in civil Courts in this State and elsewhere. I am reasonably confident that the medical profession at large, through their association with the Medical Board, the AMA, various colleges and insurers, would be well aware of their obligations.

The poor state of Dr Bentley's notes happens to be a factor arising in the course of exploring the circumstances leading to Ms Kiley's death. They have been a source of embarrassment to Dr Bentley and serve as a potential lesson to other practitioners whose standards fall below those deemed acceptable for their profession. In the circumstances, I decline to make the recommendation urged upon me pursuant to Section 25 (2) Coroner's Act 2003, however I direct that these findings be brought to the attention of the Medical Board.

11.2. I also direct that a copy of these findings be brought to the attention of the Commissioner of Police.

Key Words: Diazepam; Drug overdose; Medical treatment- medical practitioner; Medication; Panadeine Forte; Record Keeping/Clinical Records; Substance abuse

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

Seal the 5th day of May, 2006.

Coroner