



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 27th and 28th days of October 2008, the 17th day of November 2008, the 5th day of December 2008 and the 17th day of August 2009, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Brian Raymond Turner.

The said Court finds that Brian Raymond Turner aged 59 years, late of 26 Oldham Road, Elizabeth Vale, South Australia died at the Europa Clinic Car Park, 283 Salisbury Highway, Salisbury Downs, South Australia on the 23rd day of July 2005 as a result of ischaemic heart disease due to coronary atherosclerosis. The said Court finds that the circumstances of his death were as follows:

1. Background

- 1.1. Mr Turner was 59 years of age when he died on 23 July 2005. An autopsy was conducted by Forensic Pathologist, Dr Gilbert, who gave the cause of death as ischaemic heart disease due to coronary atherosclerosis and I so find¹.
- 1.2. Mr Turner started to feel unwell in the early afternoon of 23 July 2005. He had been exerting himself by lifting some heavy blinds above head height. One of these had fallen onto his left shoulder. His wife noticed that he was not looking very well and asked him if he wanted to go to the hospital but he refused this offer.
- 1.3. Later in the afternoon, Mr and Mrs Turner decided to drive from their home in Elizabeth Vale to Semaphore where they would buy fish and chips. After the food

¹ Exhibit C7

had been ordered Mr Turner felt ill and decided that he did not want to eat. He smoked some cigarettes and, after Mrs Turner had eaten her meal, they left Semaphore to drive home to Elizabeth Vale. According to a statement made by Mrs Turner², Mr Turner began driving but after a short distance stopped the car and asked her to drive. As she started driving she said that she was going to take Mr Turner to the Lyell McEwin Hospital instead of straight home. As they were driving along the Salisbury Highway, Mr Turner asked that the car be stopped because he was going to be sick. His wife pulled the car over and he opened the passenger door and vomited. Mrs Turner then began driving quite quickly to the Lyell McEwin Hospital. In the meantime, Mr Turner took three gasps and then seemed to become unresponsive. Shortly after this, Mrs Turner saw the Europa Medical Clinic which is on the Salisbury Highway at Salisbury Downs. She pulled into the car park adjacent to the clinic and ran to the door of the surgery. The door was locked and Mrs Turner banged on the door to attract attention.

- 1.4. The receptionist on duty at the clinic that afternoon was Ms Angela Conte. Ms Conte heard Mrs Turner banging on the door. There was at that time one patient waiting in the reception area, Mrs Grenville. Mrs Grenville also heard Mrs Turner's bid to attract attention.
- 1.5. All of this occurred shortly before 6pm on 23 July 2005³. It was quite dark outside⁴.
- 1.6. At this time there was a medical practitioner seeing a patient in the Europa Medical Clinic. The medical practitioner was Dr Emmanuel Vlahakis. Dr Vlahakis was in his consulting room with a female patient when Mrs Turner was banging on the door of the clinic. Dr Vlahakis did not hear the noise.
- 1.7. Dr Vlahakis did not attend to Mr Turner at any stage on the evening of 23 July 2005. In circumstances upon which I will elaborate shortly, an ambulance was called and ambulances attended in the car park of the Europa Medical Clinic. Ambulance officers attempted to resuscitate Mr Turner but were unable to do so and he died at the scene. According to the South Australian Ambulance Service patient report form

² Exhibit C1a

³ See Exhibit C8

⁴ Transcript, page 55

number 111143⁵, the ambulance officers ascertained that Mr Turner had been feeling unwell during the day, was pale, had nausea, vomiting and shortness of breath. The history continues:

'Wife was driving pt (patient) to the hospital when he became unresponsive, wife pulled into doctor's surgery car park, wife knocked on surgery door & doctor refused to attend.'⁶

On examination, the ambulance officers found Mr Turner to be unconscious and unresponsive with no pulse and no respiration. They administered cardio-pulmonary resuscitation but without success. At 6:50pm they ceased cardio-pulmonary resuscitation and certified life extinct⁷.

- 1.8. Dr Gilbert, the Forensic Pathologist who performed the autopsy upon Mr Turner, gave evidence at the Inquest. Evidence was also given by Dr Leo Mahar, Clinical Director of the Cardiovascular Service at the Royal Adelaide Hospital and Cardiologist. The effect of this evidence was that Mr Turner had suffered quite severe long-term narrowing of his coronary arteries due to atheroma, or the build-up of fatty deposits and scar tissue in the coronary arteries⁸. Dr Gilbert was asked about Mrs Turner's statement regarding the condition of her husband on the Salisbury Highway and, in particular, the taking of the three deep breaths to which I have already referred. Dr Gilbert described his condition at that point as being critical. He said those respiratory movements were probably involuntary, and that Mr Turner was probably already either in cardiac arrest, or that his heart had adopted an abnormal rhythm. He said the breaths sounded like reflex gasps rather than purposeful breathing. According to Mrs Turner he had also become unconscious at that point. All of this was before the arrival at the Europa Medical Clinic⁹.
- 1.9. Dr Mahar said that had Mr Turner agreed to his wife's suggestion that they attend at Lyell McEwin Hospital in the middle part of the day, his chances would have been very much greater¹⁰. Dr Mahar also said that Mr Turner's chances of survival with an

⁵ Exhibit C4f

⁶ Exhibit C4f

⁷ Exhibit C4f

⁸ Dr Gilbert, Transcript, page 10

⁹ Dr Gilbert, Transcript, pages 28-29 – See also Dr Mahar at Transcript, pages 178, 179 and 189

¹⁰ Transcript, page 176

out of hospital cardiac arrest were possibly as low as 2% to 3% but no higher than 5%¹¹.

2. What occurred inside the Europa Medical Clinic after Mrs Turner had attracted Ms Conte's attention?

2.1. A considerable amount of evidence was devoted to this subject. Indeed, the Inquest focussed largely upon the exchanges between Ms Conte and Dr Vlahakis. Ms Conte was at the centre of events. She had some kind of exchange with Mrs Turner. She enlisted the assistance of the patient, Mrs Grenville, to accompany her to look for the place in the car park where the Turner's car was parked. She did that because of her concern that it was dark outside and the possibility that the call for assistance may not have been genuine. Much effort was devoted to testing Ms Conte's recall of the sequence of events and I do not propose to traverse everything in detail. What is plain is that Ms Conte appreciated that there was a man outside in a car who was having difficulty breathing and a woman, presumably the man's partner, was attempting to get assistance. In this finding, I will focus on the exchanges between Dr Vlahakis and Ms Conte.

3. What did Ms Conte do after she was alerted?

3.1. Ms Conte contacted Dr Vlahakis using the telephone or intercom system of the clinic. Her evidence about what she told Dr Vlahakis changed during cross-examination. At first, she maintained that she told Dr Vlahakis that there was a man outside who was 'barely breathing'. However, in a note made by Ms Conte shortly after 23 July 2005, she recorded that Mrs Turner had told her that her husband was in the car and was having 'difficulty breathing'. Dr Vlahakis, for his part, maintained in his evidence that Ms Conte told him that there was a man who was having 'difficulty breathing'. In the course of cross-examination by Dr Vlahakis' counsel, Ms Conte conceded that she might in fact have told Dr Vlahakis that the man was having 'difficulty breathing' rather than that he was 'barely breathing'. I find that on this point, the words used by Ms Conte were 'difficulty breathing'.

3.2. According to the note made by Ms Conte, she also asked Dr Vlahakis words to the effect 'can you help him?'. Dr Vlahakis, in his evidence, denied that Ms Conte ever

¹¹ Transcript, page 168

asked him for his help. His evidence was that Ms Conte asked him for direction. Dr Vlahakis' position is summarised in the following answer given by him:

'Q. Did she ask you 'Can you help?'

A. No, she did not ask me to help. There was no suggestion in her telephone call that I was needed. The way that I perceived that she wanted - it was a question of 'What shall I do?'. She wanted direction..'¹²

- 3.3. As I have said, Ms Conte recanted in her evidence from her initial assertion that she had told Dr Vlahakis that Mr Turner was 'barely breathing'. She also made another concession. In her evidence-in-chief, she suggested that she had three separate interactions with Dr Vlahakis. The first of those interactions was the telephone conversation to which I have already referred. The third interaction was a face-to-face meeting which occurred at or about the time the ambulances were arriving. That exchange involved Dr Vlahakis starting to leave the surgery, and Ms Conte requesting that he stay for long enough for her to lock up the surgery and leave with him. The second interaction was claimed by Ms Conte to be a face to face interaction that took place in Dr Vlahakis' room when she claimed to have told him that she had called the ambulance and then asked him what they should do now and whether they should go out and help until the ambulance arrived. This second interaction was recanted from by Ms Conte in cross-examination. She conceded that it never took place.
- 3.4. Ms Conte did not recant from her claim that, in addition to telling Dr Vlahakis that there was a man outside that was having difficulty breathing, she asked for Dr Vlahakis' help, as opposed to his claim that she was merely seeking direction.
- 3.5. Ms Conte was carefully cross-examined by counsel for Dr Vlahakis about the precise content of this conversation. It was never put by counsel for Dr Vlahakis to Ms Conte that she had not told him that she was asking for his help. The nearest that counsel for Dr Vlahakis came to that proposition was when he asked Ms Conte whether she had ever said words to the effect of 'look I'm not coping very well with this I really need you to come out here and handle this'. She agreed that she had not said such a thing¹³. However, Ms Conte maintained her claim that she had told Dr Vlahakis that help was sought¹⁴.

¹² Transcript, page 214

¹³ Transcript, pages 112-113

¹⁴ See Transcript, page 113, lines 26 to 27 and Transcript, page 95, lines 22 to 37 where Ms Conte agrees with counsel for Dr Vlahakis that she has still, today, a memory of saying to Dr Vlahakis, amongst other things, 'can you help him'

3.6. I find that, contrary to the evidence of Dr Vlahakis, Ms Conte did make it clear to Dr Vlahakis that she was seeking his help. I find Dr Vlahakis' claim that Ms Conte was merely seeking his direction or guidance to be implausible. Furthermore, Dr Vlahakis told Ms Conte that she should call an ambulance. This she did. Dr Vlahakis was asked why he thought it appropriate to call an ambulance when, on his version of events, he only knew that there was a man having difficulty breathing, and that Ms Conte was not seeking his help but merely his direction. Dr Vlahakis responded that it was appropriate to call an ambulance knowing nothing more than that there was a man outside having difficulty breathing¹⁵. It was put to Dr Vlahakis that ambulances are only called in serious emergency situations. Dr Vlahakis disagreed with that proposition¹⁶. Quite surprisingly, Dr Vlahakis disagreed that the ambulance should only be called in a serious emergency situation, saying:

'The ambulance are there to help people whether – there are various degrees of citizens, it doesn't say or mean that because if they are not that serious the ambulance people don't respond.'¹⁷

3.7. Dr Vlahakis was evasive in his evidence on various occasions¹⁸. Although Dr Vlahakis maintained that he did not appreciate that his help was being sought, he did at one point in his evidence-in-chief characterise the situation as an 'emergency'¹⁹.

3.8. Generally speaking, Dr Vlahakis was at pains to maintain the position that he never appreciated that the man in the car park was extremely sick or seriously sick, or that his help was needed.

3.9. I find that, contrary to Dr Vlahakis' evidence, Ms Conte did in fact ask him for his help.

3.10. I should add, for completeness, that Dr Vlahakis has a mild to moderate hearing deficit. I directed counsel assisting to write to his solicitors during an adjournment of his evidence to seek further information as to his hearing deficit, and whether it presented some disadvantage to him in presenting his evidence, and further, whether a Greek interpreter might assist. Counsel assisting was advised by Dr Vlahakis' solicitor, by letter dated 10 November 2008, that neither Dr Vlahakis nor his solicitors

¹⁵ Transcript, page 216, lines 23 to 26

¹⁶ Transcript, page 217

¹⁷ Transcript, page 218

¹⁸ See Transcript, pages 219-220, 221-222, 223-224 and 225

¹⁹ Transcript, page 204, lines 16-17

saw any need for human or electronic assistance in the presentation of his evidence. They assured counsel assisting that he is proficient in English, and apparent difficulty was attributable to his hearing deficit and not his ability to comprehend what was being asked. A number of questions were repeated to ensure that Dr Vlahakis properly heard what was being asked of him, and I am satisfied that he had a fair and proper opportunity to understand fully the import of what was being put to him.

4. Would the outcome have been different had Dr Vlahakis attended Mr Turner?

4.1. The probability is that Dr Vlahakis would not have been able to save Mr Turner, even if he had attended in the car park. The evidence of Dr Gilbert and Dr Mahar, to which I have already referred, suggests that the cardiac arrest was well advanced by the time that Mrs Turner reached the Europa Medical Clinic car park. Furthermore, as Dr Mahar said, the chances of surviving an out of hospital cardiac arrest are less than 5%. Clearly, Mr Turner's best hope would have been to have attended a hospital when his symptoms first manifested themselves in the middle of the day. This case provides a tragic reminder of the need to obtain prompt medical assistance in such cases.

4.2. In Dr Mahar's evidence, he was asked what he would have done if told that a person was having difficulty breathing. He responded as follows:

'I'd want to know what exactly - if someone had difficulty breathing there could be lots of reasons why they are having difficulty breathing, they could have some asthma, bad bronchitis, something else like that, but if I'd just had a phone call that someone had difficulty breathing, I might say 'Well, how bad is it? What can I do?' And I'd want a bit more information before I didn't do anything.'²⁰

4.3. Furthermore, Dr Mahar said that he would not be prepared to call an ambulance unless he thought that the matter was serious:

'You must think that if - if you think that the symptoms are slight, you don't call an ambulance for that. If you called an ambulance you'd obviously think it is serious. That's what I would - ambulances are rarely (sic) scarce resources and you would not call an ambulance if you didn't think that someone was really sick.'²¹

²⁰ Transcript, page 172

²¹ Transcript, page 182

5. Recommendations

5.1. I have no recommendations to make in this matter.

Key Words: Ischaemic Heart Disease

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

Seal the 17th day of August, 2009.

State Coroner

Inquest Number 38/2008 (2208/2005)