



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 3rd day of September 2008 and the 18th day of September 2009, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Frederick Albert Vonderwall.

The said Court finds that Frederick Albert Vonderwall aged 66 years, late of Port Lincoln Prison, Port Lincoln, South Australia died at Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 25th day of April 2007 as a result of hepatorenal failure and biliary sepsis complicating common bile duct obstruction. The said Court finds that the circumstances of his death were as follows:

1. Introduction and cause of death

- 1.1. Frederick Albert Vonderwall was 66 years of age when he died on Wednesday, 25 April 2007 at about 5:30am. He died in Ward R6 at the Royal Adelaide Hospital (RAH). Dr Bradley Wong certified life extinct at 6:50am that day.
- 1.2. The cause of Mr Vonderwall's death is clear. He died of hepatorenal failure and biliary sepsis complicating common bile duct obstruction. This condition was diagnosed clinically before Mr Vonderwall's death. In addition, the clinical records from the RAH have been examined by a Forensic Pathologist, Dr John Gilbert. Dr Gilbert has provided a pathological review of the cause and circumstances of Mr Vonderwall's death and concurs in the diagnosis of hepatorenal failure and biliary sepsis complicating the common bile duct obstruction. Dr Gilbert has offered the further opinion that the common bile duct obstruction was due to scarring of the head of Mr Vonderwall's pancreas resulting from a previously swallowed foreign body,

namely a pin or pins that had somehow been ingested by Mr Vonderwall some 30 years prior to his death. A competing explanation for the common bile duct obstruction is that it was caused by a biliary cancer. Although such a cancer was not diagnosed prior to Mr Vonderwall's death, it was strongly suspected by the clinicians who were treating him. The same clinicians had also thought it unlikely that the ingested pin or pins had in any way accounted for the obstruction. Unfortunately biopsies that were conducted in an endeavour to diagnose cancer were not conclusive and cancer was neither established nor ruled out in Mr Vonderwall's case.

- 1.3. However, I am satisfied that the origin of Mr Vonderwall's common bile duct obstruction is of no moment as it is clear that he died of the complications of that obstruction, namely hepatorenal failure and biliary sepsis. In addition, whatever the cause, in circumstances that I will discuss shortly Mr Vonderwall indicated prior to his death that he did not want to receive any aggressive treatment for his condition.
- 1.4. I find the cause of Mr Vonderwall's death to have been hepatorenal failure and biliary sepsis complicating common bile duct obstruction.

2. Background and reason for Inquest

- 2.1. At the time of his death Mr Vonderwall was serving a sentence of imprisonment for 25 years with a non-parole period of 15 years. That sentence had commenced on 17 February 2005 and given Mr Vonderwall's age there was always going to be a strong possibility that he would spend the majority of the rest of his life in prison.
- 2.2. Mr Vonderwall's death was a death in custody in accordance with the definition of that term in the Coroners Act 2003. It was thus mandatory for an Inquest to be held into Mr Vonderwall's death.

3. The circumstances of Mr Vonderwall's death

- 3.1. Mr Vonderwall was incarcerated in the Port Lincoln Prison. His acute decline in health is noted in June 2006. Up until that time Mr Vonderwall would attend the South Australian Prison Health Service clinic on a twice-daily basis to receive insulin, he being an insulin dependent diabetic. Mr Vonderwall also had a history of ischaemic heart disease and stroke.

- 3.2. Mr Vonderwall's decline whilst in Port Lincoln Prison is described in the statement of a Prison Health Service nurse by the name of Veronica Richardson¹. According to Ms Richardson's statement, on 16 June 2006 Mr Vonderwall attended at the clinic for his insulin and said that he had suffered from chest pain and was fatigued. He again complained of chest pain a few days later and it appears that on these occasions of chest pain he was treated for angina. There were some other episodes in respect of Mr Vonderwall's health generally that resulted in his undergoing an endoscopy in August 2006. This evidently revealed a source of bleeding in his stomach.
- 3.3. On 7 February 2007 Mr Vonderwall reported that his urine was very dark brown and was malodorous. A number of abnormalities were found after further testing in March 2007. On one occasion Mr Vonderwall also complained of passing white faeces. Mr Vonderwall eventually developed an increasing level of jaundice and in March 2007 a medical practitioner suspected that Mr Vonderwall had cancer of the pancreas.
- 3.4. In the event, a decision was made to transfer Mr Vonderwall to the RAH for tests. Accordingly an arrangement was made for Mr Vonderwall's conveyance from Port Lincoln to the RAH where he arrived in early April 2007.
- 3.5. On 6 April 2007 Mr Vonderwall was admitted to the Intensive Care Unit (ICU) at the RAH. At the time of his admission he was critically ill with obstructive jaundice and renal failure. On 8 April 2007 Mr Vonderwall was intubated and ventilated for an endoscopic retrograde cholangiopancreatography procedure (ERCP). The purpose of the procedure was to investigate the cause of the jaundice and to insert a stent to drain his biliary system and treat the jaundice. At ERCP a probable malignant stricture was seen² that was highly suggestive of biliary cancer. Following that procedure Mr Vonderwall was returned to the ICU still intubated and ventilated and he was dialysed for his renal failure. His condition slowly improved over the following week.
- 3.6. According to Dr Darren Lituri³, who was a general surgical registrar at the RAH and who provided a statement to the inquest, during the course of Mr Vonderwall's treatment he was at first lucid and conversing but became more confused as time progressed. His white cell count began to climb and he was showing features of a

¹ Exhibit C5a

² Statement of Dr Robert John Young, Exhibit C9a

³ Exhibit C10a

septic condition. The pin that Mr Vonderwall had swallowed 30 years previously was noted on CT scan and an opinion was formed by Dr Lituri that it was highly unlikely to be contributing to Mr Vonderwall's condition. The opinion that was entertained, as I say, was that Mr Vonderwall had a malignant cause for his biliary obstruction.

- 3.7. According to Dr Lituri the ERCP procedure showed the impression of a 7cm section of the common bile duct but that complete obstruction was not in existence. Biopsies were inconclusive for the presence of a malignancy. Mr Vonderwall's biliary draining remained adequate for the time being.
- 3.8. Mr Vonderwall remained intubated and ventilated in the ICU as he was deemed to ill to be extubated. He remained in the ICU until 19 April 2007 during which time he required dialysis for kidney failure. Although there was some improvement, Mr Vonderwall continued to suffer from a measure of liver failure. At one point a decision was made in consultation with a number of the medical practitioners to cease the dialysis in order to determine whether Mr Vonderwall's kidneys would function by themselves. There was some improvement in his urinary output but his kidney function also remained impaired and Mr Vonderwall was considered as remaining in hepatorenal failure.
- 3.9. On 18 April 2007 a decision was made to extubate Mr Vonderwall to see if he could survive without intubation. When this took place he was able to maintain his own breathing. At that point Mr Vonderwall was lucid enough to discuss his own management with his sister, Ms Antoinette Sullivan, and the treating medical practitioners. Ms Sullivan provided a statement to the inquest⁴. Sometime prior to his death Mr Vonderwall had indicated to his sister, Ms Sullivan, that he did not want to be on any form of life support and that he did not wish to be treated for any illness. Dr Lituri also states that when Mr Vonderwall was extubated on 18 April 2007 he indicated that he did not wish to have any further intervention and indicated a desire that nature take its course. The evidence establishes that at that point it was understood that Mr Vonderwall was moribund. It is also clear that Mr Vonderwall did not desire any further treatment including dialysis and that his wishes in that regard were honoured. That being the case, the Renal Department's involvement with Mr Vonderwall was no longer required.

⁴ Exhibit C1a

- 3.10. On 19 April 2007 Mr Vonderwall was transferred to general surgical ward R6 at the RAH for palliation. Mr Vonderwall there received comfort care for pain. His conscious state continued to deteriorate rapidly. Mr Vonderwall's sister, Ms Sullivan, remained present during this time. In consultation with palliative care medical practitioners, on 24 April 2007 it was decided that pain relief administration would be Mr Vonderwall's only medical intervention and so ongoing medications and intravenous fluids were ceased.
- 3.11. Mr Vonderwall passed away at about 5:30am on 25 April 2007.
- 3.12. Mr Vonderwall's death was investigated jointly by Senior Constable First Class Liam McDonald of the Adelaide Criminal Investigation Branch (CIB) and Detective Brevet Sergeant Tony Boots of the Port Lincoln CIB. Their investigation is a commendably thorough one. I agree with their conclusions, as expressed in their report to the State Coroner⁵, that Mr Vonderwall's care was appropriate, that he received the same level of care and attention as any member of the community and that Mr Vonderwall's wishes for no active treatment were rightfully adhered to. It is also clear that Mr Vonderwall died from a natural disease that ran its course. Mr Vonderwall's death was not in any sense preventable and was indeed inevitable having regard to the seriousness of his illness. There is no suggestion that Mr Vonderwall's incarceration had any adverse impact on the quality of medical care that he received.

⁵ Exhibit C13a

Key Words: Death in Custody

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

Seal the 18th day of September, 2009.

Deputy State Coroner

Inquest Number 27/2008 (0537/2007)