



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 8th and 20th days of September 2011, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Carmelina Bellocco (aka Ieva).

The said Court finds that Carmelina Bellocco (aka Ieva) aged 61 years, late of 33 Clairville Road, Campbelltown, South Australia died at Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 16th day of October 2009 as a result of respiratory failure secondary to advanced malignancy. The said Court finds that the circumstances of her death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. Ms Carmelina Bellocco was 61 years of age when she died on 16 October 2009 at the Flinders Medical Centre (FMC) as a result of respiratory failure secondary to advanced malignancy. I take this cause of death from the FMC Medical Practitioner's Deposition and report of death to the State Coroner which was filed on the day of Ms Bellocco's death¹. I find that to have been the cause of death.
- 1.2. At the time of her death Ms Bellocco was subject to an order of the Guardianship Board of South Australia made pursuant to section 32 of the Guardianship and Administration Act 1993 and dated 12 October 2009 that she reside and be detained at such a place as her guardian from time to time thinks fit in the interests of Ms Bellocco's health and safety. Also on 12 October 2009 Ms Bellocco's guardian, Ms Karen Bowden of the Office of the Public Advocate, directed that Ms Bellocco reside

¹ FMC casenotes c7 Vol 2

and be detained at the FMC, Daw House Hospice or the Repatriation General Hospital. In the event, at the time of her death Ms Bellocco was accommodated within the FMC and was detained there in accordance with the order of the Guardianship Board and the direction of the Public Advocate. Accordingly, hers was a death in custody as defined in the Coroners Act 2003. Thus an Inquest was required to be held pursuant to section 21(1)(a) of that Act. For reasons that will become apparent, there is no question but that Ms Bellocco's detention at the time of her death was both lawful and appropriate.

2. Background

- 2.1. Ms Bellocco was known by both her married name, Ieva, and her maiden name. It was reported by her son, Mr Tony Ieva, that since her divorce she had taken to being called Ms Bellocco, but would often add Ieva as an acknowledgment of her marriage.
- 2.2. Ms Bellocco was born in Calabria, Italy on 21 December 1947. Her family migrated to Australia in 1954.
- 2.3. Ms Bellocco experienced poor mental health for most of her life and was first detained in 1964 when she was 16 years of age. It appears that both of her parents also suffered from mental illness. It seems that Ms Bellocco's illness was characterised by poor compliance, illness denial, poor insight and paranoid and aggressive behaviour.
- 2.4. Ms Bellocco met her husband, Mr Mario Ieva, in Rome in October 1969 at a time when Ms Bellocco was living there. Mr Ieva was born and raised in Rome. They married in Rome on 20 October 1969 and then moved to Calabria where Mr Ieva worked as an olive picker. The couple migrated to Australia together in early 1970 and they moved in with Ms Bellocco's parents in Flinders Park. By this time Ms Bellocco was pregnant with their son, Tony, who was born in November 1970.
- 2.5. After the birth of her son Ms Bellocco was again hospitalised in 1971 and diagnosed with paranoid schizophrenia. The family purchased a home in Findon in 1972. Throughout her life Ms Bellocco experienced multiple admissions into psychiatric institutions and was managed in the community with voluntary depot medication. It appears that Community Treatment Orders were also obtained from the Guardianship Board sporadically throughout the 1980s.

- 2.6. Ms Bellocco's marriage ended in October 1992 when it was alleged that Ms Bellocco threatened Mr Ieva with a knife. Mr Ieva stated that Ms Bellocco returned to reside at the home he was living in with their son in 1994 in an effort to spend more time with their son. She remained until 1996 and the divorce was finalised in 1997. Mr Ieva took Family Court proceedings in order to liquidate the marital home and realise his share.
- 2.7. During these proceedings the Public Trustee was appointed by the Family Court to act as next friend for Ms Bellocco throughout the Family Court proceedings. The Public Trustee raised concerns about Ms Bellocco's capacity to instruct them and subsequently the Guardianship Board appointed the Public Advocate as a limited guardian regarding accommodation and engaged the Public Trustee as full administrator of Ms Bellocco's financial affairs. The Family Court made final property settlement orders on 13 February 1998 which ordered that Ms Bellocco vacate the marital home and that it be sold. Ms Bellocco refused to accept the final orders and refused to communicate with any person who attempted to enforce them. After many attempts at negotiation the Public Trustee, in collaboration with Ms Bellocco's treating professionals at Beaufort Clinic, sought section 32 powers under the Guardianship and Administration Act 1993 from the Guardianship Board to coerce Ms Bellocco to vacate the property. This direction was granted on 12 May 1998 and Ms Bellocco was forcibly removed from the property the next day. She was then initially detained at Glenside Hospital. Ms Bellocco was subsequently transferred to Cramond Clinic and her detention order was extended until December 1998.
- 2.8. A Community Treatment Order was sought from the Guardianship Board in July 1998 in view of Ms Bellocco being released into the community. Electro-convulsive therapy was approved by the Guardianship Board in June 1998 with some success. In early 1999 the Public Advocate was appointed Ms Bellocco's full guardian and a social worker from Glenside Hospital was appointed as the liaison person. A further Community Treatment Order was sought and granted in July 1999 but was allowed to lapse in July 2000. By that stage Ms Bellocco was in supported accommodation and was voluntarily receiving her depot medication. She was closely monitored by a community mental health team from Carramar Clinic with whom she was reported to have a positive relationship.

- 2.9. In April 2006 Ms Bellocco was admitted to the Repatriation General Hospital with abdominal pain, distension, vomiting and diarrhoea. She had experienced diarrhoea for some weeks but had refused admission to hospital on a previous presentation. An abdominal X-ray raised a suspicion of a bowel obstruction and a follow-up abdominal X-ray confirmed this. A CT scan showed the possibility of ovarian or bowel cancer. Ms Bellocco irrationally did not accept the diagnosis and had fixed delusions about the cause of her abdominal bloating. She refused surgery. She threatened to discharge herself and was detained under the Mental Health Act 1993 (MHA). The bowel obstruction resolved with conservative management and it was recommended that she undergo a colonoscopy to investigate the possibility of bowel cancer. Ms Bellocco could not be convinced to undergo this procedure and it was felt that she was no longer detainable upon review by a consultant psychiatrist. In consultation with the community health team, it was agreed that a Guardianship Order would be applied for by the Public Advocate. Ms Bellocco was discharged back to her accommodation.
- 2.10. Ms Bellocco presented by ambulance at FMC ten days later with abdominal pain, vomiting and diarrhoea. She remained a difficult patient to treat and was required to be detained under the MHA on 10 April 2006 - the day of her admission. Ms Bellocco underwent emergency surgery on 11 April 2006 after consultation with both Ms Bellocco and her son. The surgery consisted of a right hemicolectomy from which the histopathology showed Duke C colon cancer.
- 2.11. The Guardianship Board granted an order on 19 April 2006 appointing the Public Advocate limited guardian with respect to accommodation and health decisions.
- 2.12. The surgery removed the cancer but chemotherapy was then recommended, which Ms Bellocco refused. The Public Advocate sought the opinion of a consultant oncologist, Dr Karapetis. In his letter dated 28 August 2006 he sets out that Ms Bellocco had been diagnosed with stage 3 bowel cancer. The role of adjunctive chemotherapy was explained and distinguished from the principal therapy which was surgery. The chemotherapy was pointed out to reduce the risk of cancer reoccurrence by 30% but came with side effects. He stated that there was no alternative to chemotherapy and that he would not force anyone onto a regime of it. He stated that by refusing to

accept the chemotherapy, Ms Bellocco would avoid the side effects of chemotherapy which could be severe, but she would also have to accept a higher risk of developing cancer reoccurrence. He stated that if the cancer reoccurred, it was usually not curable. He recommended follow-up. After extensive consultation with the family, the Public Advocate decided that enforcing Ms Bellocco to undergo chemotherapy against her will would appear to do more harm than good. At that time Ms Bellocco's health was stable and the Public Advocate resolved merely to play a monitoring role for the time being.

- 2.13. The Guardianship Board order was reviewed on 31 August 2006 and it appointed the Public Advocate as Ms Bellocco's limited guardian regarding health issues for 3 years. This was in addition to the Public Trustee remaining her administrator with a liaison person from Carramar Clinic.

3. The events of 2009 prior to Ms Bellocco's death

- 3.1. In January 2009 Ms Bellocco again started to experience issues with her abdomen. She presented at FMC with pelvic bleeding but refused to be treated and left. In February 2009 she again presented at FMC with abdominal pain, nausea and vomiting. She was diagnosed with a small bowel obstruction but discharged herself against advice.
- 3.2. By 5 August 2009 Ms Bellocco became very unwell once again with her cancer and was admitted to FMC with a recurrence of metastatic colon cancer with metaseses in her liver, pelvis and omentum. This problem presented as an incarcerated incisional hernia which was repaired that day. FMC held two case conferences with the family and all parties involved attempted to pave the way forward for Ms Bellocco. Chemotherapy was again discussed but Ms Bellocco refused it as she felt the side effects outweighed any benefits. It was agreed that chemotherapy would not be pursued but a colonoscopy, with possible stent to prevent further bowel obstruction, and follow-up with the palliative care team, would be arranged. Ms Bellocco was discharged on 18 August 2009 with the follow-up investigations scheduled for 6 October 2009.

- 3.3. On 30 September 2009 the Public Advocate applied to the Guardianship Board for section 32 powers that would enable them to direct where Ms Bellocco would reside and for medical treatment to occur. These orders were sought for a brief period of time to enable Ms Bellocco to undergo the colonoscopy and stenting that was planned for 6 October 2009. The written application made for and on behalf of the Public Advocate explained a number of pertinent matters, namely (a) that Ms Bellocco's chronic schizophrenia resulted in a reduced and fluctuating capacity to make considered decisions, (b) that Ms Bellocco had metastatic colon cancer that was considered incurable, (c) that Ms Bellocco believed that she did not have cancer, (d) that she did not wish to have any further treatment of any kind, (e) that colorectal specialists at the FMC considered it highly advisable that Ms Bellocco underwent a colonoscopy in order to identify the extent to which her tumour was constricting the bowel as well as a stent to keep the bowel open against such a constriction, (f) that if the procedures were not undertaken, inevitably there would be a constriction that would lead to perforation and peritonitis which would lead to significant surgery if not death, (g) that the colonoscopy could not be undertaken until Ms Bellocco had recovered from a hernia repair some 6 to 8 weeks hence and that (h) that in spite of Ms Bellocco's current wishes to the contrary, the procedures were considered necessary to minimise the risk of future serious illness and surgery. The section 32 powers were granted by the Guardianship Board on 30 September 2009.
- 3.4. Unfortunately Ms Bellocco deteriorated in the period between the order of the Guardianship Board and the planned procedure. On 2 October 2009 she was admitted to FMC with increasing pain and vomiting. Investigations revealed gross abdominal ascites secondary to malignancy. Ms Bellocco refused treatment intermittently and was demanding to go home. At a case conference on 9 October 2009 that involved Ms Bellocco's family, the various medical professionals treating her, mental health community workers and the Public Advocate, it was decided that the colonoscopy was no longer appropriate and that a palliative approach should be taken. It was agreed that Ms Bellocco would be moved to a hospice for palliative care when a bed became available.

- 3.5. The Guardianship Board reviewed the section 32 powers on 12 October 2009, ultimately confirming them. The Public Advocate then issued a section 32 direction the same day which directed that Ms Bellocco reside at FMC, the Daw House Hospice or the Repatriation General Hospital and be detained there and receive such treatment as the medical officers shall determine. These orders included that Ms Bellocco be for comfort care only and was not for resuscitation. There is no suggestion that this course of action was inappropriate.
- 3.6. Unfortunately Ms Bellocco deteriorated and passed away at the FMC on 16 October 2009.

4. **Recommendations**

- 4.1. The Court does not perceive any need to make any recommendations in respect of this matter.

Key Words: Death in Custody; Psychiatric/Mental Illness

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

Seal the 20th day of September, 2011.

Deputy State Coroner