



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 10th day of July 2012, the 14th day of August 2012 and the 4th day of September 2013, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Dionisios Arkadianos.

The said Court finds that Dionisios Arkadianos aged 75 years, late of 22 Blackler Avenue, Plympton Park, South Australia died at Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 10th day of May 2010 as a result of pneumonia complicating chronic renal and cardiac failure, vascular dementia and chronic obstructive lung disease. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. Dionisios Arkadianos was 75 years of age when he died at the Flinders Medical Centre (FMC) on 10 May 2010. He had been admitted to the hospital on 7 April 2010 with chest pains. He remained in the FMC until the day of his death. Mr Arkadianos in that period was treated for heart failure, pneumonia and renal failure. Although his condition did improve for some time, during the final week of his life his condition began to deteriorate.
- 1.2. The statement of Dr Brigid Brown¹, who at the time with which this Inquest is concerned was an intern at the Cardiology Ward of the FMC and who was part of a team of medical practitioners caring for Mr Arkadianos, was present at Mr Arkadianos' death. Dr Brown expresses the cause of death in her statement as

¹ Exhibit C4a

pneumonia leading to sepsis. An independent review of the circumstances of Mr Arkadianos' death undertaken by Dr Iain McIntyre, as discussed with the forensic pathologist, Dr Cheryl Charlwood, led Dr McIntyre to conclude that Mr Arkadianos' death was pneumonia, complicating chronic renal and cardiac failure, vascular dementia and chronic obstructive lung disease². This cause of death is consistent with that expressed by the clinician Dr Brigid Brown. I find Mr Arkadianos' cause of death to have been pneumonia, complicating chronic renal and cardiac failure, vascular dementia and chronic obstructive lung disease.

- 1.3. At the time of Mr Arkadianos' death he was detained pursuant to the provisions of the Mental Health Act 1993 (MHA). Accordingly, this was a death in custody in respect of which an Inquest was mandatory pursuant to the provisions of the Coroners Act 2003.

2. Background

- 2.1. Mr Arkadianos' state of health prior to his ultimate admission to the FMC is explained in the statement of Dr Spiros Arkadianos who was a nephew of the deceased. Dr Arkadianos is a general medical practitioner. Dr Arkadianos explains in his statement³ that Mr Arkadianos was married to Mrs Angela Arkadianos, a woman who could speak very little English. They did not have any children. Dr Arkadianos was aware that his uncle had been suffering from cardiac and thyroid problems for some time and that he frequently refused to take his medication. Mr Arkadianos had developed paranoid ideation that the medication would do him more harm than good. Dr Arkadianos noticed a change in Mr Arkadianos' personality and mental state leading up to his admission to the FMC. He noticed a change in his decision making process and judgment. He became agitated, in particular in relation to taking his medication. His wife was not managing well with him at home. She had mentioned to Dr Arkadianos that there had been incidents in the middle of the night that had illustrated Mr Arkadianos' declining mental state. She had voiced concerns that she could not manage Mr Arkadianos at home in his then current state. At one point an application to the Guardianship Board was being contemplated in respect of Mr Arkadianos' care.

² Exhibit C2a

³ Exhibit C3a

2.2. In the event Mr Arkadianos was admitted to the FMC on 7 April 2010 where he would remain until his death. Dr Arkadianos visited him in hospital on a number of occasions and noticed the deterioration in Mr Arkadianos' mental condition. Dr Arkadianos formed his own independent opinion that Mr Arkadianos was suffering from dementia. He was aware from his own knowledge that Mr Arkadianos had wanted to go home and had refused to take his medication. Dr Arkadianos became aware of the difficulty that staff of the FMC were experiencing in making themselves understood to Mrs Arkadianos, particularly concerning whether or not her husband should be resuscitated in the event of a fatal collapse. Dr Arkadianos managed to explain the situation to Mrs Arkadianos and she consequently gave him permission to liaise with medical staff in relation to a non-resuscitation order (a DNR order). Accordingly, Dr Arkadianos advised clinical staff at the FMC that if his uncle was to pass away that he was not to be resuscitated. The DNR order would be honoured when Mr Arkadianos died on 10 May 2010.

3. Mr Arkadianos' detention under the Mental Health Act 1993

3.1. Mr Arkadianos was originally detained under the MHA on the day of his admission to the FMC, namely Wednesday 7 April 2010. The initial detention was imposed by Dr David Teubner⁴ who is a consultant psychiatrist at the FMC. Dr Teubner formed the opinion that Mr Arkadianos required detention under the MHA. Mr Arkadianos had suffered cardiac failure and was experiencing significant hypoxia. This meant that Mr Arkadianos was confused and unable to make informed decisions in relation to his health. He continued to attempt to leave the hospital. He was admitted and detained in the interests of his health and safety for a period of 24 hours to be reviewed within that time.

3.2. Mr Arkadianos was reviewed by Dr Rene Pols⁵ who is a senior consultant psychiatrist at FMC. He too formed the opinion that Mr Arkadianos required detention under the MHA. He formed this opinion because Mr Arkadianos was suffering from pneumonia and renal failure, was unwilling to stay at the hospital and was refusing medical treatment and medication. Cerebral profusion was clearly a problem and hypoxia in his view was very likely the cause. Delirium complicated his presentation.

⁴ Exhibit C9a (statement) and Exhibit C9b (Form 1)

⁵ Exhibit C8a (statement) and Exhibit C8b (Form 2)

A previously reported deterioration of cognitive function over recent months was noted. Dr Pols believed that Mr Arkadianos did not understand the nature and extent of his illness and was unable to make informed decisions in relation to his health. Accordingly Mr Arkadianos' detention was confirmed in the interests of his health and safety with the effect that he was required to remain at FMC for a total period of 72 hours since his initial detention.

- 3.3. On Monday 10 April 2010 he was again examined by a consultant psychiatrist, this time Dr Angelos Giannakoureas⁶. Dr Giannakoureas formed the view that Mr Arkadianos was suffering from an organic brain syndrome, was confused, disorientated and impulsive with poor judgment and insight. Dr Giannakoureas believed that he was at risk to himself. Dr Giannakoureas detained Mr Arkadianos for a further period of 21 days.
- 3.4. On Thursday 29 April 2010 Mr Arkadianos was again examined by a consultant psychiatrist, Dr Randall Long⁷. After reading the medical notes and examining Mr Arkadianos for himself, Dr Long formed the opinion that he required detention for a further period of 21 days. Professor Ross Kalucy⁸, another consultant psychiatrist, also examined Mr Arkadianos as is required under the MHA if a further 21 day order is to be imposed. Both Dr Long and Professor Kalucy formed the view that Mr Arkadianos required further detention under the MHA. Mr Arkadianos had an acute confusional state, possibly as a result of vascular dementia exacerbated by hypoxia. He did not understand the nature and extent of his illness and was unable to make informed decisions in relation to his health. A judgment was formed that detention was the only safe and effective way of ensuring Mr Arkadianos' care. Mr Arkadianos would remain detained in accordance with the order of Dr Long and Professor Kalucy until his death.

4. Issue arising at Inquest

- 4.1. There was one matter in respect of which I ordered further investigation. Tendered to the Court at Inquest was a booklet of photographs taken by police of Mr Arkadianos' face, torso and limbs in the period immediately following his death at FMC⁹. The

⁶ Exhibit C7a (statement) and Exhibit C7b (Form 3)

⁷ Exhibit C6a

⁸ Exhibit C5a (statement) and Exhibit C5b (Form 4)

⁹ Exhibit C12b

photographs displayed some significant bruising to those parts of Mr Arkadianos' body torso. As a result of my order for further investigation, a statement was taken from Ms Alison Joy Thorburn¹⁰ who is a registered nurse in the Cardiology and Cardiothoracic Ward at FMC in which Mr Arkadianos was accommodated and treated. Ms Thorburn was the Team Leader within the ward. Ms Thorburn explains in her statement that Mr Arkadianos was under special nursing care during his hospitalisation. She explains that during Mr Arkadianos' hospitalisation he would refuse his medication and was generally non-compliant. There were several occasions when he would lower himself onto the ground and lie there until it was necessary for him to be picked up by members of staff. There were escalating behavioural problems which necessitated a Code Black being called on several occasions due to him being verbally and physically aggressive and attempting to leave. There was one occasion where he had to be restrained by way of arms or legs. Mr Arkadianos was physical in his resistance and aggression. There were occasions when he would scratch the skin on his arms and hands. There was an occasion where he experienced a skin tear to the back of his hands. Ms Thorburn explains that he was treated for these injuries with sorbolene and dressings. Mr Arkadianos picked at the dressings and scratched his own skin. Ms Thorburn explains that Mr Arkadianos had skin that would tear very easily. When these injuries were dressed, on several occasions he would remove the dressings thereby causing further injury to his skin.

- 4.2. One of the underlying circumstances that rendered Mr Arkadianos susceptible to skin bruising and injury generally was the fact that he was on clexane which is a blood thinner. As well, he was on aspirin which is also a blood thinner. A patient on this medication has an increased risk of bruising and bleeding. Ms Thorburn has been shown the photographs taken of Mr Arkadianos after death. Without going into unnecessary detail here, she explains in general terms that the bruising and injury was the result of Mr Arkadianos scratching himself and his needing to be lifted from the ground when refusing to move. I was satisfied with these explanations. There is no evidence that unlawful or inappropriate force was ever applied to Mr Arkadianos.

¹⁰ Exhibit C14a

5. Conclusion

5.1. I find that Mr Arkadianos had a mental illness at all material times and that the orders for detention under the MHA were all lawful and appropriate.

5.2. I am further satisfied that the medical treatment that was administered to Mr Arkadianos during the period of his hospitalisation at the FMC was lawful, appropriate, humane and necessary.

6. Recommendations

6.1. The Court does not identify any need to make any recommendations in respect of this matter.

Key Words: Death in Custody; Natural Causes

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

Seal the 4th day of September, 2013.

Deputy State Coroner