



## **FINDING OF INQUEST**

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 17<sup>th</sup> day of August 2012 and the 27<sup>th</sup> day of March 2013, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Dallas Dixon Austin.*

*The said Court finds that Dallas Dixon Austin aged 46 years, late of Yatala Labour Prison, Peter Brown Drive, Northfield, South Australia died at the Mary Potter Hospice, 89 Strangeways Terrace, North Adelaide, South Australia on the 4<sup>th</sup> day of December 2009 as a result of metastatic malignant melanoma. The said Court finds that the circumstances of his death were as follows:*

### **1. Introduction and reason for Inquest**

- 1.1. Dallas Dixon Austin was 46 years of age when he died on 4 December 2009. At the time of his death he was a patient at the Calvary Hospital (Mary Potter Hospice) and was serving a sentence of imprisonment. Accordingly, his was a death in custody and this Inquest was held as required by section 21(1)(a) of the Coroners Act 2003.

### **2. Cause of death**

- 2.1. A pathology review was conducted by Dr Cheryl Charlwood, specialist forensic pathologist, who gave the cause of death as metastatic malignant melanoma, and I so find<sup>1</sup>.

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<sup>1</sup> Exhibit C2a

### **3. Background**

- 3.1. Mr Austin was serving a sentence of imprisonment for offending that took place at the end of 1999 and the beginning of 2000. At that time he had been involved in the production of cannabis. He avoided police and was eventually extradited from New South Wales where he was also incarcerated for similar offences. He was taken into custody in South Australia on 16 April 2009 and it was from that date that his sentence of imprisonment commenced. He was sentenced to a period of 5 years imprisonment and a non-parole period of 2 years.
- 3.2. In September 2008 Mr Austin was diagnosed with metastatic melanoma. He was undergoing medical treatment for the cancer in New South Wales prior to his extradition. He was commenced on the medication Interferon in February 2009 while still in New South Wales. He was being treated at Westmead Hospital. He completed most of a course of high dose treatment by late March 2009.

### **4. Issues at Inquest**

- 4.1. An issue that required careful consideration in this Inquest was the extent, if any, to which Mr Austin's extradition to South Australia interrupted his treatment. An expert report was obtained from Associate Professor Christos Karapetis who is Senior Medical Oncologist at the Flinders Medical Centre and Director of Clinical Research at that hospital<sup>2</sup>.
- 4.2. Mr Austin's medical history is very helpfully summarised in Associate Professor Karapetis' report. Mr Austin was initially diagnosed with melanoma in 2002. Six years later in 2008 he was diagnosed with melanoma involving the lymph nodes in the left axilla region. This was considered to be a site of metastatic spread of the previously diagnosed melanoma from 2002. The axillary lymph nodes were surgically resected and he received radiation treatment to the region. He also received adjuvant therapy in the form of Interferon. The intention of his treatment was to remove the cancerous cells and then to reduce the risk of recurrence by applying radiation therapy and Interferon.
- 4.3. Associate Professor Karapetis said that adjuvant Interferon therapy is intended to reduce the risk of the melanoma recurring. The standard schedule involves 1 month

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<sup>2</sup> Exhibit C14

of high dose therapy administered intravenously for 4 consecutive weeks, followed by 11 months of lower dose Interferon given 3 times a week. He noted that the benefit associated with Interferon in this setting remains contentious and that data from clinical trials are not consistent. Experts continue to debate the value of Interferon and some argue that if there is a true benefit associated with it, it arises from the first month of high dose therapy rather than the subsequent 11 month low dose regime.

- 4.4. Interferon is often associated with major systemic side effects and a significant proportion of patients cannot tolerate it. Mr Austin did not complete the initial high dose treatment because of his adverse reactions. The drug was ceased and the plan of the treating practitioners in Westmead Hospital appears to have been that they would recommence him on Interferon at around the time of his extradition. Because of his extradition, which occurred on 16 April 2009, Mr Austin was not seen by a specialist oncologist until 16 June 2009, a period of approximately 8 weeks. I note that Interferon can only be prescribed by specialist oncologists and not by general practitioners. During the intervening 8 weeks Mr Austin was seen by the prison doctor at Yatala Labour Prison a number of times, and efforts were made to obtain Mr Austin's medical records from Westmead Hospital in New South Wales.
- 4.5. Finally, a letter was provided to the South Australian Prison Health Service under the signature of Dr Matteo Carlino. The letter was dictated on 1 May 2009 but not typed until 10 May 2009 and then not received by the South Australian Prison Health Service until very late in May 2009. Following the receipt of that letter, Mr Austin was seen by the Royal Adelaide Hospital Oncology Department quite quickly.
- 4.6. Fortunately, Mr Austin himself made it known to prison staff at Yatala Labour Prison that he was undergoing medical treatment for the condition of cancer from the commencement of his incarceration. Prompt action was taken by Correctional Services to seek medical notes and information from Westmead Hospital. The Prison Health Services notes<sup>3</sup> record that efforts were made on 29 April 2009, 30 April 2009 and 5 May 2009. In short, it took 25 days for the information contained in Dr Carlino's letter to reach the South Australian Prison Health Service. This is in my view quite unacceptable. Fortunately, as it turns out, this delay did not have an adverse impact on the outcome. In the meantime, Mr Austin had complained of pain in the region of his axilla and blood tests revealed abnormalities in his liver function.

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<sup>3</sup> Exhibit C13

He was accordingly already referred to the Oncology Department at the Royal Adelaide Hospital.

- 4.7. On 16 June 2009 Mr Austin was seen by Dr Anne Taylor at the Oncology Department at the Royal Adelaide Hospital. He described to her symptoms including loss of weight and abdominal pain and these made her suspicious that the melanoma may have spread. Her plan was to perform investigations to exclude the possibility of disease recurrence prior to commencing low dose adjuvant Interferon.
- 4.8. Associate Professor Karapetis noted that the period between 16 April 2009 and mid June 2009 was a period which, in the normal course of treatment of a patient such as Mr Austin, would in any event be allowed for the side effects of the initial high dose Interferon therapy to resolve. He said that there was no treatment that could have been given to Mr Austin during this period that would have further reduced the risk of the melanoma recurring.
- 4.9. A CT scan was performed on 25 June 2009 and it revealed an abnormality in the small bowel and a mesenteric mass. Mr Austin was operated on to remove the small bowel tumour and this was proven to be a melanoma. It represented a site of metastatic spread of the disease and in Associate Professor Karapetis' opinion the development of metastatic melanoma was not influenced by the events of the preceding months. He said that there was:

'No treatment that could have been or should have been given to Mr Austin during that period that would have presented this metastatic disease from developing. There was no additional treatment that Mr Austin could have been receiving through those preceding months or through the initial period of his incarceration.'<sup>4</sup>

- 4.10. It was Associate Professor Karapetis' opinion that from a medical perspective the decision to move Mr Austin from New South Wales to South Australia was not associated with a significant interruption of his therapy. He summarised his views as follows:

'In my opinion, the delays in sourcing his medical records or the extradition without transfer of medical records at that specific time, in this particular case, did not affect the outcome. Whether the medical records had been transferred or not would not have prevented the melanoma from relapsing.'<sup>5</sup>

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<sup>4</sup> Exhibit C14, page 3

<sup>5</sup> Exhibit C14, page 3

## **5. Conclusion**

5.1. In my opinion, Mr Austin's subsequent treatment by the Prison Health Service, the Royal Adelaide Hospital and the Mary Potter Hospice was appropriate. However, I am concerned about the delay in the transmission of medical records from Westmead Hospital to South Australia and I deal with that issue further below.

## **6. Recommendations**

6.1. Pursuant to Section 25(2) of the Coroners Act 2003 I am empowered to make recommendations that in the opinion of the Court might prevent, or reduce the likelihood of, a recurrence of an event similar to the event that was the subject of the Inquest.

6.2. I recommend that the Minister for Health and Ageing contact his New South Wales counterpart to raise concern at the failure by Westmead Hospital to provide the medical records in a more timely fashion and to ensure that in future medical records are transferred from Westmead Hospital more promptly.

*Key Words: Death in Custody; Natural Causes*

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

*Seal the 27<sup>th</sup> day of March, 2013.*

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*State Coroner*