



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 4th day of June 2012 and the 19th 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 Robert Nicholas Hocking.

The said Court finds that Robert Nicholas Hocking aged 67 years, late of the Glenside Campus of the Royal Adelaide Hospital, 226 Fullarton Road, Eastwood, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 17th day of February 2010 as a result of aspiration pneumonia with contributing chronic schizophrenia. The said Court finds that the circumstances of his death were as follows:

1. Introduction, reason for Inquest and cause of death

- 1.1. Robert Nicholas Hocking died at the Royal Adelaide Hospital (RAH) on 17 February 2010. He was 67 years of age. At the time of his death Mr Hocking was the subject of a Guardianship Board continuing detention order imposed pursuant to the Mental Health Act 1993. His death was therefore a death in custody in respect of which an Inquest was mandatory pursuant to the provisions of the Coroners Act 2003.
- 1.2. A pathology review was conducted by Dr Cheryl Charlwood a forensic pathologist at Forensic Science South Australia. Mr Hocking's cause of death was determined as having been aspiration pneumonia on a background of chronic schizophrenia. I find that to have been Mr Hocking's cause of death.

2. Background

- 2.1. Mr Hocking had been a long-term resident of the Jacaranda Ward at the Glenside Hospital. A detailed summary contained within the Glenside Hospital case notes dated 7 March 2008 describes his history. In 1965, at the age of 21, he had been diagnosed as schizophrenic. He had lived a relatively normal life until the age of 21 when he began developing psychotic symptoms resulting in an admission to Hillcrest Hospital. From 1965 to 1978 he had a number of admissions to Hillcrest Hospital. The signs and symptoms reported during these admissions consisted of political grandiosity, guilt and religious delusions, auditory hallucinations, catatonic states and mood swings. Since 1978 he lived most of his life in institutions. Various placements within the community had not been successful. During this period prominent symptoms and occasional aggressive outbursts were displayed.
- 2.2. During his long history of hospital admissions, Mr Hocking had received multiple typical and atypical antipsychotics, tricyclic antidepressants and mood stabilisers in frequently high doses. He failed to demonstrate a satisfactory response to any therapeutic intervention, including a variety of medications and electroconvulsive therapy. Valproate, olanzapine, depot anti-psychotics such as modecate and risperidone consta were unsuccessfully tried.
- 2.3. At the time of Mr Hocking's death his only living relative was a nephew who, despite having not seen Mr Hocking for several years, visited him in the weeks leading up to his death.
- 2.4. For current purposes Mr Hocking's detention history dates back to 23 December 1985 when the Guardianship Board ordered that Mr Hocking be received into their custody as he was unable to look after his own health and safety. He was required to receive such medical or psychiatric treatment as may be prescribed at that time by the superintendent of the Hillcrest Hospital. On 25 June 1986 the Guardianship Board made an order for custody and continuation of the existing orders. Mr Hocking was considered at that time to be a danger to himself. He was to be received into the Hillcrest Hospital for treatment or care and again be placed into the custody of the superintendent. It was directed that Mr Hocking's circumstances be reviewed on or before 30 November 1986 and that subsequent reviews be conducted at 6, 9 and 12 month intervals. On 28 February 1993 Mr Hocking was transferred from Hillcrest

Hospital to Ku-ring-gai ward at the Glenside Hospital. In July 1995 the Guardianship Board made the first continuing detention and treatment order for a set period of 12 months. There were further orders. On 18 March 2009 a continuing detention and treatment order was made. This was due to expire on 18 March 2010. On 3 February 2010 the treating doctor at Glenside Hospital made an application for a further continuation of the detention order beyond the date of expiry of the existing order. However, Mr Hocking's death intervened on 17 February 2010 before the expiry of the existing order. On 12 February 2010 Dr Russell Draper of Glenside signed a Form 8 transfer application to have Mr Hocking transferred from Glenside Hospital to the RAH for medical reasons and treatment.

- 2.5. In addition to his mental health difficulties, Mr Hocking suffered from numerous medical conditions including hypertension, atrial fibrillation, congestive cardiac failure, cardiomyopathy, type 2 Diabetes, iron deficiency anaemia, recurrent upper and lower respiratory tract infections, aspiration pneumonia and urinary tract infections. Mr Hocking had been a smoker and this had affected his lung function. Due to his resistive behaviour he would fail to cough with the result that material from his throat would often enter his lungs. The unwillingness to cough in conjunction with a level of sedation from anti-psychotic medication occasionally resulted in food and other material being aspirated into his lungs. Clinical staff responsible for Mr Hocking's care were aware of the risk that this posed to Mr Hocking's well being. Plans had been put in place at Glenside Hospital in an attempt to mitigate this, including having Mr Hocking sit upright during oral intake and refraining from feeding him if he appeared drowsy. In addition Mr Hocking was fed using a teaspoon by a staff member. Each mouthful was followed by liquid to assist with his swallowing. Mr Hocking had a Ventolin nebuliser, but would refuse to utilise it. This resulted in further lung infections. He frequently refused food and drink, a circumstance that rendered him very weak and frail.

3. Mr Hocking's admission to the Royal Adelaide Hospital

- 3.1. As a result of his medical conditions Mr Hocking experienced several admissions to the RAH for pneumonia or aspiration pneumonia. The final such admission occurred on 11 February 2010. He would remain in hospital until his death on 17 February. This final admission was characterised by a general decline in Mr Hocking's health, a refusal to eat or drink and by the presence of a productive cough. He was labouring

with shortness of breath and lethargy. An X-ray demonstrated right lower lobe opacification leading to a diagnosis of pneumonia, being probable recurrent aspiration pneumonia.

- 3.2. During Mr Hocking's final hospitalisation there was acute deterioration in his condition with increased heart rate and respiration rate. Treatment included intravenous fluids and antibiotics as well as oxygen therapy. Mr Hocking suffered periods of confusion and agitation. On 14 February 2010 he refused all medication. Attempts were made to administer medication on 15 February with sporadic success. He remained unwell and drowsy and his temperature increased. An X-ray on 16 February showed increased lung opacity and Mr Hocking's condition significantly deteriorated as that day passed. Comfort care was instituted. He passed away at 0408 hours on 17 February 2010.

4. Expert overview

- 4.1. The circumstances of Mr Hocking's death were examined by an independent forensic and clinical psychiatrist Dr Craig Raeside. Dr Raeside had not been involved in the clinical management of Mr Hocking. Dr Raeside provided a report¹ to the Inquest. In his very detailed report he deals with the issue as to whether or not Mr Hocking's repeated episodes of aspiration pneumonia and consequent presentations at the RAH were the product of over sedation in combination with poor feeding practices at the Glenside Hospital. Within the evidence tendered to the Court there was clinical opinion expressed in some quarters that his episodes of aspiration pneumonia may have been so caused. In his very careful analysis Dr Raeside has concluded that Mr Hocking received appropriate psychiatric management given his treatment resistant chronic psychotic illness. In Dr Raeside's view he was treated with appropriate antipsychotic and mood stabilising medication in the final years of his life at Glenside Hospital. He notes that minor tranquilisers that were used for behavioural control were also used on occasions within the RAH during his presentations at that hospital. Dr Raeside does note that the various medications prescribed to Mr Hocking would undoubtedly have produced a degree of sedation, but equally observes that, naturally, the sedative properties of his medication were those considered important in the management of his psychiatric condition. Dr Raeside does observe on the other hand that inpatient notes do not reveal features to suggest marked impairment of

¹ Exhibit C7a

consciousness other than at times when he became physically unwell with recurrent urinary tract or pulmonary infections. When all things are considered, Dr Raeside was of the view that it was not reasonable simply to lay the blame on the sedative properties of the medication administered to Mr Hocking for his repeated episodes of aspiration pneumonia. He points out that the risk of development of the same would not have been easy to manage given Mr Hocking's markedly disruptive and disturbed behaviour and mental state.

4.2. Dr Raeside was of the view that Mr Hocking's medication of a number of different types were all appropriate in respect of his diagnosis. In addition, he was prescribed his medication in appropriate doses prior to his death. He does not believe the doses were unreasonably high in terms of their sedative properties and the consequent risk that they might have posed to the development of aspiration of food. Dr Raeside observes that whilst there may have been a degree of sedation affecting Mr Hocking's swallowing, aspiration pneumonia may have also been influenced by erratic eating patterns and by other disruptive behaviour around food and fluid. Dr Raeside believes that Mr Hocking was managed appropriately given the various difficulties. Those difficulties consisted of a combination of physical and psychiatric factors leading to a level of consciousness and therefore risk of aspiration, having regard of course to the need that Mr Hocking consistently displayed for treatment.

4.3. Dr Raeside concludes his report with the following passage:

'From a psychiatric perspective I think there is little that could have been done to prevent the recurring bouts of aspiration pneumonia, assuming that these were caused by medication regime, which as indicated I think is not that clear cut. Mr Hocking had a severe mental illness that required management with appropriate psychiatric medications, including a degree of sedation. He appears to have received appropriate nursing and medical intervention in this regard and I could find no clear evidence that staff were reckless or negligent in their management of Mr Hocking with respect to feeding. Indeed, they appear to have made repeated, ongoing efforts in the face of significant difficulties in his management.

Overall, there seems to have been an inevitability about Mr Hocking's demise with steadily deteriorating mental and physical health, both impacting on each other. In this regard, it may be that any frustration experienced by the medical and psychiatric teams was related to the difficulties in his overall management and treatment, which was then displaced on to the other treating team, rather than directly related to Mr Hocking's declining health.'²

² Exhibit C7a, pages 14-15

5. Conclusion

5.1. I accept the evidence and opinions of Dr Raeside. In the opinion of the Court Mr Hocking's death was not preventable.

6. Recommendations

6.1. I have no recommendations to make in respect of this matter.

Key Words: Death in Custody; Natural Causes; Psychiatric/Mental Illness

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

Seal the 19th day of September, 2013.

Deputy State Coroner