



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 1st day of October 2009, the 27th day of May 2011, the 14th day of June 2011 and the 13th day of February 2013, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Harry Richard Nylander.

The said Court finds that Harry Richard Nylander aged 58 years, late of the Mary Potter Hospice, 89 Strangways Terrace, North Adelaide died at North Adelaide, South Australia on the 25th day of January 2008 as a result of metastatic multiple myeloma. The said Court finds that the circumstances of his death were as follows:

1. Introduction, reason for Inquest and cause of death

- 1.1. Harry Richard Nylander, aged 58, died on 25 January 2008 at the Mary Potter Hospice which is a ward of the Calvary North Adelaide Hospital. At the time of his death Mr Nylander was a prisoner serving a sentence of imprisonment. Thus an Inquest into his death was mandatory pursuant to the terms of the Coroners Act 2003.
- 1.2. Mr Nylander died of natural causes, namely metastatic multiple myeloma. This cause of death was established by way of a pathology review compiled by Dr Iain McIntyre together with Dr Karen Heath, a forensic pathologist, which was based upon an analysis of Mr Nylander's clinical presentation and history in the period leading to his death¹. I find Mr Nylander's cause of death to have been metastatic multiple myeloma.

¹ Exhibit C2a

1.3. Mr Nylander had been in the custody of the Department for Correctional Services since 22 September 2000. His earliest possible release date was 20 September 2020. There is no suggestion other than that Mr Nylander's custody had at all times been lawful. I so find.

2. Mr Nylander's myeloma

2.1. Multiple myeloma is a type of bone marrow cancer. In Mr Nylander's case it had metastasised. It had spread and for the most part affected his spine. Myeloma is said to be a condition with a very low chance of cure and a low percentage of long term survival even with the best therapy². Mr Nylander's myeloma was first diagnosed in September 2004. He had been incarcerated at that point for 4 years. With treatment subsequently provided upon his diagnosis, Mr Nylander achieved a complete remission for approximately 3 years. The evidence suggested, however, that a relapse is almost invariably the case. Unfortunately this happened in respect of Mr Nylander and he died in 2008.

2.2. It is unnecessary to recite the entire history of Mr Nylander's symptomatology, diagnosis, remission and eventual succumbing to the disease except in one respect. The circumstances surrounding Mr Nylander's medical treatment whilst incarcerated and those surrounding his death were the subject of review by Professor Michael Brown who is a senior medical oncologist and Director of the Cancer Clinical Trials Unit at the RAH Cancer Centre. In addition he is a Clinical Professor of the School of Medicine at the University of Adelaide. The review was undertaken in the light of a suggestion that there had been an initial delay of 2 to 3 weeks in Mr Nylander's original diagnosis in 2004 caused by a delayed or postponed CT scan. Eventually a CT scan that was performed was ultimately diagnostic. Professor Brown in his report expresses the view that he does not believe that Mr Nylander's death would have been prevented if Prison Health Service's medical staff had paid more urgent attention to his symptoms when they began. Professor Brown opines that the Prison Health Service's medical staff performed the correct sequence of investigations that led to the diagnosis of his malignancy. As to any delay, an earlier diagnosis of malignancy in Professor Brown's opinion would not have prevented the development of his multiple myeloma, which is a disseminated disease and which was shown to be well advanced at the time of the original radiological diagnosis of the malignancy. Similarly, the

² Statement of Professor Luen Bik To, Exhibit C9, page 6

subsequent achievement of a durable complete remission in Mr Nylander's case indicated that any delay in diagnosis was not of any significant practical consequence.

- 2.3. Professor Luen Bik To, who is the Clinical Director of Haematology for SA Pathology at the Royal Adelaide Hospital, and who was involved in Mr Nylander's treatment at the Royal Adelaide Hospital from time to time, asserts in his statement that in his estimate Mr Nylander's myeloma had been present for 6 months or more prior to its diagnosis in September 2004. He suggests that the one month interval between first presentation and diagnosis for Mr Nylander is shorter than the average in community cases.
- 2.4. Accordingly, I find that the time between the onset of Mr Nylander's fatal illness and his original diagnosis would not have contributed to his death and that his death would not have been prevented by earlier attention to his symptoms.

3. Recommendations

- 3.1. I do not see the need to make any recommendations in this matter.

Key Words: Death in Custody;

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

Seal the 13th day of February, 2013.

Deputy State Coroner