



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 27<sup>th</sup> day of June 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 Norman Ebanezer John Smith.*

*The said Court finds that Norman Ebanezer John Smith aged 54 years, late of the Glenside Campus of the Royal Adelaide Hospital, 226 Fullarton Road, Glenside, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 7<sup>th</sup> day of May 2010 as a result of respiratory failure due to aspiration pneumonia and acute autonomic and sensory neuropathy complicating hyponatraemia. The said Court finds that the circumstances of his death were as follows:*

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

- 1.1. Norman Ebanezer John Smith was aged 54 years when he died on 7 May 2010. He was detained pursuant to an order of the Guardianship Board at that time and his was therefore a death in custody and this Inquest was held as required by section 21(1)(a) of the Coroner's Act 2003.

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

- 2.1. A post-mortem examination was conducted by Dr John Gilbert, forensic pathologist<sup>1</sup>. Dr Gilbert gave the cause of death as respiratory failure due to aspiration pneumonia and acute autonomic and sensory neuropathy complicating hyponatraemia<sup>2</sup>, and I so

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<sup>1</sup> Exhibit C3a

<sup>2</sup> Mr Charles helpfully provided a commentary upon Dr Gilbert's report prepared by Dr Thomas which was admitted as Exhibit C20. Dr Thomas suggested that the cause of death would be better worded if the word 'complicating' were deleted and substituted by the words 'complicated by'. While I am very grateful to Mr Charles and Dr Thomas for the careful consideration

find. Mr Charles appeared for Mr Smith's brother and sister and I acknowledge his helpful submissions. Mr Charles was able to inform me that Mr Smith was a member of the Stolen Generation. His sister, Mrs Thornhill, has a vivid memory of him being taken away when she was a young child in and around Tailem Bend. She attributes his mental illness later in life to what occurred to him as a result of his removal from his family and I was informed that it causes the family great distress that he was taken away when he was so young.

### **3. Background**

3.1. Mr Smith was a long term resident in the Birches South Ward at Glenside Hospital. He had been a voluntary patient at Glenside for many years, having suffered from chronic schizophrenia for most of his adult life. Dr Somasundaram is a consultant psychiatrist who was responsible for Mr Smith's care at Glenside Hospital. He gave a useful overview of Mr Smith and his history<sup>3</sup>. He said that Mr Smith was diagnosed with chronic schizophrenia. He had thought disorder and auditory hallucinations. In addition to his mental illness, Mr Smith also suffered from numerous medical problems including chronic obstructive pulmonary disease, hypertension, Type 2 diabetes mellitus, hypercholesterolaemia and hypothyroidism. His diabetes was poorly controlled due to a lack of compliance with his diabetes regime. However, he was being routinely followed up by the Diabetes Clinic at the Royal Adelaide Hospital. His sodium levels also required close monitoring due to hyponatremia. Mr Smith also had a past history of alcohol and substance abuse.

3.2. The Guardianship Board of South Australia made an order for guardianship on 27 May 1985. Mr Smith was under a continuing detention order last issued by the Guardianship Board on 20 January 2010 at the time of his death<sup>4</sup>.

### **4. The events leading to Mr Smith's death**

4.1. On 30 March 2010 Mr Smith suffered a seizure while in the common room of the Birches South Ward at Glenside. He sustained a scalp injury as a result of falling during the seizure. He was taken to the Royal Adelaide Hospital for assessment. Upon his arrival at the Royal Adelaide Hospital he was intubated and admitted

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given to this matter by both of them, I have not had an opportunity to seek the comments of Dr Gilbert upon that suggestion.

Accordingly, I have chosen to leave the cause of death as worded by Dr Gilbert.

<sup>3</sup> Exhibit C11a

<sup>4</sup> Exhibit C17b

directly to the Intensive Care Unit (ICU). Admission records show that Mr Smith was markedly hyponatremic on admission with a serum sodium level of 109. He was found to have evidence of a respiratory tract infection. He was given hypertonic saline to correct his low sodium level and antibiotics for the infection. It was thought that the hyponatremia was to blame for the seizure and collapse. The following day he was extubated and transferred from ICU to Ward Q8. His treatment continued but on 10 April 2010 he was transferred back to the ICU due to a cough and concerns about clearing his airway. He remained there for a further 12 days but was discharged back to the ward on 22 April 2010. On 25 April 2010 Mr Smith developed pulmonary oedema and was readmitted to the ICU. He was examined and found to be unresponsive with no reflexes and no response to pain. Despite active ICU treatment his condition did not improve. Further intervention was not deemed appropriate and it was decided to withdraw ICU involvement. He was transferred back to the ward on 3 May 2010. Mr Smith died on 7 May 2010 having been provided with comfort care in the meantime.

- 4.2. Dr Gilbert noted that the reason for Mr Smith's hyponatremia on presentation was unclear. He said no neuropathological cause for SIADH (Syndrome of Inappropriate Antidiuretic Hormone Secretion) was found. Dr Gilbert noted that hyponatremia can be seen in association with chronic obstructive pulmonary disease and pneumonia and in association with some malignancies. However, no malignancy was found at autopsy. Another possible cause for SIADH was antipsychotic treatment for schizophrenia. SIADH has been reported in association with both the older conventional antipsychotics and with some of the newer atypical antipsychotics. SIADH can also be caused by other psychotropic drugs including the tricyclic and SSRI antidepressants and the mood stabilisers carbamazepine and sodium valproate.

## **5. Issue at Inquest**

- 5.1. As Mr Charles submitted, it is a matter of concern that Mr Smith's diabetes was difficult to control. I think that it is a cause for concern that in a fully operational psychiatric hospital such as Glenside, there would be difficulty in ensuring that a diabetic patient such as Mr Smith complied with the appropriate regimen for control of his condition. This does not reflect very well on his treatment in Glenside Hospital.

- 5.2. It is a matter of concern that the Royal Adelaide Hospital staff did not note that Mr Smith was a detained person at the time of his death. As a result of that his death was not immediately reported to the State Coroner as would be expected in a death in custody. The death occurred on a Friday evening but was not reported to the Coroner's Office until the Monday morning.

## 6. **Conclusion**

- 6.1. In conclusion, I consider that Mr Smith's treatment and care while at Glenside Hospital and the Royal Adelaide Hospital was generally appropriate, subject only to the concern that his diabetes was poorly controlled. That however had no role to play in his cause of death.

## 7. **Recommendation**

- 7.1. 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. I make the following recommendation.
- 7.2. I recommend that the Minister for Health institute policies and protocols to ensure that all deaths in custody are reported as required by the Coroners Act 2003. In particular, appropriate documentation should be prepared to ensure that medical staff recognise that detention, for the purposes of the Coroners Act 2003, can arise not merely by imprisonment at criminal law, or by detention under the Mental Health Act, but also by detention pursuant to the Guardianship and Administration Act<sup>5</sup>.

*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*

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<sup>5</sup> I am grateful to Mr Charles for his suggestions in this respect