CORONERS ACT, 2003

SOUTH *AUSTRALIA*

FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 27th day of March 2013 and the 22nd day of July 2013, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Trevor John Smith.

The said Court finds that Trevor John Smith aged 62 years, late of 5 Holmeswood Court, Para Hills West, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 18th day of March 2011 as a result of extensive small cell lung cancer. The said Court finds that the circumstances of his death were as follows:

1. Introduction, reason for Inquest and cause of death

1.1. Trevor John Smith was 62 years of age when he died on 18 March 2011. At that time he was a patient at the Royal Adelaide Hospital. He was subject to a detention order under the Mental Health Act and, accordingly, his was a death in custody within the meaning of that expression in the Coroners Act 2003 and this Inquest was held as required by section 21(1)(a) of that Act.

1.2. A Report of Death to the Coroner form was completed and can be found in the Royal Adelaide Hospital casenotes[1]. That form expressed the cause of death as extensive small cell lung cancer, and I so find.

2. Background

2.1. In January 2008 Mr Smith had been diagnosed with Gleason 6 adenocarcinoma of the prostate but at that time there was a favourable prognosis with treatment. In August

[1] Exhibit C14

2008 he continued to show good progress and made a steady recovery due to a treatment plan of brachytherapy seed implant commencing on 27 May 2008. In December 2008 Mr Smith was still experiencing significant irritative obstructive urinary symptoms as a result of the brachytherapy. His management plan at that point included continued medication, prostate specific antigen testing and regular six-monthly follow-up visits.

2.2. By June 2009 Mr Smith's condition had markedly improved. He was off his medication and had returned to work as a truck driver. As arranged his next follow-up was in January 2010 and he was showing good improvement. His prostate specific antigen testing levels continued to fall and he was considered symptomatically stable. In December 2010 his prostate cancer was considered to be in remission and his six-monthly reviews were to continue.

2.3. Four months prior to his next scheduled review on 14 February 2011, Mr Smith presented to his general practitioner complaining of widespread chest, back and skeletal pain, anorexia and fever over the past three weeks. At the time he had put the symptoms down to work related factors. He was sent to the Ashford Specialist Centre for a whole body scan and a CT chest and abdomen scan. The findings of the bone scan revealed abnormal activity in his ribs, joints, back, right inferior scapula and left inferior iliac crest. A diagnosis of possible metastatic disease was suggested.

2.4. The CT chest and abdomen scan revealed a primary tumour in the prostate and several hypodense target lesions within the liver, again suspicious for metastatic disease. Extensive emphysematous changes were seen throughout both lungs with suspected primary right lung malignancy.

3. <u>Mr Smith's admission to the Royal Adelaide Hospital</u>

3.1. On 16 February 2011 Mr Smith was transferred to the Royal Adelaide Hospital Emergency Department by ambulance and admitted with a request for urgent review. On 18 February Mr Smith underwent a bronchoscopy which was performed by the Royal Adelaide Hospital thoracics team. The results were:

- Non-diagnostic sample;
- A cluster of crushed atypical cells at one edge, non-diagnostic but suspicious for carcinoma;
- Bronchial washings, no malignant cells identified.

3.2. A CT (FNA) was performed and the histology from this is reported as small cell carcinoma of the lung. In the afternoon of 21 February 2011 it was noted that Mr Smith complained of visual hallucination. He had been delirious for the last two days. It was suggested that his symptoms may be related to the administration of dexamethasone (a corticosteroid used as replacement therapy in a situation of adrenocortical insufficiency).

4. Mr Smith's detention under the Mental Health Act

4.1. Later that night Mr Smith absconded from the hospital and was ultimately returned by police and the ambulance service. He told staff that he had left the hospital because he was hearing voices and wanted to get away from them. While away from the hospital he had exhibited disturbed behaviour as a result of the delusions from which he was suffering. Upon his return to the Royal Adelaide Hospital he was detained under the Mental Health Act.

4.2. On 22 February 2011 a psychiatric review was undertaken by Dr Beckwith who confirmed the detention order from the previous day and recommended that regular risperidone be commenced[2]. A note in the progress notes on 26 February 2011 said that none of the medications that Mr Smith was being treated with at that time could cause his delusions. It went on to state that he needed pain relief due to severe rib pain and liver pain. Furthermore, no pathological cause could be found for the delirium.

4.3. On 28 February 2011 a further psychiatric consultation was undertaken by Dr Davis. He found Mr Smith to be disoriented, delirious and with no insight into his disease. A further detention order was made on that occasion[3].

4.4. By 3 March 2011 the delirium was noted to be persisting. Mr Smith's mental state was also noted as being drowsy and disoriented. This situation continued until his death.

4.5. Throughout his admission Mr Smith was on numerous medications for his primary condition and for the symptoms of that, including pain management. His treatment is usefully summarised in a statement of Dr Carruthers[4] who gave considerable details of Mr Smith's treatment.

---

[2] Exhibit C13b
[3] Exhibit C13c
[4] Exhibit C4a

4.6. Mr Smith’s condition continued to deteriorate over the following days and, as I have already noted, he died on 18 March 2011.

5. <u>Issues arising at Inquest</u>

5.1. Mr Smith’s wife, Mrs Marilyn Smith, attended at the Inquest and addressed me in relation to concerns she had about an appointment that had been cancelled during the period when Mr Smith was thought to be clear of his prostate cancer. I have carefully reviewed the material before me and I am satisfied that that cancellation did not play any part in the course of the disease that ultimately proved to be the cause of Mr Smith’s death.

5.2. Mrs Smith provided a very moving account of the distressing events that took place in the Royal Adelaide Hospital during Mr Smith’s decline, particularly related to his delusions. Unfortunately, the delusions caused changes in his behaviour that led to a situation that Mrs Smith described as degrading and it was her view that Mr Smith suffered a loss of dignity. Unfortunately, Mr Smith was beset by delusions which caused his behaviour to change and for him to act in a way that was completely outside of his normal character. Undoubtedly this was as a result of the progress of the disease which he was suffering and which would tragically take his life.

5.3. I do note that Mrs Smith’s distress, and that of her family, was made considerably worse as a result of the Royal Adelaide Hospital staff failing to recognise that because of Mr Smith’s detention under the Mental Health Act, it would be necessary for his death to be reported to the State Coroner. Mr Smith’s death occurred on a Friday and his death was not reported to the Coroner’s Office until the following Monday, 21 March 2011. By that time the family had put in place funeral arrangements for that week which had to be cancelled. A number of family members were required to reschedule their travel arrangements and were unable to recover the costs involved.

5.4. The following paragraph appears in the statement of Dr Vickyanne Carruthers:

> 'I was called by the nursing staff on the morning of 18/3/11 to advise that Mr Smith had passed away. I confirmed that he had passed away and spoke with his family who were present. After work that evening I realised that as Mr Smith was still detained the case would need to be reported to the Coroner. I was next at work the following Monday morning and reported the death to the Coroner later that day. I was unable to make the

> report immediately as I had to attend a consultant ward round and unit meetings and was unable to get to the mortuary to access the casenotes any earlier.' [5]

I did not hear from Dr Carruthers as this Inquest was conducted on documentary material only. However, it is completely unsatisfactory that a delay of three days should have occurred before a report of a death in custody to the Coroner was made. This failure to report the death caused further distress to family members who were already extremely distressed as the result of the very unpleasant events leading to Mr Smith's demise. Unfortunately, the Coroners Act only permits me to make a recommendation that might in my opinion prevent or reduce the likelihood of an occurrence of an event similar to the event that was the subject of the Inquest, in this case Mr Smith's death. The failure to report his death as required by the Coroners Act was in no way causative of his death, although it caused distress and financial loss to Mr Smith's family. If I were able to make a recommendation, in this case, it would be that the Minister for Health institute measures to ensure that staff at all public hospitals, including the Royal Adelaide Hospital, are reminded that reporting deaths to the Coroner is not simply an administrative task to be completed at their leisure. It is a serious requirement of the law of this State and ought to be taken seriously by the staff of hospitals. The health system is well enough resourced to expect that this serious obligation will be complied with diligently and punctiliously. That has not been my experience. Were it within my power, I would also recommend that the Minister for Health provide compensation to the Smith family for the loss and distress they suffered as a result of the cancellation of Mr Smith's funeral arrangements. It is to be hoped that the Minister for Health will give favourable consideration to such a cause, notwithstanding my inability to recommend it.

Key Words: Death in Custody; Natural Cases

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

Seal the 22nd day of July, 2013.

____

State Coroner

Inquest Number 6/2013 (0433/2011)

---

[5] Exhibit C4a, page 15