



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 26th day of June 2012 and the 4th 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 Michael Anthony Thalbourne-Maitreya.

The said Court finds that Michael Anthony Thalbourne-Maitreya aged 55 years, late of 2/10 Mortimer Street, Kurralta Park, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 4th day of May 2010 as a result of toxic effects of quetiapine and clonazepam. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. Mr Thalbourne-Maitreya was 55 years of age when he died at the Royal Adelaide Hospital on 4 May 2010.
- 1.2. Consultant forensic pathologist Dr Neil Langlois of Forensic Science South Australia conducted a post-mortem examination of the deceased. Dr Langlois found the cause of Mr Thalbourne-Maitreya's death to be the toxic effects of quetiapine and clonazepam¹. Toxic concentrations of both substances were found in Mr Thalbourne-Maitreya's blood sample taken prior to his death. Quetiapine is also known as Seroquel. Both quetiapine and clonazepam had been prescribed for Mr Thalbourne-Maitreya in respect of mental illness. I find the cause of Mr Thalbourne-Maitreya's death to have been the toxic effects of quetiapine and clonazepam.

¹ Exhibit C3a

- 1.3. Dr Langlois reported that the post-mortem examination revealed pneumonia within the lungs with changes in the kidneys and brain attributable to being post cardiac arrest with multi-organ failure. Dr Langlois notes that the pneumonia was attributed to aspiration.
- 1.4. Mr Thalbourne-Maitreya had been found by his parents at his home address on Monday 3 May 2010. They had been concerned for his welfare. He was found in an unconscious state in his bedroom. An ambulance was called and he was conveyed to the Royal Adelaide Hospital (RAH) where he was admitted to the Intensive Care Unit. He was there treated for a suspected polypharmacy overdose, aspiration pneumonia, septic shock and multi-organ failure. His condition was critical and he ultimately died from those conditions.
- 1.5. While within the RAH, Mr Thalbourne-Maitreya was detained by a medical practitioner pursuant to the Mental Health Act 1993 (the Act). This legislation has now been repealed and replaced by the Mental Health Act 2009. Mr Thalbourne-Maitreya died at the RAH at 9:24pm the following day. His death occurred just over 32 hours since his detention under the Act. I will mention the reasons for his detention during the course of these findings. The order for detention was made pursuant to section 12(1) of the Act. Section 12(2) of the Act states that an order for detention, unless earlier revoked, expires 3 days after the day on which it is made. Section 12(3) of the Act is set out as follows:

- '(3) A person admitted and detained in an approved treatment centre pursuant to an order under subsection (1) must be examined by a psychiatrist—
- (a) if it is practicable for the examination to take place within 24 hours of admission—within that period; or
- (b) if it is not practicable for an examination to take place within 24 hours of admission—as soon as practicable after admission.'

Section 12(4) of the Act stipulates as follows:

- '(4) When the psychiatrist has completed the examination—
- (a) he or she must, if not satisfied that the continued detention of the patient is justified, revoke the order; or
- (b) he or she may, if satisfied that the continued detention of the patient is justified, confirm the order.'

- 1.6. In the event a psychiatrist's examination of Mr Thalbourne-Maitreya pursuant to section 12(3) did not take place within 24 hours of his admission to the RAH or at all.

Thus the order for detention and admission was at no time revoked nor confirmed pursuant to section 12(4).

- 1.7. It appears that at a time 24 hours after Mr Thalbourne-Maitreya's admission to the RAH he was in a state of unconsciousness from which he was not expected to recover. In fact, he had not been conscious at the time of his original detention. It therefore might be argued that it had not been practicable for the section 12(3) psychiatric evaluation to have taken place within 24 hours of Mr Thalbourne-Maitreya's admission. On the other hand, it could be postulated that it was never going to be practicable for any examination to take place at a time prior to Mr Thalbourne-Maitreya's death. A nice argument arises as to whether in the case of the deceased the detention order had remained extant for the 3 days after the day on which it was made regardless of the absence of or the practicability of a psychiatric evaluation. These considerations are relevant to the question as to whether or not Mr Thalbourne-Maitreya was still under lawful and operative detention under the Act at the time of his death, and therefore whether or not his death was a death in custody for which an Inquest would be mandatory Inquest pursuant to the Coroners Act 2003.
- 1.8. I do not need to decide this issue for five reasons. Firstly, as alluded to earlier the Mental Health Act 1993 has been replaced with legislation that is materially different. Secondly, whether or not Mr Thalbourne-Maitreya was lawfully detained at the time of his death had no bearing upon the standard of medical treatment that he was administered. In short, Mr Thalbourne-Maitreya was in no different position as far as his treatment was concerned from that of a voluntary patient. Thirdly, there is in any event no suggestion that Mr Thalbourne-Maitreya's treatment was anything other than competent and adequate. Fourthly, there is no suggestion that his death could have been prevented. Fifthly, I do not intend to make any recommendations which, if the matter did involve a death in custody, would have enlivened the duties pursuant to sections 25(4) and 25(5) of the Coroners Act 2003 to furnish a report to Parliament providing details of action taken or proposed to be taken in consequence of any recommendation. For all of those reasons the question as to whether this was a death in custody pursuant to repealed legislation is moot.

2. **Background**

- 2.1. There was a great deal of material led at the Inquest concerning Mr Thalbourne-Maitreya's background and in particular his struggle with mental illness. It is apparent that Mr Thalbourne-Maitreya was a very intelligent and accomplished man

until struck down with a disease of the mind that resulted in unusual and unpredictable behaviour. It is apparent that at times he was subject to suicidal ideation that caused him to be detained in the interests of his mental health and his safety. This occurred both in this State as well as in the United States. In February 2010 Mr Thalbourne-Maitreya had been detained at the Cramond Clinic which is the mental health facility of the Queen Elizabeth Hospital. It was at that time noted that his diagnosis was bipolar affective disorder. He had evinced certain irrational beliefs. On this occasion Mr Thalbourne-Maitreya had also required treatment for middle lobe pneumonia. Mr Thalbourne-Maitreya's detention under the Act was lifted on 10 February 2010 and he was discharged from Cramond Clinic. Mr Thalbourne-Maitreya had not displayed any indication or made any mention of suicidal thoughts during his treatment at Cramond Clinic, although suicide is a potential area of concern for persons with a diagnosis such as Mr Thalbourne-Maitreya's.

- 2.2. However, it is evident that Mr Thalbourne-Maitreya did evince suicidality at various times. His general practitioner, Dr David Chamberlain², stated that he was aware that Mr Thalbourne-Maitreya had reported suicidal ideation to a psychologist on more than one occasion and a safety plan was discussed with him if those thoughts arose. Personal papers located at Mr Thalbourne-Maitreya's home, at which he lived alone, spoke of a desire to end his life at a time of his own choosing and there was a diary in which he had expressed suicidal ideation because of a lack of hope. A search of a computer revealed other suicidal thinking that included a reference to his having purchased '*suicide pills from Chemist Warehouse*' at a time which corresponds to the occasion of his acquisition of 60 x 300mg Seroquel tablets. The empty box of these tablets was located in Mr Thalbourne-Maitreya's premises on the day he was found unconscious by his parents.
- 2.3. Although a great deal of the police investigation concerned Mr Thalbourne-Maitreya's mental health history and the treatment that was accorded to him in the course of his adult life, the Inquest was less concerned about that than his treatment at the time of his final presentation to the RAH in extremis. However, the Court sees no reason to disagree with the conclusion expressed in Detective Brevet Sergeant Gary Batty's most thorough report³ that the medical interventions provided to Mr Thalbourne-Maitreya throughout his life were undertaken with the best of intentions

² Exhibit C9a

³ Exhibit C21a

by medical professionals who were attempting to assist Mr Thalbourne-Maitreya with his mental illness.

- 2.4. Having regard to the suicidality of Mr Thalbourne-Maitreya and the ingestion of toxic quantities of two different types of medication, a conclusion is available that Mr Thalbourne-Maitreya deliberately took his own life. That said, there is no direct evidence of suicide such as might have been provided by a suicide note. In the event it has not been necessary for the Court to arrive at any firm conclusion as to whether or not Mr Thalbourne-Maitreya did in fact intend to end his life.

3. Mr Thalbourne-Maitreya's detention at the RAH

- 3.1. The course of Mr Thalbourne-Maitreya's treatment, detention and demise is explained in the statement of Dr Pampavasan Nair⁴. In his statement, Dr Nair says that he was working at the Emergency Department of the RAH when Mr Thalbourne-Maitreya was brought in by ambulance. Mr Thalbourne-Maitreya was extremely unwell. He had no response and made only incomprehensible sounds on deep, painful stimulus. He had no motor response to the same. He was self ventilating and had vomit in the upper airway causing aspiration. He had low blood pressure. He was intubated. Mr Thalbourne-Maitreya was started on inotropes to assist with his low blood pressure. He was also given charcoal via a nasogastric tube to deal with the suspected polypharmacy overdose.
- 3.2. Dr Nair explains that he reviewed the previous medical casenotes of Mr Thalbourne-Maitreya and found that he had been diagnosed with bipolar affective disorder and had suffered from that illness for a period of years. It was also evident to Dr Nair that Mr Thalbourne-Maitreya had attempted suicide in the past. As a result of that Dr Nair formed the opinion that Mr Thalbourne-Maitreya should be detained under the Act and so at 1pm he completed a Form 1 for that purpose. His reasons for taking that course of action in respect of an unconscious man were that Mr Thalbourne-Maitreya was believed to be suicidal having regard to his suspected polypharmacy overdose, which of course proved to be correct, as well as his longitudinal history. Dr Nair explains that Mr Thalbourne-Maitreya's lack of consciousness was not a relevant consideration for him in respect of the decision to detain. Dr Nair states that in these circumstances one's concerns are primarily for the care of the patient and it was evident, as indicated by the condition of Mr Thalbourne-Maitreya and the evidence

⁴ Exhibit C10a

available to him about his past mental health history, that detention was necessary in order to facilitate the best possible care.

3.3. It has not been necessary for the Court to make any determination about the appropriateness of this course of action. The treatment of Mr Thalbourne-Maitreya would have been no different regardless of whether or not Mr Thalbourne-Maitreya was detained.

3.4. Dr Nair's assessment was that Mr Thalbourne-Maitreya would inevitably experience multiple organ failure and most likely die. He was admitted to the ICU. Mr Thalbourne-Maitreya deteriorated in the ICU despite proper care and he died at 9:24pm on 4 May 2010. During the course of his care within the ICU Mr Thalbourne-Maitreya was closely monitored at all material times by a nurse special.

4. Conclusion

4.1. I agree with the conclusion of Detective Brevet Sergeant Batty that the medical professionals that cared for Mr Thalbourne-Maitreya did so in a professional manner and that the investigation revealed no concerns or issues in relation to the treatment of Mr Thalbourne-Maitreya during his period of detention.

5. Recommendations

5.1. As indicated earlier, I do not see any need to make any recommendations in relation to this matter.

Key Words: Drug Overdose; Psychiatric/Mental Illness

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

Seal the 4th day of September, 2013.

Deputy State Coroner