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 16th day of May 2012 and the 13th day of August 2015, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Alexander Charles Dickerson.

The said Court finds that Alexander Charles Dickerson aged 79 years, late of 165 Piper Street, Wallaroo, South Australia died at the Lyell McEwin Hospital, Haydown Road, Elizabeth Vale, South Australia on the 21st day of March 2010 as a result of multi-organ failure due to voluntary starvation on a background of severe depression. The said Court finds that the circumstances of his death were as follows:

1. Introduction, reason for Inquest and cause of death

1.1. Mr Alexander Dickerson was 79 years of age when he died on 21 March 2010 at the Lyell McEwin Health Service (the LMHS). Mr Dickerson had been admitted originally to the Wallaroo Hospital on 22 February 2010 in circumstances that I will describe in a moment. He was transferred to the LMHS on the same day. He would remain at the LMHS until the date of his death. At the time of his death Mr Dickerson was subject to a second 21 day detention order pursuant to the provisions of the Mental Health Act 1993 (repealed) (the Act). Mr Dickerson's death was therefore a death in custody and for that reason an Inquest into the cause and circumstances of his death was mandatory.

1.2. By the time of his death Mr Dickerson had a clear clinical history within the LMHS from which his cause of death could be readily established. The LMHS clinical

record in respect of Mr Dickerson was examined by an independent legally qualified medical practitioner, Dr Carl Winskog, of Forensic Science South Australia. Upon an examination of Mr Dickerson's notes from the LMHS Dr Winskog has expressed the cause of Mr Dickerson's death as multi-organ failure due to voluntary starvation in a man with severe depression[1]. I find that to have been the cause of Mr Dickerson's death.

1.3. The fact that starvation appears as a component in Mr Dickerson's cause of death naturally requires some detailed explanation.

2. Background and the events leading to Mr Dickerson's death

2.1. Mr Dickerson lived in Wallaroo Mines with his wife until she passed away in January 2009. After her death Mr Dickerson became depressed until, in February 2010, he was discovered in his bed at home attempting to starve himself to death because he could not live without his wife. On 22 February 2010 concerned neighbours of Mr Dickerson contacted police regarding his welfare as they had not seen him for several weeks. Police entered the premises and discovered him immobile in his bed. Mr Dickerson reported that he had not eaten for approximately 30 days in an effort to starve himself because he wanted to die. He told police that his wife had passed away in 2009 and that he wanted to die as, without her, he had nothing left to live for. It was noted by police that Mr Dickerson appeared quite emaciated; his rib cage was visible. Mr Dickerson refused police assistance and their offer of medical assistance. He was insistent in his intent to die.

2.2. Police called in the South Australian Ambulance Service. However, Mr Dickerson refused their assistance. Ultimately, police invoked their powers of apprehension under section 23 of the Act and apprehended Mr Dickerson who was then conveyed to the Wallaroo Hospital. Once at the hospital Mr Dickerson was seen by a local general practitioner, Dr John Blue. Dr Blue had been the treating general practitioner of Mr Dickerson's late wife. He assessed Mr Dickerson and found him to be grossly unkempt, cachexic[2], and having lost a significant amount of weight. Dr Blue saw fit

[1] Exhibit C2a
[2] Suffering from weakness and wasting of the body due to severe chronic illness

to detain Mr Dickerson pursuant to the Act and completed a Form 1 for this purpose. In that form he stated:

> 'Elderly, grief stricken 79-year-old male, no siblings, lost his wife in January 2009. He decided Christmas 2009 he had nothing to live for and went to bed in a hunger strike 30 days ago. No food, drank some fluids water only. Police broke into home, cachexic and unkempt, refuses food and treatment.'

2.3. Dr Blue considered Mr Dickerson to be suffering from a severe endogenous depression due to pathological grief which was potentially treatable. Dr Blue completed a Form 15 requesting transfer of Mr Dickerson to the LMHS. At 8:53pm on 22 February 2010 Mr Dickerson was transferred to the LMHS and admitted to a medical ward for treatment of his malnutrition. On 23 February 2010 Mr Dickerson was examined by psychiatrist Dr Julian Toh who completed a Form 2 under the Act confirming the detention stating:

> 'Patient remains severely depressed with active suicidal plans to die via severe self-neglect. Insightless and refusing treatment.'

2.4. In addition to psychiatric assessment Mr Dickerson was medically examined, monitored and treated. A nasogastric feeding tube was utilised to try and address Mr Dickerson's malnutrition as he refused to eat. Mr Dickerson became very agitated at the presence of the tube and repeatedly tried to remove it. Ultimately, after several dislodgments of the tube, Mr Dickerson agreed to consume small amounts of food and drink to avoid having the tube reinserted. Despite this, the general pattern of him refusing food and stating his intent to die through starvation continued throughout his admission in hospital.

2.5. On 25 February 2010 a Form 3 under the Act was completed by psychiatrist Dr Felicity Ng further confirming Mr Dickerson's detention and stating:

> 'Depressive outlook with firm beliefs about his uselessness and clear suicidal intent. Refuses dietary intake with resultant marked weight loss. Presentation consistent with depressive illness. Further hospitalisation is recommended to allow urgent treatment for depression and ongoing assessment.'

2.6. On the same date Dr Ng completed a Form 14 under the Act which consisted of an application to the Guardianship Board for permission to treat Mr Dickerson with electroconvulsive therapy (ECT). On 3 March 2010 this application was approved by

the Guardianship Board. The order of the Board permitted twelve treatments to be administered up to and including 10 April 2010. Dr Ng explained her decision to undertake ECT as follows:

> 'Mr Dickerson presented as very frail and obviously malnourished. He was alert and cooperative in responding to my questions. He described being very determined to die because he could see no future for himself. He said he was alone and useless. He was particularly distressed about having lost his wife in 2008 (sic). And also about his increasing back pain. I felt that part of his reasoning for his emotional state was understandable but the extent of it seemed disproportionate. I thought Mr Dickerson presented as depressed with pronounced suicidality. Because of his physical frailty and absolute refusal of any oral treatment and his refusal to eat or take fluids I felt we had no alternative but to resort to drastic medical treatment in the form of electroconvulsive therapy. ECT can be very beneficial in the treatment of depression. ECT requires the recommendation of two psychiatrists, I therefore arranged for Dr Hawker to see Mr Dickerson the following day and I extended his detention for a further 21-day period.' [3]

2.7. By 16 March 2010 Mr Dickerson had undergone five of the ECT treatments and was showing small signs of improvement. He told Dr Ng that he accepted that he should start to eat and asked her to assist him to speak to his general practitioner about arranging for domiciliary care supports to be put in place for when he returned home. His oral intake of food had improved and he was reporting some improvement in his back pain. He was denying any current suicidal thoughts or intent to doctors. However, it was observed that he remained severely depressed. For that reason on 18 March 2010 consultant psychiatrist Dr Luiza Gheorghiu completed a Form 4 under the Act further detaining Mr Dickerson. On that form she stated:

> 'He presented as withdrawn with head downcast and muttered responses to my questions. Would not fully answer if ongoing suicidal thoughts. The notes reveal severe decline in mood associated with life threatening physical changes. Ongoing treatment of depression, ECT and medical problems necessary.'

2.8. Mr Dickerson's medical health was also being monitored. On 15 March 2010 a chest infection was detected. It was described as hospital acquired pneumonia. It was considered that this was not an unheard of complication in patients who have been in hospital in excess of one week and is a typical condition for malnourished patients. This condition was detected by way of X-rays taken on 14 March 2010. Oral antibiotics were commenced around midday on 15 March 2010. On 16 March 2010 it

[3] Exhibit C8a

was considered that Mr Dickerson had a possible lower respiratory tract infection and he remained on antibiotics. By 17 March 2010 his oxygen saturations were at 99% and his temperature was 36ºC, both of which were good signs that his condition was improving and that antibiotic therapy was effective.

2.9. Mr Dickerson was also prescribed medication to assist with atrial fibrillation and clot prevention. Mr Dickerson was due for his next ECT treatment on 19 March 2010.

2.10. Overnight from 18 to 19 March 2010 Mr Dickerson refused all medications, all food and drink and he slept on the floor. At this time it was noted that his legs were swollen. At 12:50pm on 19 March 2010 Mr Dickerson's blood pressure was noted to have dropped significantly to $^{80}/_{50}$ with a heart rate of 58. Assessment was undertaken by the medical team and it was determined that he was dehydrated. Intravenous fluids were commenced. By 3:30pm his blood pressure had dropped further to $^{70}/_{40}$. By 5:20pm his blood pressure had improved to $^{130}/_{70}$ with a heart rate of 76 and an oxygen saturation of 94%. Despite these improvements it was considered that his medical and mental state had begun to decline. His blood pressure continued to fluctuate as did his heart rate. A nasogastric feeding tube was re-inserted, although Mr Dickerson later pulled it out. At 9pm his blood pressure fell to $^{60}/_{42}$ and a medical emergency team call was made. They inserted a catheter and continued IV fluid therapy. At 4:40am on 20 March 2010 Mr Dickerson's blood pressure was recorded as $^{60}/_{40}$ and a further medical emergency team call was made.

2.11. Upon the arrival of the MET team, Mr Dickerson's Glasgow Coma Score was 5 and his blood pressure was not recordable. He was immediately moved to the Intensive Care Unit at the LMHS where he was intubated and placed on a respirator. An assessment at 11:30am states '*hypo-tension and shock, type 1 respiratory failure + or – ARDS (Adult Respiratory Distress Syndrome)*[4]. Mr Dickerson was given inotropes in an effort to increase his cardiac output and his blood pressure but the treatment was not effective. He was also given further antibiotics and a blood transfusion without success. A surgical review was undertaken in the evening of 20 March 2010 at which time lactic acidosis was noted as well as the presence of a significantly ischaemic bowel. It was noted that Mr Dickerson was entering multi-organ failure with

[4] Exhibit C23

evidence of respiratory, circulatory and renal coagulopathic failure. Surgery was deemed inappropriate. Dialysis was instituted to combat the renal failure and blood tests showed severe acidosis. A nursing note from 21 March reads as follows:

> 'Patient extremely sick/poor progress, in multi-system organ failure on maximum medical support. The patient has poor circulation on high inotropes and has worsening lactic acidosis.' 5

2.12. Mr Dickerson passed away at 1:50pm on 21 March 2010.

3. Conclusions

3.1. There is no evidence that any member of Mr Dickerson's family had any input into Mr Dickerson's care during the concluding period of his life. In fact it appears that he did not have siblings or children, or other obvious next of kin. Thus the decisions that were taken in respect of Mr Dickerson's care were made by medical practitioners.

3.2. The circumstances of Mr Dickerson's death were investigated with conspicuous thoroughness by police. Many witness statements were taken from medical practitioners and others involved in Mr Dickerson's care at the LMHS and from those who undertook some responsibility in relation to Mr Dickerson's detention pursuant to the Mental Health Act 1993. The statement and report of Senior Constable Alexandra Banfield of SAPOL[6] has described a number of issues that were the subject of detailed police investigation. Those issues included whether or not Mr Dickerson had remained within the medical ward of the LMHS for the appropriate period of time, whether there was any undue delay in transfer from a medical ward to a psychiatric ward, whether the appropriate steps were taken to treat Mr Dickerson's malnourished condition and whether the electro-convulsive therapy that was undertaken was an appropriate form of treatment.

3.3. Having examined all of the material that was tendered to the Court, and in particular Senior Constable Banfield's analysis of the matter, I am satisfied that the clinical interventions pursuant to the Mental Health Act 1993 were appropriately made. Furthermore, I agree with the conclusions expressed that appropriate steps were taken to treat Mr Dickerson's malnutrition within a medical ward. At the same time his

[5] Exhibit C23
[6] Exhibits C22a, C22b, C22c and C22d

psychiatric issues were being adequately addressed. I do not believe that there was any undue delay in transferring Mr Dickerson from a medical ward to a psychiatric ward.

3.4. During the course of his admission Mr Dickerson was seen by a nutritionist and dietician. His depression was appropriately treated. All through this, with very few exceptions, Mr Dickerson indicated a strong desire that his life should end. To my mind the evidence is clear that clinical staff at the LMHS did everything within their power, consistent with the preservation of his dignity, in an endeavour to prevent his death.

4. Recommendations

4.1. The Court does not see the need to make any recommendation in respect of this matter.

Key Words: Death in Custody; Natural Causes

In witness whereof the said Coroner has hereunto set and subscribed his hand and Seal the 13th day of August, 2015.

Deputy State Coroner