



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 3rd and 6th days of June 2014 and the 27th 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 John David Jones.

The said Court finds that John David Jones aged 65 years, late of 23 Lyndhurst Road, Seaford, South Australia died at the Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 16th day of May 2012 as a result of multi-organ failure in a man with an ischaemic right leg treated with opioids. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. John David Jones died on 16 May 2012. He was 65 years of age. He died as an inpatient at the Flinders Medical Centre (FMC). Mr Jones' death was reported to the State Coroner by way of a medical practitioner's deposition. The cause of death cited by the medical practitioner who completed the deposition, a resident medical officer at FMC, was respiratory insufficiency on a background of chronic obstructive airways disease, hypostatic pneumonia secondary to rib fractures, delirium secondary to opiate analgesia, ischaemia of left foot. At the time of his death, Mr Jones was the subject of a Level 2 detention and treatment order pursuant to the Mental Health Act 2009. His death was therefore a death in custody that required a mandatory Inquest.
- 1.2. When this matter came before the Court I directed that Mr Jones' clinical circumstances and clinical records be examined by an independent medical practitioner at Forensic Science South Australia. That exercise was duly undertaken.

The pathology review of Dr Iain McIntyre, as discussed with Associate Professor Neil Langlois, both of Forensic Science South Australia, was produced to the Court¹. The pathology review contains the following assessment:

Past medical history: Chronic obstructive lung disease
 Chronic congestive cardiac failure
 Ischaemic heart disease
 Aortic valve disease with replacement 2009 on long term warfarin and non-fusion sternotomy
 Obesity
 Falls
 Hypertension
 Diabetes type 2
 Renal failure
 Hyperkalaemia
 Right superior femoral artery stenosis with ischaemic right foot
 Depression with suicidal ideation

Recent medical history: On 30/3/2012 he was admitted with another exacerbation of his chronic obstructive lung disease. He also had a very painful ischaemic right leg for which he was prescribed opioids. He became delirious on the opioids and was thus detained under the Mental Health Act. He had concurrent cardiac and renal failure. A secondary pneumonia developed which was thought to be due to hypoventilation made worse by the opioids which had been initially stopped but were recommenced after review by the pain management team. Pulmonary oedema and rib fractures also complicated the situation and the pain from his ischaemic leg was uncontrollable. His respiratory failure progressed and he died

Suggested cause of death: Multi-organ failure in a man with an ischaemic right leg treated with opioids.'

Having examined the contents of the pathology review together with the medical deposition supplied by the resident medical officer at FMC, I have concluded that there is essentially no material difference between the cause of death as expressed in either document. However, I prefer the recitation of cause of death that has been given by Dr McIntyre of Forensic Science South Australia. Accordingly, I find that the cause of Mr Jones' death was multi-organ failure in a man with an ischaemic right leg treated with opioids.

¹ Exhibit C12

2. **Background and events leading to Mr Jones' death**

2.1. Mr Jones had been suffering from a number of illnesses for some time. As explained in the statement of his wife, Ms Jean Jones², in about 2009 her husband's health deteriorated. He underwent an operation in FMC for atrial fibrillation, which is a condition of the heart. Thereafter Mr Jones gained a significant amount of weight. He also experienced laboured breathing. He was medicated in respect of his illnesses. His general practitioner was Dr Siaw Lin Liaw. Dr Liaw explains in his statement³ that Mr Jones' chronic medical illnesses included maturity onset diabetes and hypertension that had been associated with depression and anxiety. He developed cardio-pulmonary disease and chronic obstructive airway disease. He suffered from heart failure. He saw a respiratory physician and cardiologist for his conditions. Dr Liaw explains that Mr Jones had difficulties with compliance with medical treatment, with his weight and with his blood pressure. Dr Liaw explains that Mr Jones' specialists were based at FMC. A number of repeated admissions to FMC meant that as time went by Dr Liaw's involvement with Mr Jones decreased. Dr Liaw states as follows:

'His airway disease, his obesity and the failure of his heart meant that each time he was admitted to hospital could potentially have been his last. He couldn't have walked more than 20 metres without stopping to catch his breath.'

It therefore appears that Mr Jones' death at the relatively young age of 65 would not be wholly unexpected.

2.2. In the event Mr Jones was admitted to FMC for the last time on 30 March 2012. He would die on 16 May 2012 at FMC. This final admission involved an initial presentation with pneumonia secondary to rib fractures and hypoventilation from consequential pain, but as explained in the medical deposition of Dr Ross Sutherland, the reporting resident medical officer to whom I earlier referred, Mr Jones experienced ongoing problems with delirium that was exacerbated by opioid medication. He also suffered from chronic obstructive airways disease with decompensated cardiac failure and pulmonary oedema. As well he experienced right lower limb ischaemia that involved ulceration. In her statement Mrs Jean Jones indicated that during the course of her husband's final admission at FMC she visited him every day and that he was hallucinating. She indicated that one of her husband's

² Exhibit C1b

³ Exhibit C5a

delirious beliefs was that the hospital had changed overnight and that he had been experimented upon by staff. She was told by medical staff that he was suffering from delirium.

- 2.3. In the event, due to his delirium, Mr Jones became the subject of orders pursuant to the Mental Health Act 2009. As explained in the statement of Dr Randall Long⁴ who is a psychiatrist, Mr Jones was psychiatrically examined by Dr Long. On two separate occasions orders under the Mental Health Act were required to be made due to the fact that Mr Jones was confused, disorientated, distressed and experienced suicidal thoughts. This gave rise to Dr Long making a diagnosis of delirium. He determined that this was due to a combination of his medical conditions and the effects of the medications that were required to treat them. In order to ensure Mr Jones' safety and continued medical care, Dr Long was of the view that Mr Jones required treatment under the Mental Health Act. He determined that treatment under the Mental Health Act was the least restrictive treatment option for Mr Jones and that his medical care would greatly benefit from the mental health orders which he believed would provide his treating clinicians with the ability to care for him in the best possible way during his state of delirium.
- 2.4. On 17 April 2012 Dr Long confirmed a Level 1 detention and treatment order pursuant to the Mental Health Act 2009. On 23 April 2012 he imposed a Level 2 detention and treatment order under the Mental Health Act 2009. Dr Long ordered treatment that included measures to ensure close one-to-one nursing care, regular observations for suicidality, provision of reassurance and the prevention of Mr Jones' harming himself. Unfortunately, due to agitation there was an occasional need to shackle Mr Jones and sedate him with medication.
- 2.5. As explained in the statement of Dr Ross Sutherland, the resident medical officer, Mr Jones' condition declined steadily and in the 24 hours preceding his death he had become acutely unwell. It became clear that Mr Jones' condition was terminal and so it was decided that he would be fully palliated for his terminal illness. As explained in the statement of Ms Rosalyn Marshall⁵ who is a registered nurse, Mr Jones had been very agitated overnight. As a result of her observations, at about 7:30am on the day of Mr Jones' death she provided him with morphine and midazolam to help him

⁴ Exhibit C4a

⁵ Exhibit C2a

settle down. She released his shackles when his demeanour had calmed. Ms Marshall explained certain comforting procedures that she administered, including the removal of the airway that had become blocked with secretions and suctioning so that Mr Jones could breathe more comfortably. Ultimately Mr Jones' breathing slowed and he died.

3. Conclusion

- 3.1. Mr Jones' death was from natural causes. It was not preventable. He suffered from a myriad of illnesses that complicated each other. The period of detention under the Mental Health Act 2009 was imposed for Mr Jones' benefit. There is no implication that Mr Jones was suffering from any type of chronic psychiatric condition. Rather, the mental illness in question was delirium caused by his complicated and debilitating conditions and by the medication that was necessary to manage those conditions.
- 3.2. The circumstances of Mr Jones' death were investigated thoroughly by Detective Brevet Sergeant James Page of the Sturt Criminal Investigation Branch. In his comprehensive statement and report⁶ Detective Page has expressed the conclusion that Mr Jones' detention under the Mental Health Act was lawful and that there was no evidence of any neglect or other evidence to suggest that Mr Jones' death could have been prevented. In my view those conclusions are correct and I so find.
- 3.3. In her witness statement Mrs Jones has expressed some disappointment about the level of proper explanation that had been provided to her about her husband's mental health issues during his final admission to FMC. She said that she attempted to explain what she believed was taking place in respect of her husband, but the doctors were never available. She suggested that although she appreciated that the medical staff were pushed for time and were busy, she thought that better communication with families was called for. This Court is not in a position to evaluate those assertions, but it seems to the Court that they involve matters that would not have had any impact on Mr Jones' treatment or ultimately his death. It is hoped that this finding will go some way to explain to Mr Jones' family why it was necessary for Mr Jones to have been the subject of detention orders under the Mental Health Act. It is an unfortunate fact, frequently seen in this jurisdiction, that individuals in terminal decline from physical illness frequently suffer from conditions that adversely affect their minds and

⁶ Exhibit C8a

that as a result they require medical care that needs to be mandated under the Mental Health Act for their protection. There is absolutely no stigma attached to that process.

4. Recommendation

4.1. The Court does not see the need to make any recommendations in 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 27th day of August, 2015.

Deputy State Coroner