



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 10th day of July 2015 and the 22nd day of September 2015, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Giuseppe Larizza.

The said Court finds that Giuseppe Larizza aged 79 years, late of James Nash House, 140 Hilltop Drive, Oakden, South Australia died at Oakden, South Australia on the 3rd day of October 2012 as a result of ischaemic heart disease. The said Court finds that the circumstances of his death were as follows:

1. Introduction and reason for Inquest

- 1.1. Mr Giuseppe Larizza died on 3 October 2012. He was 79 years of age. He died at James Nash House which is a mental health facility of the Department for Correctional Services. At the time of his death Mr Larizza was detained at James Nash House. In December 2001 Mr Larizza was charged with murdering his wife at their residential premises in Somerton Park. In 2002, while remanded in custody pending his trial, he was admitted to James Nash House. In December 2004 the Supreme Court of South Australia found Mr Larizza unfit to be tried and declared him liable to supervision for a limiting term of life. Consequently, Mr Larizza was detained at James Nash House. He remained at this facility until his death on 3 October 2012. His death was therefore a death in custody that required a mandatory Inquest. These are the findings of that Inquest.

2. Cause of death

- 2.1. During his life Mr Larizza had suffered from a number of medical conditions including major depressive disorder with associated psychotic symptoms, hypocholesterolemia, hypotension and oesophageal spasms. He had also suffered myocardial infarctions in 1999 and 2001. In January 2002 he had undergone a coronary artery bypass graft.
- 2.2. An autopsy conducted by a forensic pathologist, Dr Neil Langlois of Forensic Science South Australia, revealed the cause of Mr Larizza's death to have been ischaemic heart disease. Mr Larizza displayed cardiomegaly, which is enlargement of the heart, myocardial fibrosis and coronary artery disease. Mr Larizza's cause of death was totally in keeping with his clinical history. I find ischaemic heart disease to have been the cause of his death.

3. Background

- 3.1. Upon his admission to James Nash House in 2002, Mr Larizza was thought to be suffering from a major depressive disorder with associated psychotic symptoms. However, over time it became apparent that his psychotic symptoms were present regardless of his mood. Therefore his diagnosis was altered to one of schizophrenia. In 2002 Mr Larizza received his primary care from the onsite consultant psychiatrist. In 2008 Dr William Brereton became his primary psychiatrist and remained so until his death.
- 3.2. In 2002 Mr Larizza had been trialled on various psychiatric medications including venlafaxine, olanzapine and risperidone. In November 2005 medical staff considered starting Mr Larizza on clozapine, an anti-psychotic drug used to treat schizophrenia. However, due to Mr Larizza's cardiovascular history it was decided that Mr Larizza should not commence this therapy as the medication had significant side-effects including myocarditis and cardiomyopathy. In July 2008 the medical team again considered starting Mr Larizza on clozapine. After blood testing he commenced this treatment in August 2008. However, he refused to take the medication. As it is a medication that can only be taken orally, compliance was unable to be enforced. Thus, Mr Larizza was instead medicated with risperidone. This did not assist his mental state and consequently he was placed on quetiapine.

- 3.3. During September 2011 Mr Larizza's mental state remained poor. He became easily frustrated and came into conflict with other patients on the ward. Treatment by clozapine was still under consideration. However, for medical reasons it was again postponed. In April 2012 Mr Larizza was reviewed by Dr Enzo DeAngelis, a cardiologist at the Royal Adelaide Hospital. He found no contra-indication in Mr Larizza starting the clozapine therapy.
- 3.4. In May 2012 Mr Larizza made a serious unprovoked attack on a student nurse at James Nash House. The nurse did not pursue criminal charges against Mr Larizza. Rather, Mr Larizza was transferred to the most secure ward at James Nash House. At this time it was decided by Dr Brereton that it was the ideal time to commence the clozapine treatment as Mr Larizza was being housed in a highly supervised ward. Dr Brereton obtained consent from Mr Larizza's legal guardian to commence the treatment. Mr Larizza was closely monitored during his clozapine therapy. The medical team established that it was not causing him any cardiovascular problems. The only side effect that Mr Larizza complained about was its sedative effect. The usual therapeutic dose of clozapine is around 300mg per day. At the time of his death Mr Larizza was receiving 200mg.
- 3.5. Dr Brereton states that James Nash House made numerous efforts to find suitable alternative placements in the community for Mr Larizza were he to be released on licence. However these attempts were unsuccessful. Mr Larizza was considered to constitute an ongoing risk of harm to others as a result of his psychosis, with the risk becoming more prominent in the later stages of his admission.
- 3.6. Dr DeAngelis, Mr Larizza's cardiologist, met with him on a number of occasions between 1999 and 2012. The last consultation Mr Larizza had with Dr DeAngelis before his death was on 5 April 2012. This was as a result of Dr Brereton's referral for the purpose of determining if Mr Larizza was able to safely commence on clozapine from a cardiac perspective. Dr DeAngelis conducted an investigation by way of echocardiogram on the same day. Results show that the left ventricular function was normal with an ejection fraction measurement estimated at 59% which was well within normal limits. Dr DeAngelis also examined other aspects of cardiac function, such as heart valve function, and found nothing untoward.

- 3.7. On 3 October 2012 Mr Larizza underwent another echocardiogram as part of his clozapine monitoring routine. This was the date of his death. Dr DeAngelis reviewed the echocardiogram and states in his deposition¹ that it showed normal dimension and normal systolic function. He states that the ejection fraction measurement had not deteriorated from that demonstrated by the echocardiogram of 5 April 2012. Dr DeAngelis states that this affords evidence that Mr Larizza did not develop cardiomyopathy from his use of clozapine and therefore that it is unlikely that his use of this medication resulted in his death. This view was later supported by the forensic pathologist, Dr Langlois, who performed the autopsy.
- 3.8. David Cripps is a guardian at the Office of the Public Advocate. He was appointed as Mr Larizza's guardian from April 2010 until his death. Mr Larizza's case was last reviewed by the Guardianship Board in April 2011. Mr Cripps attended case conferences and reviews with professionals at James Nash House. These meetings discussed maximising Mr Larizza's decision making autonomy.
- 3.9. In May 2012 Mr Cripps had met with Dr Brereton to discuss the option of commencing Mr Larizza on the clozapine treatment. The risks of this treatment option Mr Cripps were explained to Mr Cripps. Mr Cripps determined that on the evidence presented it was reasonable to consent to this treatment.
- 3.10. Andrew Wheadon is a clinical nurse who has been employed at James Nash House for over 12 years. He states in his deposition² that he was working on Wednesday 3 October 2012. On this date Mr Larizza was scheduled to travel to the Royal Adelaide Hospital for his routine echocardiogram. Prior to leaving James Nash House Mr Larizza was checked by security. Security personnel located on Mr Larizza's person four pens bound together with a bandaid. Mr Wheadon was concerned that the item could be used as a weapon. He advised security staff to keep a close eye on Mr Larizza.
- 3.11. While Mr Larizza was at the Royal Adelaide Hospital Mr Wheadon conducted a search of Mr Larizza's room and located a retractable compact television antenna located inside a small plastic housing. Inside was 6m of insulated antenna cable, approximately 1mm in diameter. Mr Wheadon removed the item from the room as he was concerned it could be used as a garrotte. When Mr Larizza returned from the

¹ Exhibit it C9a

² Exhibit C7a

Royal Adelaide Hospital Mr Wheadon spoke to him about the pens and the antenna. Mr Larizza told him that he had bound the pens together so people would not take them. Mr Wheadon also advised Mr Larizza that he had confiscated the antenna cable, to which Mr Larizza replied *'You take whatever you have to take. I don't mind'*.

- 3.12. At about 8pm that night Mr Larizza was provided supper by Dawn Love, a registered nurse who was on duty. She states in her deposition³ that Mr Larizza appeared fine at this time. At about 9:45pm Mr Larizza contacted the nurses' station by intercom to seek pain relief for his back. Panadeine Forte was dispensed and handed to him through the aperture in his cell door. At about 10pm a routine observation was conducted on Mr Larizza by two registered nurses. They found him lying in an unusual position on his bed. He was lying on his left side with his head flexed back in an awkward position. Attempts to rouse Mr Larizza by way of verbal and tactile approach were unsuccessful. Further, he had shallow breathing and only a faint pulse. Mr Larizza was placed into the recovery position. An ambulance was called urgently. Oxygen and a defibrillator were retrieved. After a short time Mr Larizza stopped breathing and a pulse was unable to be detected. CPR was then commenced. The defibrillator pads were connected to Mr Larizza and reported that shock was not required and that medical staff should continue with compressions. CPR continued until the ambulance officers arrived and took over.
- 3.13. At about 10:12pm an ambulance with two paramedics arrived at the scene. Shortly thereafter another ambulance crew arrived with an intensive care paramedic. The paramedics assumed resuscitation and care of Mr Larizza. Further attempted defibrillation revealed that Mr Larizza's heart was in asystole. Mr Larizza was administered saline and adrenaline. A Guedel airway was inserted into his airway and he was then bagged and masked. Mr Larizza was unable to be revived and attempts at resuscitation were ceased at 10:30pm.
- 3.14. At autopsy Mr Larizza's toxicology results were unremarkable. Dr Langlois commentend in his report⁴ that there was no evidence to suggest that adverse clozapine related effects were a factor in Mr Larizza's death. I so find.

³ Exhibit C6a

⁴ Exhibit C3a

4. Conclusion

4.1. Mr Larizza died from natural causes. I agree with the South Australia Police investigating officer that the evidence supports a conclusion that Mr Larizza's care, treatment and supervision was maintained at a proficient level prior to his death.

5. Recommendation

5.1. The Court does not identify a need to make any recommendation arising from this death in custody.

Key Words: Death in Custody; Natural Causes

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

Seal the 22nd day of September, 2015.

Deputy State Coroner