



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 25th day of June 2015, the 3rd 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 Peter Richard Bertram Whettters.

The said Court finds that Peter Richard Bertram Whettters aged 75 years, late of 376 Anzac Highway, Plympton, South Australia died at the Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 17th day of June 2012 as a result of multiorgan failure complicating mixed drug toxicity. The said Court finds that the circumstances of his death were as follows:

1. Introduction, reason for Inquest and cause of death

- 1.1. Peter Richard Bertram Whettters was 75 years of age when he died on 17 June 2012 at the Flinders Medical Centre (FMC). At the time of his death Mr Whettters was the subject of a Level 1 detention and treatment order pursuant to the Mental Health Act 2009. Therefore, Mr Whettters' death was a death in custody for which an Inquest was mandatory pursuant to the provisions of the Coroners Act 2003.
- 1.2. Mr Whettters had been admitted to the FMC Intensive Critical Care Unit on the evening of 11 June 2012. He was there treated for an overdose of medication. During his admission, Mr Whettters made statements that suggested that the overdose had been intentional on his part. Moreover, Mr Whettters indicated that he would attempt to take his own life if he had another opportunity. It was as a result of the overdose

and Mr Whetters' statements that the Level 1 detention and treatment order was imposed on 15 June 2012, two days prior to Mr Whetters' death.

- 1.3. I will come to a description of the cause of Mr Whetters' death in a moment, but it is sufficient to say at this point that the cause involves multi organ failure complicating the mixed drug toxicity from medications that Mr Whetters ingested prior to his admission to hospital. Following Mr Whetters' death, his general practitioner, Dr Ceciley Jennings, drew certain concerns that she entertained to the attention of the State Coroner. It was as a result of those concerns that a post mortem examination including a full autopsy and toxicological analysis was conducted in respect of Mr Whetters. Dr Jennings' concerns were ultimately encapsulated in a witness statement that was tendered to the Court in the course of these proceedings¹.
- 1.4. Dr Jennings is a general practitioner in a practice at North Plympton. Dr Jennings first saw Mr Whetters in 1995. Mr Whetters at that time had a heart condition, having experienced a heart attack some years prior. Mr Whetters suffered from angina from time to time. Dr Jennings states that Mr Whetters' last presentation at her clinic occurred on 29 May 2012. At this consultation Mr Whetters had indicated an awareness that he was going to die because of his failing heart. He had been complaining of significant tiredness and of the constant need to sleep. Dr Jennings explains in her statement that Mr Whetters did not have any psychiatric or mental health history and although from time to time he would discuss death, he never did so in a context of suicide. He did not appear to be depressed and had examined the various options that might have allowed him to remain alive. Dr Jennings believed that Mr Whetters went on a cruise in April 2012, only a matter of weeks before he died.
- 1.5. The concerns that Dr Jennings raised with the State Coroner centred on conflict that had existed between Mr Whetters on the one hand and his wife and adult sons on the other. Mr Whetters had mentioned to Dr Jennings that he believed that his wife had wanted to kill him and that she thought that she would be better off with him dead. At an appointment on 26 November 2009 Mr Whetters had presented at Dr Jennings' clinic. He was in possession of a tablet that he said was an example of some tablets that his wife and one of his sons had habitually been crushing and secretly putting into his hot chocolate. The tablet was Quilonum SR which is a form of lithium, a mood

¹ Exhibit C11a

stabiliser. Dr Jennings had never prescribed this particular medication for Mr Whettters. As far as she had been aware the medication was only available overseas. Dr Jennings asserts that Mr Whettters had said that if he were to die in 'dodgy' circumstances, she should inform the coroner and have an autopsy performed as he believed that his wife and son were poisoning him with this substance.

- 1.6. I note that there does not appear to have been any further discussion between Dr Jennings and Mr Whettters about this issue after November 2009. Moreover, there is no evidence that any toxicological analysis was conducted or even contemplated in respect of Mr Whettters' assertions at the time they were made. However, as will be seen, lithium at a therapeutic level was found in Mr Whettters' admission bloods when he presented at the FMC some days before his death there in 2012. Therefore, a number of issues spring to mind. Dr Jennings' statement does not contain any description of how Mr Whettters had discovered that his family members were secretly lacing his hot chocolate. But one might surmise from his alleged statement to Dr Jennings, coupled with the fact that he had lithium in his blood in June 2012, that if Mr Whettters' assertions had any truth in them, this surreptitious practice had been an ongoing circumstance that Mr Whettters had been aware of but was one that he had elected to ignore and had gone on consuming his regular hot chocolate notwithstanding. The question that naturally would need to be asked is why if he knew his hot chocolate drinks were being laced he would continue to consume these drinks in this knowledge.
- 1.7. The post mortem examination including a full autopsy was conducted by Professor Roger Byard who is a senior specialist forensic pathologist at Forensic Science South Australia (FSSA). Professor Byard records that when Mr Whettters presented to FMC on 11 June 2012 he was unconscious and required intubation and ventilation. On 14 June 2012 he was successfully extubated and was noted to be suicidal, prompting his detention under the Mental Health Act. The following day Mr Whettters developed acute pulmonary oedema which was initially successfully treated but then worsened. He did not respond to further treatment. Serial troponin measurements showed steady increase and ECG traces indicated severe cardiac ischaemia. He also developed bi-basal pneumonia, became increasingly drowsy and ultimately died on 17 June 2012. Professor Byard noted Mr Whettters' past medical history that included chronic renal failure, end stage cardiac failure with an ejection fraction of 10%, ischaemic heart

disease with bypass surgery in 1998, myocardial infarction, atrial fibrillation, hypertension, and an implanted pacemaker/defibrillator. Professor Byard noted the information that had been provided by Dr Jennings to which I have already referred.

- 1.8. Professor Byard's anatomical findings included marked cardiomegaly which is enlargement of the heart as well as marked coronary artery disease with previous bypass grafting, myocardial fibrosis and acute ischaemic changes. There was also liver congestion and nephrosclerosis of both kidneys. A defibrillator/pacemaker was in situ.
- 1.9. As well as the autopsy, toxicological analysis was conducted in respect of Mr Whettters' admission bloods from the FMC that revealed an alcohol level of 0.127% as well as levels of temazepam and oxycodone. This toxicological analysis did not, at first, include testing for the presence of lithium, the drug that was the subject of Mr Whettters' assertions to Dr Jennings in 2009. Professor Byard therefore caused further toxicological analysis to be conducted in respect of the ante mortem blood sample. This test was undertaken by SA Pathology. The test revealed the presence of a therapeutic concentration of lithium. Professor Byard refers to this level of lithium and to the results of the FSSA test on the admission bloods. The combined result of both tests reveal elevated levels of alcohol, a toxic level of temazepam and therapeutic levels of oxycodone and lithium. These levels represent the levels as they had existed at the time of Mr Whettters' admission to FMC on 11 June 2012.
- 1.10. Professor Byard's commentary as contained within his post-mortem report² states as follows:

'Death was attributed to multiorgan failure complicating mixed drug toxicity with paracetamol and other agents noted on toxicological testing at Flinders Medical Centre. There was evidence of previous cardiac disease with cardiomegaly and marked coronary atherosclerosis associated with myocardial scarring. Massive cardiomegaly was in keeping with the history of recalcitrant congestive cardiac failure. There was no histological evidence of hypertrophic cardiomyopathy. No other underlying organic diseases were present which could have caused or contributed to death. There was no evidence of trauma.

Toxicological results demonstrated a therapeutic dose of lithium, the significance of which is unclear. Further toxicological results on admission bloods revealed a toxic level of temazepam with elevated levels of alcohol and a therapeutic concentration of oxycodone.'

² Exhibit C3a

- 1.11. Professor Byard expresses the cause of Mr Whettters' death as multiorgan failure complicating mixed drug toxicity. I accept that analysis and find accordingly.
- 1.12. It is noteworthy that the dose of lithium is said to have been a '*therapeutic dose only*', that is to say neither toxic nor lethal. Professor Byard reports that the significance of this finding is unclear. It might be observed, however, that if Mr Whettters had secretly been administered with this non-prescribed substance by another person and if it had been done with the intention of poisoning him, it was only attempted with a dosage that would be taken in normal therapeutic circumstances and not more. For reasons that will become apparent, to my mind the presence of lithium in Mr Whettters' blood does not carry sinister connotations despite his alleged assertions made in 2009. Indeed, I indicate now that the Court makes no finding in respect of this substance both in terms of how it was ingested and, given Professor Byard's opinion that the significance of the presence of lithium is unclear, in terms of its effect in respect of Mr Whettters' cause of death.

2. Background and the events leading to Mr Whettters' death

- 2.1. On 6 June 2012 Mr Whettters had been seen by his cardiologist, Dr Lehmann. Dr Lehmann told Mr Whettters that his heart and kidneys were in a poor condition. According to the statement of Dr Lehmann³, Mr Whettters did not appear to be perturbed by this fact. Dr Lehmann did not detect any depression on Mr Whettters' part. Mr Whettters is described as being happy and friendly when he left the appointment.
- 2.2. Mr Whettters presented a different persona to members of his family which consisted of his wife Mrs Gemma Whettters, whom Mr Whettters had met in the Philippines, his son Mr Richard Whettters who was 25 years of age and another son Mr Phillip Whettters who was 20 years of age. Mr Whettters is depicted by his family as a difficult and complicated individual. Mrs Gemma Whettters in her statement to police⁴ describes an alteration in her husband's personality following his heart bypass operation in 1998. He started to harass people and harboured '*strange ideas*'. According to Mrs Whettters he would harass the tenants of their properties and threatened to shoot them. Ultimately his harassment targeted her and he would make racist comments in respect of her Philippine nationality. His son Richard describes

³ Exhibit C11a

⁴ Exhibit C1b

his father as upset and emotional in respect of his failing heart. Mr Whetters claimed to his son Richard that his doctors had washed their hands as to what they could do for him. He said that his heart had '*packed up*'. According to Richard it was almost like his father '*hit a really depressive stage in his life*'⁵. Richard Whetters describes the same change in personality as described by his mother. His father wanted to argue with everyone and was not the same person following his heart bypass.

- 2.3. On 11 June 2012 Mr Whetters asked his son Richard, who lived next door to the house that his father lived in, to come over and see him. Richard attended as his father's premises and he spent some time there that day.
- 2.4. Richard Whetters says in his statement⁶ that his father asked him to come to his place as he wanted to talk to him. When he arrived his mother was also present. Richard spent some time with his father in his father's bedroom. Mr Whetters opened up to his son about his life and his past experiences. This included Mr Whetters' experiences with mining and trading in cars as well as an account of how he had met his wife. During the course of this conversation Mr Whetters alluded to the courage that would be required in a man to kill himself. His son was taken aback by this and attempted to talk his father out of any idea of suicide. Notwithstanding this it appeared to Richard that his father had made his mind up about that. His father added that his resolve in this regard had much to do with the stress that his wife had caused him. Mr Whetters told Richard that he intended to overdose on his prescription medication which was contained in a number of pill bottles that were next to his bed. He suggested that he would take them with cognac. At that point Richard considered taking his father to hospital. He contacted his brother Phillip to ask him to come to the premises. Phillip did so. During the course of that day the two young men spent time with their father and it appears that during the course of the day Mr Whetters continued to ramble about his life story. There was some talk at one stage about Mr Whetters wanting cognac. Richard left the premises in the late afternoon saying that he wanted to go back to his own house. This left Phillip with their father. The statement of Phillip Whetters⁷ confirms much of what Richard has stated in his, including the message that he received from Richard about his father's threats to overdose on medication.

⁵ Exhibit C9a

⁶ Exhibit C9a

⁷ Exhibit C6a

- 2.5. For Phillip's part he spent several hours with his father that day and confirms that Mr Whetters mentioned suicide. At one point during the late afternoon both Richard and Phillip left their father's bedroom. Phillip went back in at one point to discover that his father had taken his pills and had drunk cognac. Mr Whetters said '*I've taken all my pills and alcohol. Go get Mum*'. I pause here to observe that the assertions of both Richard and Phillip Whetters that their father said that he wanted to kill himself are supported by similar statements that Mr Whetters would make to clinical staff at the FMC.
- 2.6. Richard returned to the premises. By that stage Mrs Whetters was hysterical. A relative was called who happened to be a nurse. This woman attended and told all present that they needed to call an ambulance for Mr Whetters who was by then still breathing but unconscious. An ambulance was called and it quickly arrived. Mr Whetters was then taken by ambulance to FMC.
- 2.7. At FMC Mr Whetters required intubation and ventilation. His condition then improved to the point where he was successfully extubated on 14 June 2012.
- 2.8. The following day Mr Whetters was conscious and responsive and made statements to both the nursing staff and medical staff that he would attempt suicide again as soon as he was able to.
- 2.9. Dr Bonita Lloyd is a medical practitioner who was working at FMC in June 2012 in the role of a consultation-liaison psychiatry registrar. In that role she was responsible for the assessment of medical and surgical inpatients regarding mental health issues. She saw Mr Whetters together with other members of the consultation-liaison team on 15 June 2012 following Mr Whetters' extubation. According to Dr Lloyd's statement⁸, Mr Whetters clearly stated that he had been planning to commit suicide for '*a long time*', that he had ongoing suicidal ideation and that he intended again to attempt to take his own life after discharging himself from the hospital. It was Dr Lloyd's opinion that it was appropriate to place Mr Whetters under an involuntary treatment order to facilitate further assessment, and treatment if appropriate, of his suicidality as well as for ongoing medical treatment in respect of the polypharmacy overdose complications and also for the protection of others from harm. It was a consequence of this analysis that Dr Lloyd placed Mr Whetters under a Level 1

⁸ Exhibit C7a

detention and treatment order. There can be no suggestion other than that this measure was appropriate in all of the circumstances.

- 2.10. Dr Rene Pols is a senior psychiatrist consultant at FMC. According to his statement⁹ he reviewed Mr Whetters on 15 June 2012. Dr Pols knew that Mr Whetters was said to have experienced a high lethality suicide attempt. When Dr Pols interviewed Mr Whetters on 15 June 2012 the latter expressed anger that he had survived the overdose as he had been planning to die for a long time. He indicated that he had explored euthanasia and assisted suicide on the internet and added that he had contemplated using the services of Dr Nitschke as a way of assisting him to commit suicide. He was adamant that he still wished to die and said that to that end he would discharge himself as soon as he was physically able to leave. Dr Pols' statement asserts as follows:

'At the time I made the diagnosis that (sic) this was a suicidal crisis in a very complex setting which required elucidation and assessment and thought that he was at high risk of killing himself as well as possibly acting-out threats that he had made to other people as reported by others. At the time he was still requiring fluids and medical treatment both for the overdose that he had taken as well as his other complex medical conditions.'¹⁰

Dr Pols confirmed the Level 1 detention and treatment order that had been imposed by Dr Lloyd. In doing so he confirmed that he was satisfied that the grounds for making of the detention order continued to exist. There is no suggestion that this was anything other than appropriate.

- 2.11. In the event it was determined that Mr Whetters would be for comfort care only and he died on 17 June 2012 while still under the detention order. I have already referred to the cause of Mr Whetters' death.

3. Conclusions

- 3.1. I am satisfied that Mr Whetters' detention was at all times lawful and that he received appropriate medical treatment. His custodial circumstances played no role in his death.
- 3.2. The cause of his death was multiorgan failure complicating mixed drug toxicity.

⁹ Exhibit C8a

¹⁰ Exhibit C8a, page 2

- 3.3. The manner of Mr Whettters' death was investigated by Detective Brevet Sergeant Zoe Gooch of the Sturt Criminal Investigation Branch. Detective Brevet Sergeant Gooch's investigation¹¹ reveals that a number of medications were located at the premises occupied by Mr Whettters, including diazepam and temazepam tablets and oxycodone hydrochloride tablets. With the exception of the oxycodone hydrochloride which had been prescribed by the Repatriation General Hospital in connection with an admission on 14 March 2012, all of the medications located had been prescribed by Dr Ceciley Jennings. No lithium was located in the deceased's house by police. The deceased was not prescribed that medication as far as is known. The source of the lithium analysed to have been present in Mr Whettters' admission bloods at FMC could not be determined by police. Detective Brevet Sergeant Gooch reports that both Mr Whettters' wife and son denied any knowledge of lithium being placed into Mr Whettters' hot chocolate. There is no further information relating to the issue that Dr Jennings raised and so no finding can be made in respect of the underlying allegation. I note that in her report Detective Brevet Sergeant Gooch has reached the same conclusion¹².
- 3.4. The role of lithium in the cause of Mr Whetter's death is uncertain.
- 3.5. In any case the Court is satisfied that Mr Whettters voluntarily consumed the alcohol and the oxycodone and temazepam in question. I find that Mr Whettters' consumption was accompanied by an intention to end his own life. There is no evidence that this consumption was assisted by any person.
- 3.6. I find that during his admission within FMC Mr Whettters made a number of statements that he wanted his life to end and that he would again attempt to kill himself if released. I find that he meant all of this. These statements to my mind allay any suspicion that otherwise may have existed in respect of the circumstances of Mr Whettters' death.
- 3.7. The Court concludes that Mr Whettters deliberately consumed this cocktail of alcohol and medication with an intent to end his own life.

¹¹ Exhibits C14a, C14b and C14c

¹² Exhibit C14a, page 22, paragraph 4

4. Recommendations

4.1. The Court does not see the need to make any recommendations in this matter.

Key Words: Death in Custody; Drug Overdose

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

Seal the 22nd day of September, 2015.

Deputy State Coroner