



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 14<sup>th</sup> day of April 2016 and the 25<sup>th</sup> day of August 2016, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Ronald William Hopkins.*

*The said Court finds that Ronald William Hopkins aged 78 years, late of Mount Gambier Prison, Benara Road, Mount Gambier, South Australia died at Mount Gambier, South Australia on the 20<sup>th</sup> day of April 2014 as a result of cardiomegaly with left ventricular hypertrophy and atherosclerotic cardiovascular disease with contributing chronic obstructive pulmonary disease. The said Court finds that the circumstances of his death were as follows:*

### **1. Introduction and reason for Inquest**

- 1.1. Mr Ronald Hopkins was 78 years of age when he died at the Mount Gambier Prison on 20 April 2014.
- 1.2. At the time of his death Mr Hopkins was serving a sentence of 10 years imprisonment with a non-parole period of seven years which had commenced on 12 April 2005. Accordingly, his was a death in custody within the meaning of that expression in the Coroners Act 2003 and this Inquest was held as required by section 21(1)(a) of that Act.

### **2. Cause of death**

- 2.1. An autopsy was conducted by Dr Stephen Wills of Forensic Science South Australia who found the cause of death to be cardiomegaly with left ventricular hypertrophy and

atherosclerotic cardiovascular disease with contributing chronic obstructive pulmonary disease<sup>1</sup>, and I so find.

### **3. Background and medical history**

- 3.1. Mr Hopkins had been sentenced by the Supreme Court of South Australia on 29 September 2006 for 11 counts of sexual offences including committing an act of gross indecency, indecent assault and unlawful sexual intercourse. All offences were against young boys.
- 3.2. On 10 November 2011 Mr Hopkins pleaded guilty to a number of historic sex offence allegations and for this he received a two-year term of imprisonment which was to be served cumulatively on the 10-year sentence he was already serving. The effect of this was that his total head sentence was increased to 12 years. 15 months were added to his non-parole period which then became eight years and three months (expiring on 11 August 2013). His head sentence was due to expire on 11 April 2017. Despite being eligible to apply for parole eight months prior to his death, Mr Hopkins made no application and was still in prison at the time of his death.
- 3.3. Mr Hopkins' medical history included ischaemic heart disease, congestive cardiac failure, chronic renal failure of unknown aetiology, chronic obstructive pulmonary disease, type 2 diabetes, depression, carcinoma of the prostate (treated with Zoladex implants since 2000) and heart block with atrial fibrillation.
- 3.4. At the time of his death Mr Hopkins was on a number of medications for these complaints including salbutamol and seretide inhalers, Spiriva, glyceryl trinitrate spray, Cortic-DC cream, Frusemide, atorvastatin, Caltrate, bisoprolol, vitamin D and ramipril.
- 3.5. In 2012 Mr Hopkins had suffered a non-ST elevation myocardial infarction. An echocardiogram soon after had shown an ejection fraction of 20-25% and a concentric left ventricular hypertrophy. An angiogram showed mild left sided disease with an occluded right coronary artery. He had an out of hospital cardiac arrest on 24 January 2013 following which he was resuscitated and admitted to the Royal Adelaide Hospital where a pacemaker was inserted on 1 February 2013.

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<sup>1</sup> Exhibit C3a

3.6. On the day of Mr Hopkins' death he was in his cell with another inmate. That inmate told police that he had noticed Mr Hopkins falling asleep while watching TV. He later observed Mr Hopkins get out of the chair and move to his bed. The cellmate was lying on the top bunk. He could see Mr Hopkins' head and knees below him. He heard a thump and then a groan and looked over to see what was happening. He saw Mr Hopkins slouched back on his bed unresponsive. The cellmate summoned help immediately. CPR was commenced. Ambulance services were called in and lengthy resuscitative efforts were undertaken, but Mr Hopkins could not be revived.

3.7. The post mortem report stated:

'There were no significant acute injuries externally upon the body. CT scan of the body showed no obvious bony injury or metastatic disease. The CT scan showed evidence of cardiomegaly, calcification of the systemic and coronary arteries, and calcification within the prostate gland and relatively marked emphysema-like changes and bilateral pleural effusions. At post- mortem there was no bruising within the scalp and no skull fracture. There was no acute bleeding around or within the brain although a thin film of apparent organised subdural membrane was present over the cerebral hemispheres which was non space occupying. There were no injuries present within the neck structures. There were resuscitation-related anterior rib fractures. Within the chest there were bilateral serous pleural effusions and the chest wall appeared hyper-expanded, both lungs being oedematous and showing relatively marked emphysema. The pericardial sac showed adhesions and the heart itself was enlarged and heavy in comparison to body mass with left ventricular hypertrophy. The left coronary circulation showed mild to focally moderate coronary artery atheroma. The right coronary artery, however, appeared completely occluded by calcified atheroma. Within the abdomen the liver showed nutmeg type congestion, both kidneys were finely granular and the prostate gland appeared enlarged with a focal nodule of calcification almost certainly representing his underlying prostate tumour. There was no indication of disseminated prostate cancer. Taking all the findings into consideration, in my opinion this gentleman has died as a result of cardiomegaly, with left ventricular hypertrophy and atherosclerotic cardiovascular disease. Individuals with significant cardiac disease such as this gentleman are at increased risk of sudden cardiac dysfunction, arrhythmia and sudden unexpected death.'<sup>2</sup>

#### **4. Conclusion**

4.1. In my opinion the management of and medical assistance provided to Mr Hopkins during his imprisonment was adequate and all that could be done for him with respect

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<sup>2</sup> Exhibit C3a

to his medical conditions, was done for him. Notably his treating general practitioner at Mount Gambier Prison, Dr Kavanagh, stated:

'He was managed well and received a good standard of care here at Mount Gambier Prison. He was happy here and did not raise any concerns or issues.'<sup>3</sup>

4.2. His reluctance to apply for parole was another indication that he was seemingly satisfied with his treatment.

**5. Recommendations**

5.1. The Court does not see the need to make any recommendations.

*Key Words: Death in Custody; Prisoner; Natural Causes*

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

*Seal the 25<sup>th</sup> day of August, 2016.*

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*State Coroner*

Inquest Number 16/2016 (0656/2014)

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<sup>3</sup> Exhibit C13