



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 16<sup>th</sup> day of February 2016 and the 4<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 Dearne Lee Kalme.*

*The said Court finds that Dearne Lee Kalme aged 51 years, late of 13 Giles Court, Ingle Farm, South Australia died at Ingle Farm, South Australia on the 15<sup>th</sup> day of October 2013 as a result of an undetermined cause. The said Court finds that the circumstances of her death were as follows:*

### **1. Introduction and cause of death**

- 1.1. Dearne Lee Kalme was 51 years of age when she died on 15 October 2013 at her home address. An autopsy was conducted by Dr Neil Langlois on 17 October 2013. He was unable to ascertain a cause of death and gave it as undetermined<sup>1</sup>, and I so find.
- 1.2. Significant findings at autopsy were: 1) significant atherosclerotic narrowing of the left anterior coronary artery and 2) potentially fatal blood level of citalopram. I will return to Dr Langlois' report and issues relating to the cause of death later.

### **2. Background**

- 2.1. Ms Kalme was arrested on 3 July 2013 on suspicion of aggravated serious criminal trespass and theft. Police bail was refused and Ms Kalme was remanded in custody. Home detention bail was granted on 12 July 2013. She was to reside at Unit 6/8 Tench

---

<sup>1</sup> Exhibit C2a

Court, Golden Grove and to wear an electronic transmitter as well as comply with further conditions of bail.

- 2.2. On 14 July 2013 Ms Kalme's home detention officer attempted to contact her by telephone. He was unable to reach her and so he attended at the address in person. With the assistance of police he entered the rear yard of the premises at Tench Court and found Ms Kalme lying on her back in the yard.
- 2.3. Ms Kalme was unresponsive and very cold, but there was a faint pulse. An ambulance was called. They attended at the address and transported Ms Kalme to the Royal Adelaide Hospital. She remained at the Royal Adelaide Hospital from 14 July 2013 to 26 August 2013.
- 2.4. Whilst in hospital Ms Kalme admitted to taking heroin some days prior to her admission and was treated for the effects of either an overdose or drug withdrawal. It was concluded that her collapse from either the overdose or withdrawal led to her being unconscious in her yard for an unknown period of time. This in turn led to kidney and heart failure, as well as pneumonia.
- 2.5. Collateral evidence gathered by police at the time included the finding of syringes, ice pipes and alfoil with burn marks which were all found in her Tench Court premises. This evidence offers support for her collapse having been drug related.
- 2.6. Upon discharge on 26 August 2013 Ms Kalme was in good health and had no ongoing issues with her heart or kidneys. Dr Lauren Fielke from the Royal Adelaide Hospital had this to say in her statement about Ms Kalme upon discharge:

'On 26 August 2013 Kalme was discharged from the RAH. Kalme's kidneys had made a full recovery, her heart was checked with an angiogram which came back as normal, her urinary tract infection had cleared up and her pneumonia was clear. She left the hospital in good health and was discharged at my direction. There was no follow up to be done as the cause of her initial collapse that led to the medical issues is still thought to have been either a drug overdose or drug withdrawal. She left with a prescription for forty (40) milligrams of citalopram a day and two (2) milligrams of alprazolam for her anxiety.'<sup>2</sup>
- 2.7. Ms Kalme primarily attended two medical practices for her health needs. A statement from Dr Jalal Khasanov of the Clovercrest Family Practice<sup>3</sup> states that Ms Kalme's primary presenting complaint was anxiety and panic disorder and that she was being

---

<sup>2</sup> Exhibit C8a

<sup>3</sup> Exhibit C7a

prescribed alprazolam which is a common anti-anxiety drug. She was also prescribed citalopram for her panic disorder.

- 2.8. On 8 September 2013 Ms Kalme was arrested on suspicion of robbery. She was granted home detention bail including the condition to reside at 13 Giles Court, Ingle Farm and again to wear an electronic transmitter.
- 2.9. On 30 September 2013 police attended at the Ingle Farm address and reported her for a breach of bail that was alleged to have occurred on 8 September 2013 prior to her arrest for the alleged robbery on that day. The alleged breach of bail was in relation to Ms Kalme not returning to her nominated address before the end of a pass out time.
- 2.10. Over the course of her home detention bail period Ms Kalme had numerous contacts with her home detention officer.
- 2.11. On 15 October 2013 a neighbour noted that the front screen door of Ms Kalme's premises was shut and locked but that the wooden door behind it was wide open. It had been that way since the day before. The neighbour contacted police and asked them to conduct a welfare check upon Ms Kalme. The police duly attended and it was on that day that she was found deceased on the kitchen floor of her home.

### **3. Further discussion in relation to cause of death**

- 3.1. I return to the question of the cause of death. Post-mortem toxicology revealed approximately 1.1mg of citalopram, 0.2mg of morphine, approximately 0.01mg of codeine and approximately 0.02mg of alprazolam. Those results were consistent with therapeutic use except for the citalopram which could be considered to be in the lethal range. However Mr Traljic, the toxicologist who undertook the investigations<sup>4</sup>, pointed to the varying nature of citalopram levels in different persons and stated also that post-mortem redistribution can be an issue with citalopram. In short, it is difficult to determine what is a normal, a fatal or a toxic level of citalopram in circumstances such as these.
- 3.2. Dr Langlois found significant atherosclerotic narrowing of the left anterior coronary artery, and a potentially fatal blood level of citalopram. He said that he gave the cause of death as undetermined because either the ischaemic heart disease or the citalopram

---

<sup>4</sup> Exhibit C3a

level could have caused death. He said that the possibility of an interaction between the two would not appear to have a physiological basis, and discounted that theory.

- 3.3. I accept that the cause of death was either citalopram toxicity or ischaemic heart disease. Given the uncertainty I accept that the cause of death must be given as undetermined.

**4. Reason for Inquest**

- 4.1. This death was a death in custody within the meaning of that expression in the Coroners Act 2003, and accordingly this inquest was held as required by section 21(1)(a) of that Act.

**5. Recommendations**

- 5.1. I have no recommendations to make in this matter.

*Key Words: Death in Custody; Home Detention*

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

*Seal the 4<sup>th</sup> day of August, 2016*

---

*State Coroner*