



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 11th March 2016 and the 1st day of September 2016, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Saeed Qasem Abdalla.

The said Court finds that Saeed Qasem Abdalla aged 63 years, late of 10 Sturtbrae Crescent, Bellevue Heights, South Australia died at the Flinders Medical Centre, Flinders Drive, Bedford Park, South Australia on the 12th day of October 2013 as a result of severe refractory heart failure despite coronary artery bypass and repeated prolonged mechanical and medical cardiovascular support. The said Court finds that the circumstances of his death were as follows:

1. Introduction and reason for Inquest

- 1.1. Saeed Qasem Abdalla (Mr Qasem) was aged 63 years when he died on 12 October 2013 at the Flinders Medical Centre (the FMC).
- 1.2. Mr Qasem's death was a death in custody due to circumstances that I will describe herein. An Inquest into the cause and circumstances of his death was therefore mandatory. These are the findings of that Inquest.

2. Cause of death

- 2.1. A coronial medical deposition was completed at the FMC by Dr Stephen Lam, the attending Intensive Critical Care Unit (ICCU) consultant¹. Dr Lam's opinion as to the

¹ Exhibit C12

cause of Mr Qasem's death was that he died as a result of severe refractory heart failure despite coronary artery bypass and repeated prolonged mechanical and medical cardiovascular support. As will be seen, this cause of death is in keeping with Mr Qasem's clinical presentation and history. I accept Dr Lam's opinion and find that the cause of Mr Qasem's death was as stated above.

3. Background and circumstances leading to Mr Qasem's death

- 3.1. Mr Qasem was born in Somalia in 1950. In 1991 he left Somalia with his wife and family. They went to live in Yemen. He suffered with heart conditions and diabetes throughout this time. While living in Yemen he sought medical attention for these conditions.
- 3.2. In June 2013 Mr Qasem and his family flew from Yemen to Indonesia. They then travelled by boat to Australia where, on 5 July 2013, they were intercepted by Australian authorities and taken to Christmas Island. The family were detained pursuant to section 189(3) of the Migration Act 1958 (Commonwealth). It appears that the principal motivating factor for the family's attempt to migrate to Australia was a desire to obtain better medical treatment for Mr Qasem's heart condition.
- 3.3. Mr Qasem advised Australian officials at the Wickham Point Detention Centre on Christmas Island of his heart condition. He was subsequently medically examined and was flown to the Royal Darwin Hospital (the RDH). Upon admission to the RDH Mr Qasem was assessed by doctors. He underwent treatment, spending approximately one month in that hospital before being transferred directly to the FMC on 31 August 2013 for urgent cardiac surgery. Mr Qasem's family were also flown to Adelaide from Darwin. They were initially accommodated at the Inverbrackie Detention Centre and later at an address at Bellevue Heights close to the FMC where Mr Qasem would be admitted.
- 3.4. During this time Mr Qasem and his family were still subject to community detention orders approved by the Minister.
- 3.5. After undergoing surgery Mr Qasem's health declined. He spent periods of time in the ICU at FMC where he ultimately died on 12 October 2013. At the time of his death he was the subject of a residence determination order which was also known as a community detention order pursuant to section 197AB of the Migration Act.

4. Mr Qasem's medical history

- 4.1. Dr Kangaharan who treated Mr Qasem in the Northern Territory indicated that Mr Qasem had presented with biventricular failure. He described this as a common progressive and complex clinical syndrome with high morbidity and mortality. It is in essence the failure of both the left and right ventricles. Mr Qasem's presentation was seen in a context of known cardiomyopathy and poorly controlled diabetes mellitus. There were also blood pressure difficulties.
- 4.2. A typical treatment plan for the condition would often include an ACE inhibitor, a beta blocker and a long acting nitrate and a calcium channel blocker in a combination that is adjusted to the individual patient's needs, however Mr Qasem was unable to tolerate beta blockers and the ACE inhibitor. It was concluded that he had severe vessel disease with severe left ventricular dysfunction and congestive cardiac failure. The recommendation borne out of this conclusion was that Mr Qasem should be assessed for coronary artery surgery. The assessment was carried out by the FMC cardiothoracic/cardiology team who agreed to accept Mr Qasem for coronary artery bypass grafting.
- 4.3. Following this surgery on 2 September 2013, which was performed at the FMC by Dr Hugh Cullen, Mr Qasem's ventricular function remained poor. He experienced borderline blood pressure. On 10 September 2013 he was administered an echocardiogram which confirmed that his biventricular heart failure was persistent. In addition Mr Qasem proved to be a difficult patient on the ward. He refused food and medication post-operatively which meant that he had to be continually transferred between the ward and the ICCU due to fluctuations in his condition. He became dependent on cardiovascular support.
- 4.4. After lengthy deliberations between the ICCU team, cardiology team and cardiothoracic team it was agreed that there was no further surgical intervention that could assist Mr Qasem. His family were informed of this on 9 October 2013.
- 4.5. On 11 October 2013 Mr Qasem was extubated and supportive care only was instituted. His cardiogenic shock re-occurred and he died the following day on 12 October 2013.

5. Conclusion

5.1. Mr Qasem's detention was lawful. His medical treatment while under detention was also lawful. It was also optimal. Mr Qasem's custodial circumstances did not contribute to his death.

6. Recommendation

6.1. There are no recommendations.

Key Words: Death in Custody; Detention Centre; Natural Causes

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

Seal the 1st day of September, 2016.

Deputy State Coroner