



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 day of April 2017 and the 25th day of August 2017, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Garry Robert Warne.

The said Court finds that Garry Robert Warne aged 58 years, late of Yatala Labour Prison, 1 Peter Brown Drive, Northfield, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 19th day of December 2014 as a result of pneumonia on a background of adenocarcinoma of the lung stage 4, ischaemic heart disease and chronic emphysema. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for Inquest

- 1.1. Garry Robert Warne died on 19 December 2014 at the Royal Adelaide Hospital (RAH). He was 58 years of age. At the time of his death he was serving a term of imprisonment. Mr Warne's death was therefore a death in custody for which an Inquest was mandatory. These are the findings of that Inquest.
- 1.2. In order to establish Mr Warne's cause of death a review of his clinical circumstances was undertaken by Dr Iain McIntyre of Forensic Science South Australia¹. Dr McIntyre reported that Mr Warne's cause of death was pneumonia on a background of adenocarcinoma of the lung stage 4, ischaemic heart disease and chronic emphysema. I find that to have been the cause of Mr Warne's death.

¹ Exhibit C2a

2. Mr Warne's incarceration

- 2.1. On 29 March 2000 Mr Warne pleaded guilty to the offence of murder. On 5 May 2000 a mandatory life sentence with a non-parole period of 15 years was imposed. The period of imprisonment was backdated to 16 July 1998.

3. Background

- 3.1. Mr Warne had a history of drug and alcohol abuse. Mr Warne was diagnosed with suffering from chronic schizophrenia. He was treated with drug therapy and over the ensuing years received inpatient treatment at Enfield, Glenside and Hillcrest Hospitals.
- 3.2. Whilst incarcerated Mr Warne remained under a community treatment order pursuant to the Mental Health Act 2009 regarding administration of medication.
- 3.3. Mr Warne suffered from emphysema due to heavy smoking. The most pertinent extracts from his prison medical history include:

'19 June 2002 - chest X-ray results, chronic heavy smoker, progress of last chest X-ray which showed non-specific lung changes.

29 September 2003 - cardiac clinic review of chest X-ray showed normal cardio mediastinal outline. This patient does not have any cardiac ischemia.

9 February 2006 - chest X-ray results, no obvious acute lung abnormality. The lungs show changes of COAD, chronic obstructive airways disease.

28 November 2012 - he was review by a cardiologist at Cardiac SA at the Queen Elizabeth Hospital and he presented with significant peripheral vascular disease which was symptomatic and yet no cardiac disease was found.'

- 3.4. It is noted in the statement of Dr Laurence Ferguson, Director of Vascular Surgery at the RAH, that a chest X-ray conducted in 2013 was clear with no indication of lung cancer being present at that time².

4. Mr Warne's admission to the Royal Adelaide Hospital

- 4.1. Mr Warne was refused parole in 2014. As he was suffering significant pain in his legs, he consulted a vascular surgeon. On 10 November 2014 he was diagnosed with critical ischaemia in his right leg. On 11 November 2014 at the RAH he underwent a right femoral endarterectomy plus bilateral iliac stents procedure.

² Exhibit C6

- 4.2. On 12 November 2014 Mr Warne became unwell with a rapid pulse, low oxygen and low blood pressure. On examination he was found to have a chest infection for which he was treated. During this process he underwent chest X-rays which revealed cancer of the lung.
- 4.3. Mr Warne remained unwell. Treatment continued for his chest infection, low oxygen and blood pressure. At this point cardiac problems were also suspected and Mr Warne underwent a number of tests. An ECG found that he had suffered a heart attack. Dr Ferguson felt that this would likely have occurred in the perioperative phase. Dr Ferguson confirmed this was not an uncommon occurrence.
- 4.4. On 14 November 2014 both the cardiac and respiratory teams at the RAH became involved in Mr Warne's care and medical management. On 19 November 2014 a lung biopsy was performed and this revealed Mr Warne had very advanced cancer of the lung, specifically stage 4 adenocarcinoma. The oncology team became involved in his care.
- 4.5. On 4 December 2014 a discussion regarding radiation therapy was held between Mr Warne and the oncology team. Mr Warne indicated that he did not want to undergo immediate treatment. He said that he preferred to return to the prison with a view to ultimately becoming well enough to commence treatment at a later date. This decision was respected. Mr Warne was discharged to the Yatala Labour Prison infirmary on 5 December 2014.
- 4.6. On 13 December 2014 in the Yatala Labour Prison infirmary Mr Warne had two tonic-clonic seizures. Mr Warne was readmitted to the RAH where he was found to have developed an infection in the wound from the femoral surgery. Upon admission Mr Warne underwent an MRI scan which demonstrated possible metastases in the region of the temporal lobe. It was considered that these may have been the cause of the seizures. A troponin rise suggesting that Mr Warne may have suffered a further heart attack was also detected.
- 4.7. Mr Warne remained in the RAH until his death on 19 December 2014. During that time he was treated by a number of physicians in relation to all of his conditions, including the development of pneumonia.

- 4.8. Despite efforts to prolong Mr Warne's life he did not respond to treatment. On 19 December 2014, following a review by the medical specialists involved with his care, a decision was made to palliate Mr Warne. In his statement³ Dr Rami Tadros noted that Mr Warne was fully aware of his prognosis and was fully involved in the decision-making process regarding his treatment.
- 4.9. On 19 December 2014 a nurse entered Mr Warne's room to attend to his hygiene care and to administer his medications. She noted that Mr Warne was lying on his back, had his arms by his sides, that his eyes were wide open and that he was breathing heavily. He was unresponsive. While washing his face the nurse noted a change in Mr Warne's breathing pattern, followed by him taking a last breath. Nurse Navdeep Kaur⁴ summoned a doctor who certified life extinct at 8:54am.

5. Conclusions

- 5.1. I find that Mr Warne's detention was at all times lawful.
- 5.2. There is no suggestion other than that Mr Warne's medical treatment was at all times satisfactory and that his death from natural causes could not have been prevented.

6. Recommendations

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

Key Words: Death in Custody; Prisoner; Natural Causes

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

Seal the 25th day of August, 2017.

Deputy State Coroner

Inquest Number 08/2017 (2193/2014)

³ Exhibit C5

⁴ Exhibit C3