



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 26th and 27th days of April 2017 and the 29th day of May 2017, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of John Laurence Westwood.

The said Court finds that John Laurence Westwood aged 63 years, late of 120 Seaview Road, Tennyson, South Australia died at Tennyson, South Australia on the 29th day of September 2014 as a result of neck compression due to hanging. The said Court finds that the circumstances of his death were as follows:

1. Introduction

- 1.1. John Laurence Westwood was 63 years of age when he died on Monday, 29 September 2014.
- 1.2. Mr Westwood was found hanging by his neck from a metal beam in the garage of the premises where he resided with his wife of 36 years. He was deceased. Mr Westwood in fact was located by his wife. This occurred at about 11:45am when she returned home. Mr Westwood had last been seen alive earlier that morning when he had said to his wife that he was going to have a shower and then go to the workman's club at Semaphore. Ms Westwood had then left the premises. Naturally the police became involved in the matter and an investigation ensued. That investigation was coordinated by Senior Constable Tung Tran of SAPOL.

2. Cause of death

- 2.1. A post-mortem examination involving a full autopsy was conducted by Dr John Gilbert who is a forensic pathologist at Forensic Science South Australia. Dr Gilbert's post-mortem report was tendered to the Court¹. It was Dr Gilbert's clear opinion that

¹ Exhibit C1a

Mr Westwood's cause of death was neck compression due to hanging. I accept that opinion and find that Mr Westwood died from neck compression due to hanging. A toxicology report², reference to which is made in Dr Gilbert's report, reveals that at the time of Mr Westwood's death he had therapeutic concentrations of morphine, mirtazapine, diazepam, pseudoephedrine and chlorpheniramine in his blood. From time to time these medications had been prescribed for Mr Westwood by general practitioners. Morphine is the product of codeine which is the active component of a number of analgesic medications including Mersyndol Forte which had been prescribed for Mr Westwood. Morphine is also an active component of MS Contin, another painkiller that had been prescribed for him. Mr Westwood had a history of back pain resulting from an industrial accident. Mirtazapine is a medication used to treat depression, in respect of which Mr Westwood also had a history. Diazepam, otherwise known as Valium, is an anti-anxiety medication. Pseudoephedrine and chlorpheniramine are active components of Demazin which is a medication used for the relief of a number of ailments including colds, flu and sinus issues. MS Contin tablets, Mersyndol Forte tablets, mirtazapine tablets, diazepam tablets and Demazin were all located in Mr Westwood's home. For the most part these medications had been prescribed for him by Dr Alex Alexander, a general medical practitioner. A number of them had been prescribed some time ago. It appears that over time Mr Westwood had hoarded a significant quantity of these medications.

- 2.2. Although there is no real suggestion that the substances that were in Mr Westwood's blood at the time of his death contributed to his death, it is nevertheless conceivable that they could have been used in an attempt to take his own life if taken in more significant quantities.
- 2.3. In the event the clear cause of death was due to hanging, in and of itself.
- 2.4. The investigating police were satisfied that there were no suspicious circumstances attaching to Mr Westwood's death. A note in Mr Westwood's handwriting which was located in the deceased's home stated as follows:

'Sorry for everything Sandi and Leksey
Love you always
Woody
XXX'³

² Exhibit C2a

³ Exhibit C5

Sandi is Mr Westwood's wife, Ms Sandra Westwood, and Leksey was their dog. This document can be interpreted as a note written by Mr Westwood when contemplating his imminent death by his own hand. I so interpret it.

- 2.5. I find that Mr Westwood hanged himself with the intention of ending his life. I also find that he did so without the assistance of any other person.

3. Background

- 3.1. A number of years ago Mr Westwood experienced an industrial accident which resulted in him prematurely having to cease working. He was only in his forties. A protracted compensation claim then ensued over several years during which Mr Westwood received regular payments. The matter ultimately culminated in a lump sum payment. According to Ms Sandra Westwood, during the global financial crisis she and Mr Westwood lost several hundred thousand dollars and although they were still able to maintain a reasonable lifestyle from a financial perspective, Mr Westwood continued to lament the monetary loss as well as his inability to work and the resulting loss of association with friends and colleagues. Mr Westwood was diagnosed with depression in respect of which he saw a number of psychologists and psychiatrists over the years, for the most part in connection with his Workcover claim, but therapeutically as well.
- 3.2. To a large extent Mr Westwood's ongoing depression seemed to be treatment resistant.
- 3.3. Mr Westwood first started consulting Dr Alex Alexander in the latter's medical practice at Hendon in 1999. His presenting problems at that time were chronic lower back pain and an inability to sleep. He also presented with a depressed mood which was due to the pain, the lack of sleep, loss of self-esteem, reduction of income and the loss of contact with his former colleagues.
- 3.4. Dr Alexander provided two statements to the Inquest⁴ and gave oral evidence. The first statement, a very brief statement, was compiled by investigating police. The second more recent statement, dated 18 April 2017, was furnished by Dr Alexander's legal representatives shortly before the commencement of this Inquest. I will later discuss the circumstances in which Dr Alexander's two statements came into being. Dr Alexander also gave oral evidence at the Inquest.

⁴ Exhibits C9 and C9a

- 3.5. In his most recent statement, Dr Alexander sets out in some detail Mr Westwood's history. Dr Alexander states that Mr Westwood continually complained of depression and a lack of interest in life. He would often say that he felt there was nothing to live for and would voice a general feeling of wanting to die or having no will to live. Mr Westwood had found the interventions by other doctors, psychiatrists, psychologists and counsellors that had occurred over a long period of time to have been quite unhelpful. He had developed an entrenched lack of enthusiasm for such treatment. Mrs Westwood appears to have taken a similar view about Mr Westwood and stated that each bout of depression would involve Mr Westwood progressively becoming '*lower and lower each time*'⁵. She refers also to his not being able to sleep and his faltering efforts to get some sleep.
- 3.6. On 5 February 2014 Dr Alexander saw Mr Westwood. On this occasion there was discussion about a mental health plan for Mr Westwood. On 7 February 2014 Dr Alexander again saw Mr Westwood. Dr Alexander states that in the course of this consultation he attempted to revisit the idea of referral to a mental health professional, but that at the end of this consultation Mr Westwood indicated that he did not wish to be referred to any such professional. There were further consultations in May, July and early August 2014 relating to physical matters including shingles and right knee pain.
- 3.7. Mrs Westwood explained to the Court that for approximately six weeks prior to her husband's death she had been on a virtual suicide watch for him such was his state of despondency. He had been saying that he did not want to live, that he wanted to die and that she would be better off without him. Although she told the Court that she had not given serious credence to the thought that her husband would commit suicide, she was obviously alive to that possibility and there is no doubt that she became deeply concerned about his most recent demeanour and frame of mind. Mr Westwood was scheduled to see Dr Alexander on Friday 26 September 2014 in order for blood tests to be undertaken. Knowing this, that morning Mrs Westwood telephoned Dr Alexander's practice and spoke to him, alerting Dr Alexander to her husband's current frame of mind. I will come to the details of that conversation in another section. Dr Alexander later that morning saw Mr Westwood in his rooms. In his oral evidence Dr Alexander

⁵ Exhibit C10, page 2

told the Court that from this consultation he had concluded that Mr Westwood was not acutely suicidal despite Mrs Westwood's phone call.

- 3.8. Mr Westwood took his own life on the following Monday morning. All these events will be described in more detail below.
- 3.9. There is no evidence that prior to the occasion of Mr Westwood's suicide he had made any other attempt to take his own life.

4. Reason for Inquest

- 4.1. It is first necessary to explain the course which this coronial investigation took following Mr Westwood's death.
- 4.2. Mr Westwood's clinical notes were ultimately supplied to the coronial investigators pursuant to a coronial direction. These notes, or at least copies of them, and in varying states of completeness, became Exhibit C6a and Exhibit C6b in this Inquest. The original file was also ultimately exhibited⁶. In the event there is really only one entry that is of any importance and that is Dr Alexander's handwritten note of his consultation with Mr Westwood on Friday 26 September 2014, three days prior to Mr Westwood's death. That note consists of half a page of handwritten material. I set out immediately below a typed version of the note that was helpfully supplied to the Court by Dr Alexander's counsel, Mr Anthony Crocker, as an aide to the reading and interpretation of the handwritten version.

'Sinusitis → Augmentin
 Zyrtec
 Demazin

Blood and urine taken sent for routine testing

Mental

Appetite	Down
Libido	Down
Depressed	Down

Suicidal ++
(Talk to wife)

117/80'

⁶ Exhibit C6b

4.3. Below is a copy of the original page of the clinical record relating to that consultation.



Consultation notes

Page no.	SURNAME <i>Westwood</i>	RECORD NO./ DOB
	GIVEN NAME(S) <i>John</i>	

DATE	PROB NO.	FINDINGS: SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN	DIAGNOSTIC, THERAPEUTIC, INFORMATION (including medication)	REVIEW DATE	INITIALS
<i>26/9/14</i>		<i>suicidal →</i>			
<i>Ⓢ</i>		<i>blatant</i>			
		<i>mental</i>			
		<i>appetite ↓</i>			
		<i>letich ↓</i>			
		<i>depressed ↓</i>			
		<i>suicidal ++</i>			
		<i>117/80</i>	<i>(Talk to conf)</i>		

4.4. A police statement was taken from Mrs Sandra Westwood on the day of her husband's death, namely Monday 29 September 2014. In that statement Mrs Westwood alluded to the fact that her husband had seen Dr Alexander on Friday 26 September 2014 and that prior to that appointment she had telephoned Dr Alexander and had indicated to the doctor that she had been on suicide watch in respect of her husband.

4.5. On 23 December 2014 Senior Constable Tran, to whom I have referred, attended at Dr Alexander's rooms. He there interviewed Dr Alexander for the purposes of compiling a witness statement for Dr Alexander in relation to his treatment of Mr Westwood and, in particular, in respect of the last consultation that he had with Mr Westwood on Friday 26 September 2014. In due course Senior Constable Tran came into possession of a copy of Dr Alexander's clinical record relating to Mr Westwood. Senior Constable Tran subsequently drafted a three page witness statement for Dr Alexander to sign. On 22 September 2015, some nine months since Senior Constable Tran had first spoken to Dr Alexander, he attended at Dr Alexander's rooms and presented the statement to Dr Alexander for signature. It is plain, and I find,

that Dr Alexander read the three page draft and signed it on each page. Senior Constable Tran witnessed Dr Alexander's signature. At the very beginning of the statement there is a proforma preamble that is common to all witness statements that are taken for the purposes of being produced into evidence in this Court. It is as follows:

'This statement, consisting of 3 page(s) signed by me is true to the best of my knowledge and belief. I know that this statement may be accepted in evidence in the Coroner's Court of South Australia and that if it contains material which is false or misleading in a material particular and which I know to be false and misleading I will be guilty of an offence.'

- 4.6. At the time he read and signed the statement, Dr Alexander added two sentences in his own handwriting. I will come to the nature of that addition in a moment.
- 4.7. During the course of the Inquest, the circumstances in which Dr Alexander came to sign and augment this typed document were the subject of evidence, both from Dr Alexander and Senior Constable Tran. In the statement it is asserted as follows, ostensibly in the words of Dr Alexander himself:

'I refer to my patient notes in the compilation of this statement.'

The statement then goes on to briefly describe Dr Alexander's professional association with Mr Westwood, including reference to the fact that Dr Alexander had managed his patient on the basis that Mr Westwood's work injury had caused his '*severe depression over the years*'. The document also refers to Mr Westwood having trouble sleeping in 2014. The penultimate paragraph is as follows:

'The last consultation I had with Mr WESTWOOD was on Friday 26th September 2014, the reason for the visit was Mr WESTWOOD wanted a blood test completed. I noted on this occasion Mr WESTWOOD was feeling very depressed and suicidal. I noted him to be "suicidal++" in my notes on his last visit.'⁷

The words '*suicidal++*' in that paragraph is a verbatim repetition of the same expression as used in Dr Alexander's handwritten note of the consultation. The plus signs are commonly seen features in medical notes, usually added to a descriptor to indicate an enhanced or serious instance of the symptom or condition described, in this case suicidality. A great deal of evidence would be given during the Inquest about the circumstances in which this phrase was written by Dr Alexander in the consultation note and about what it had meant. On the face of it, the paragraph of Dr Alexander's witness statement reproduced above would have to be interpreted as Dr Alexander

⁷ Exhibit C9, Page 3

stating that on the occasion of the consultation of Friday 26 September 2014 Mr Westwood had been feeling very depressed and suicidal and that the note 'suicidal++' as recorded in his consultation note had been written as a reference to Mr Westwood's then frame of mind and specifically to the significant degree of suicidality that Dr Alexander had identified in his patient during that consultation. Such an interpretation of that part of Dr Alexander's statement would be totally consistent with the tenor of the handwritten consultation note on which the assertion in the statement was premised. The two sentences that Dr Alexander added to the statement in his own handwriting appear immediately following that paragraph and state as follows:

'I had an appointment to follow him up in the next few days. He did not appear to be at immediate risk.'

Dr Alexander initialled that addition to the statement. The addition appears to amount to an adoption of what preceded it, with a rider as to the immediacy of the risk that he had detected in his patient.

- 4.8. The contents of Dr Alexander's signed and augmented witness statement to police gave rise to the suggestion that on 26 September 2014 Mr Westwood, in the professional eyes of Dr Alexander, had presented as significantly depressed and suicidal, albeit not apparently at '*immediate risk*'. I do note that in Dr Alexander's handwritten note of the consultation there is no reference to immediate or any other kind of risk. That Dr Alexander had formed a view that Mr Westwood was acutely suicidal would be consistent with what Mr Westwood's wife had indicated on the telephone before the consultation occurred.
- 4.9. All of the foregoing naturally gave rise to a concern that Dr Alexander had failed to exercise a proper standard of care when he saw Mr Westwood on 26 September 2014 in that he had failed to take reasonable steps to protect Mr Westwood from self-harm, steps that might have included detention under the Mental Health Act 2009.
- 4.10. With the concerns described in the previous paragraph in mind, an opinion was sought from an independent expert regarding Mr Westwood's management by Dr Alexander. That expert was Dr Peter Joyner who is a prominent general practitioner. Dr Joyner obtained his basic medical degree in 1968 and has since been conferred with a Fellowship of the College of Remote Rural Medicine, a Diploma of Obstetrics. He has

been in general practice since about 1971. Dr Joyner is currently the Director of Emergency Services for Country Health SA.

- 4.11. Dr Joyner's report⁸ dated 15 September 2016 stated that he could find no evidence of any appropriate suicide risk assessment having been undertaken by Dr Alexander. He asserts in his report that there had been three significant warning factors in respect of a suicide risk assessment. Dr Joyner identified those factors as firstly the unsolicited phone call by Mrs Westwood which strongly emphasised that her husband was at a high level of risk of suicide, secondly the consultation itself which confirmed that Mr Westwood was at high risk as evidenced by the note '*suicidal++*' and thirdly Mr Westwood's previous history of long term depression relating to several negative ongoing factors in his life. In summary, Dr Joyner stated in his report that he did not feel that Mr Westwood's presentation to Dr Alexander on 26 September 2014 was managed correctly. He concluded by stating:

'In the face of the factors I have outlined above and the recorded assessment in the consultation notes "suicidal++", I feel Mr John Westwood should have been detained to a mental health treatment hospital for further assessment and management.'⁹

- 4.12. I should here say something about detention pursuant to the Mental Health Act 2009. The objects of the Mental Health Act 2009 (the Act) include ensuring that persons with serious mental illness receive treatment whilst retaining their rights and dignity. For those purposes, the Act confers appropriately limited powers relating to the imposition of mandatory treatment including mandatory inpatient treatment where required. To this end a medical practitioner may impose a Level 1 Inpatient Treatment Order that will compel the patient to be detained and treated in a treatment centre such as the psychiatric ward of a major public hospital. It is this detention to which Dr Joyner has referred in his report as being what, in his view, was the appropriate course of action for Dr Alexander to have taken in respect of Mr Westwood.
- 4.13. It was with the above issues in mind that this Inquest was embarked upon. The question as to whether Mr Westwood's death could and should have been prevented by appropriate intervention by Dr Alexander in particular was examined in this Inquest.

⁸ Exhibit C13

⁹ Exhibit C13

- 4.14. Tendered to the Court was a further, more detailed statement of Dr Alex Alexander dated 18 April 2017¹⁰. The statement was supplied to the Court by Dr Alexander's legal representative, Mr Anthony Crocker of counsel. The Inquest commenced on Wednesday 26 April 2017.
- 4.15. Dr Alexander's statement of 18 April 2017 makes reference to the report of Dr Peter Joyner. In his statement Dr Alexander asserts that having regard to the information upon which Dr Joyner based his report, which included firstly Dr Alexander's original signed statement to investigating police, secondly his entry regarding the consultation of 26 September 2014 within the consultation notes, and thirdly Mrs Westwood's statement, he would agree with the conclusions as reached by Dr Joyner. However, he asserts that this information was not as complete as it should have been. Thereafter Dr Alexander in his statement described the management of his patient, Mr Westwood, in much more detail than what had been contained within his original statement and his consultation notes.
- 4.16. The salient features of Dr Alexander's recent statement are as follows:
- The interaction with Senior Constable Tran on 23 December 2014 consisted of a cursory interview only;
 - On 22 September 2015 he was unexpectedly visited by Senior Constable Tran. It was an extremely busy day and he was behind in his consultations. Senior Constable Tran produced a typed statement that had been prepared on the basis of the consultation notes. He was given the statement to read and sign, but unfortunately was so busy that before he signed the statement he did not peruse it carefully and did not pause to reflect adequately on his last consultation with Mr Westwood. He acknowledges that the statement was deficient and that this was entirely his responsibility;
 - Within the consultation notes was a note that he made as a result of having spoken to Mrs Westwood on the telephone. This was the entry, '*suicidal++*'. In this context he said that he thought it relevant to add to the typewritten statement the words '*I had an appointment to follow him up in the next few days. He did not appear to be at imminent risk*'.

¹⁰ Exhibit C9a

- Within the recent statement there is a more detailed account of Mr Westwood's history that makes reference to his continual depression, chronic insomnia because of back pain and his attempts at treatment. The account makes no reference to any previous suicidality. It also asserts that Mr Westwood's depression was resistant to treatment and to the fact that over the last five years he did not wish to consult any further psychiatrists or other similar therapists. It asserts '*he said he found it sufficient to share his feelings with me, as a routine part of our regular consult*';
- The events of Friday 26 September 2014 are dealt with in the recent statement. The phone conversation with Mrs Westwood is described. The statement asserts that Mrs Westwood had said that her husband was very low lately, generally in poor health, talking very negatively about life and that she was worried that he might suicide. She had asked Dr Alexander to assess Mr Westwood with respect to his health. Dr Alexander told her that he would assess her husband and arrange further treatment if necessary;
- At the time Dr Alexander spoke to Mrs Westwood he had Mr Westwood's file on his desk and as he spoke to her he wrote down, at about the middle of a blank consultation note page, the words '*suicidal++*' and '*spoke to wife*'. He asserts that he wrote these things half way down the blank page because he intended to approach the matter of Mr Westwood's suicidality as the last element of the consultation. The note was meant to record that he had spoken to Mr Westwood's wife and that she had said that he was suicidal. I would observe here that in fact the note does not say '*spoke to wife*'. The note says '*(Talk to wife)*'. This distinction is material because the expression '*spoke to wife*' is in the past tense, whereas '*talk to wife*' is in the present or future tense, more probably the latter;
- The appointment for Mr Westwood was for a check of his general health and for a blood test, and so his mental or emotional state would not have been the first matter addressed;
- The words '*suicidal++*' did not reflect his own clinical assessment of Mr Westwood during the consultation, but was a notation of the conversation with Mrs Westwood, and in particular her concern that her husband might suicide;
- There was a physical examination and the taking of blood by Dr Alexander followed by Mr Westwood telling him that he was in a lot of pain, that his mood

was low, that he was not getting much out of life and that his thoughts were negative. Dr Alexander mentioned the fact that his wife Sandra had telephoned and was very concerned that he might harm himself. To this Mr Westwood said that even though he felt very down, he would not harm himself;

- During the consultation Mr Westwood said that he had reduced libido and appetite;
- Dr Alexander asked Mr Westwood a number of questions that would be in keeping with an assessment of risk of self-harm, including whether he had any specific plans to harm himself, to which he had replied in the negative. There were other questions asked about Mr Westwood's willingness to see other health professionals, again eliciting a negative response;
- Dr Alexander assessed Mr Westwood as being of sound mind, as having good home supports, was calm, collected, composed and reactively depressed much as before. He did not present differently from the manner in which he had presented on numerous occasions in the past. He asserted that suicidal ideation is not uncommon insofar as many patients in the context of health issues such as chronic pain speak of feelings of wanting to die and not having a will to live;
- Dr Alexander did not believe Mr Westwood was in imminent danger of either harming himself or of harming others and that he was of sound mind. He asserts, *'In my experience, knowing the patient extremely well, at the end of the consult I was confident there was a very low probability that he would harm himself'*;
- The consultation took approximately 30 to 40 minutes;
- Dr Alexander asked Mr Westwood if he would like to see him again early the following week to talk things through and he agreed with this.

4.17. Dr Alexander gave oral evidence and was cross-examined extensively by counsel assisting, Ms Kereru. The evidence that he gave was broadly in accordance with his most recent witness statement. I had some difficulty in assessing Dr Alexander's credibility as he had a strong tendency not to answer the question asked of him, or in answering questions to provide further information which was not germane to the question. His evidence and his demeanour did not especially lend itself to a strong belief on my part that he was necessarily telling the complete truth. That said, I would not be prepared to reject his evidence simply on the basis of such an assessment. I will return to Dr Alexander's evidence in a moment.

5. **The evidence of Mrs Sandra Westwood**

- 5.1. I have already referred to Mrs Westwood's statement. Mrs Westwood also gave oral evidence.
- 5.2. Mrs Westwood explained to the Court that for the previous six weeks leading up to her husband's death she had been on '*suicide watch*'. Her husband had been at his worst in the last week. He had not been sleeping for six weeks. He had been saying that he did not want to live. She told the Court that in her telephone conversation with Dr Alexander she had told him that Mr Westwood had not been sleeping and, specifically, that he would seem alright during his consultation with Dr Alexander but that he was not alright. This last observation was clearly intended to be a warning that Dr Alexander should put very limited weight on any presentation of normality on the part of her husband during the ensuing consultation. Mrs Westwood added that she had told Dr Alexander that she felt that her husband should be hospitalised in order for him to obtain sleep. She said that she had specifically used the expression '*suicide watch*' and had said to Dr Alexander that she had been maintaining this scrutiny for approximately six weeks. Mrs Westwood asserted that during this telephone conversation Dr Alexander had said that he could not force her husband into being hospitalised. Mrs Westwood told the Court that Dr Alexander had said that he did not have much time to talk and that if she came in with her husband in a few days' time the matter of her husband's frame of mind would be discussed at that time.
- 5.3. One would think that Mrs Westwood's concerns, coming as they did from the patient's wife of many years standing, would be accorded considerable importance in assessing the patient's frame of mind and could not be easily dismissed, particularly as they contained the warning to which I have referred.
- 5.4. The records of Dr Alexander's practice reveal that appointments were subsequently made for Mrs Westwood to see Dr Alexander at 1:10pm on Tuesday 30 September 2014 and for Mr Westwood to see Dr Alexander at 10:30am on Wednesday 1 October 2014.
- 5.5. Mrs Westwood told the Court that when her husband came home from the Friday appointment he said that Dr Alexander had told him that he did not think he looked very well and that it was time for him and Mrs Westwood to come in and see him together. Mrs Westwood told the Court that her husband told her that the doctor wanted

to see them on the following Tuesday at 1:10pm. As seen above, there was an appointment for that time made in the name of Mrs Westwood.

- 5.6. Mrs Westwood told the Court that prior to Dr Alexander's appointment she had asked her husband whether he would be prepared to go to hospital and to be sedated to which her husband had said that he did not want to be hospitalised.
- 5.7. When asked as to what she had hoped might occur in respect of her husband's Friday appointment with Dr Alexander, she said that she had hoped for hospitalisation and a change of medication so he could then sleep at home.
- 5.8. Mrs Westwood told the Court that her husband continued in the same vein over the following weekend as far as his inability to sleep was concerned.
- 5.9. In cross-examination Mrs Westwood was not challenged as to her version of the telephone conversation with Dr Alexander on 26 September 2014.
- 5.10. Mrs Westwood was an ingenuous and straightforward witness who exhibited no axe to grind against Dr Alexander. I had no hesitation in accepting her evidence in its totality, and insofar as it in any way differed from the evidence of Dr Alexander, I preferred her evidence.

6. The evidence of Dr Alexander

- 6.1. Dr Alexander's curriculum vitae was tendered to the Court¹¹. It indicates that since 1981 he has been practising medicine as a general practitioner in a small group practice from rooms at Old Port Road, Hendon. Dr Alexander is a member of the Royal Australian College of General Practitioners. He also has a PhD in applied mathematics (computing).
- 6.2. In his oral evidence on oath he confirmed that his telephone conversation with Mrs Westwood was relatively brief. He restated that the note '*suicidal++*' and the notation '*(Talk to wife)*' were written prior to Mr Westwood's consultation and had been based on that phone conversation.
- 6.3. Dr Alexander told the Court that Mrs Westwood had indeed said that she had been on suicide watch for about six weeks, that in her opinion her husband needed to be

¹¹ Exhibit C9, Annexure A

hospitalised because he needed to get some sleep and that her husband would present to Dr Alexander as 'okay' but that he was not okay. However, in cross-examination Dr Alexander said that he could not specifically recall whether the words 'suicide watch' had actually been used by Mrs Westwood, but that she may well have used those words in alluding to her husband's frame of mind. I find that she did use those words. Dr Alexander said that the call was left on the basis that he would deal with Mr Westwood when he came in and that he would see Mrs Westwood either with her husband or alone in the following week, depending on her preference.

- 6.4. As to the consultation with Mr Westwood, Dr Alexander explained his handwritten note and in particular the references to his mental state examination. At the end of his consultation, which he said took about 30 to 40 minutes, Dr Alexander said that 'rightly or wrongly' he did not think that Mr Westwood was at immediate risk of suicide. He repeated the matters that led him to that conclusion as expressed in his statement. Mr Westwood agreed to see Dr Alexander again the following week and gave Dr Alexander an indication that he would find that helpful.
- 6.5. As to the weight that he placed upon Mrs Westwood's information, Dr Alexander said that what she had described to him amounted to 'suicidal ideation' which is characterised by a person saying that their life is not worth living and that they are not deriving enjoyment from life. This state was to be distinguished from that of a person who had specific plans to suicide which he claimed Mr Westwood did not have. Mr Westwood gave no sign that he might act impulsively. Dr Alexander acknowledged that the contents of the handwritten note of this consultation revealed no note of the detailed mental health examination that he had described both in his most recent statement and verbally in Court. As to why he had not done that he said:

'That was a very critical part of the consultation in view of the telephone conversation I had had with Mrs Westwood. I put an enormous amount of mental focus into that, observing Mr Westwood, interacting with him. At the end of it I didn't make any notes, I was expecting to see him the following week and build the file up. And yes, that was inadequate in the circumstances but at that time, that's what I anticipated to do.'¹²

He added that he was conscious of the fact that he had a waiting room full of people and did not have the time to make a complete note.

¹² Transcript, page 83

- 6.6. In his oral evidence Dr Alexander essentially repeated what he had said in his statement about the circumstances in which he came to sign his police statement.
- 6.7. Dr Alexander told the Court that he was not aware of any family history of mental illness or previous suicide or suicide attempts within Mr Westwood's family. As indicated earlier there is no evidence that Mr Westwood made any suicide attempt in the past.
- 6.8. In cross-examination Dr Alexander was closely questioned about the circumstances in which he came to give his statement to Senior Constable Tran, a statement that contradicted his evidence that the reference to Mr Westwood being significantly suicidal was not meant to reflect Mr Westwood's frame of mind when Dr Alexander examined him. Dr Alexander could not recall whether or not he had in fact indicated to the officer that the reference to Mr Westwood being suicidal was in fact something that had emanated from the wife's telephone call. I will return to this issue when describing the evidence of Senior Constable Tran. Dr Alexander reiterated that the statement that he ultimately signed did not accurately reflect the view that he had taken in respect of Mr Westwood's suicidality or otherwise. Dr Alexander was naturally cross-examined about the fact that in order to make the addition that I have previously described he had apparently read the document carefully, and whether in particular he had been afforded an opportunity to correct that aspect of the statement that related to Mr Westwood's suicidality. To this Dr Alexander said that at the time he read and signed the statement he had just wanted to get Senior Constable Tran out of there and that he had just wanted to get the statement taking process over and done with, a matter that he said he was now deeply regretful about. He characterised his signing of an incorrect and misleading statement as a '*terrific blunder*' on his part¹³.
- 6.9. During the course of Dr Alexander's evidence it was obvious to the Court that whatever Dr Alexander had asked Mr Westwood during the consultation, he did not at any stage grapple with the issue as to whether or not Mr Westwood had the means to commit suicide, which is somewhat surprising in light of the fact that this would seem to be an obvious question to ask a person in Mr Westwood's position, particularly having regard to the fact that Dr Alexander himself from time to time had prescribed medications that might well be used in an attempt to commit suicide if retained in significant quantities.

¹³ Transcript, page 114

Dr Alexander agreed that mirtazapine and codeine based preparations might constitute one means by which Mr Westwood could end his life¹⁴.

- 6.10. Although Dr Alexander asserted in his evidence that he told Mr Westwood that his wife had telephoned him earlier, that she had been extremely concerned that he might commit suicide and that she wanted him hospitalised, Dr Alexander did not really tackle Mr Westwood with the fact that according to Mrs Westwood he had told her that he wanted to ‘*end it*’. Asked as to whether or not he had considered that Mrs Westwood’s description of her husband had been an accurate one despite Mr Westwood’s presentation to him, he said that he had thought it was probably ‘*an accurate enough record*’¹⁵ but that she did not have the benefit of medical training or experience and that she did not possess the logical framework in which these matters were dealt with by medical practitioners. He asserted that her understanding came from the perspective of a lay person and repeated that in his view what she had described was suicidal ideation only. I took Dr Alexander to mean that this was to be distinguished from a suicidal propensity or intent.
- 6.11. Dr Alexander told the Court that he had not considered it necessary for him to have telephoned Mrs Westwood following his consultation with her husband. He posed the question ‘*what would it have accomplished?*’. This would be the subject of subsequent comment by Dr Joyner in his evidence. Dr Alexander did acknowledge that if he had gained a strong suspicion that Mr Westwood would suicide he would have contacted Mrs Westwood.
- 6.12. In his cross-examination Dr Alexander stated that it may have been the case that the entry ‘*(Talk to wife)*’ was written at a later time than his telephone conversation with Mrs Westwood¹⁶.
- 6.13. Dr Alexander was naturally cross-examined about his use of the phrase ‘*suicidal++*’ as a descriptor of Mr Westwood. He told the Court that the word had been written as an aide memoire to remind himself of the fact that Mr Westwood’s wife had mentioned this as part of her husband’s current makeup. In saying this Dr Alexander observed that it was not as if he would have needed a note to remind himself of that when seeing Mr Westwood later that day, except that the reminder note could cater for the possibility

¹⁴ Transcript, page 129

¹⁵ Transcript, page 132

¹⁶ Transcript, page 136

that his patient might not turn up for his appointment. I found these assertions to be dubious to say the least.

6.14. Asked as to what '*suicidal++*' actually meant, he said:

'Thinking, suicidal - it doesn't mean suicidal attempts or very specific planning and having plans in ready, it's suicidal thinking. It's quite common and reported by Mrs Westwood.'¹⁷

Asked whether it could have signified that a person was contemplating suicide as indicated by the word suicidal and was seriously contemplating it as indicated by the two plus signs, Dr Alexander acknowledged that it could be so interpreted. He disagreed with the suggestion that the words necessarily implied that Mr Westwood was contemplating actually carrying out a suicidal intent. On the other hand, he acknowledged that if he had written this in the context of his actual consultation with Mr Westwood, it could mean nothing other than that he had formed the impression that Mr Westwood was going to commit suicide and that there was a significant risk of that. He said:

'Yes, he's a little - okay. Yes, I think if I wrote that, that would be the sort of thing I would write if I'm going to commit someone, I really have got a high probability of suicide and I would be then looking to have them committed. I don't think I would just put that - because quite honestly, yes, it does it imply that. I can't recall - yes, no, I agree with that.'¹⁸

One would have thought that the word '*suicidal++*', if truly a reflection of what Mrs Sandra Westwood had said, would be a reference to something of more significance than simply suicidal ideation, but in truth would be better suited to describe an actual tendency to carry out a suicidal intent.

6.15. Dr Alexander also agreed that the impression created by having listed as dot points under the heading of '*Mental*', '*appetite*', '*libido*', '*depressed*', '*suicidal++*' was that they related to his view of the man as gleaned from his own consultation with him, divorced from what his wife had said. There was also the question of a vertical line being drawn against all four items, consistent with an intention on Dr Alexander's part to compendiously wrap up his impression of the man as indicated by those four parameters. Dr Alexander's answers about that were unconvincing¹⁹.

¹⁷ Transcript, page 139

¹⁸ Transcript, page 140

¹⁹ Transcript, page 141

- 6.16. In the event, Dr Alexander acknowledged the word ‘*suicidal++*’ represented an inaccurate portrayal of his assessment of Mr Westwood.
- 6.17. Finally, when it was put to Dr Alexander that the word ‘*suicidal++*’ had in truth accurately recorded his impression of the man’s suicidality at that point in time, Dr Alexander denied this. He said that it did not reflect his clinical assessment of the man. He added that if he had believed that there had been a significant chance that Mr Westwood would kill himself, say even a 5% to 10%, he would have had no hesitation in detaining him.

7. The evidence of Senior Constable Tung Tran

- 7.1. Senior Constable Tran was called to give oral evidence, for the most part about the circumstances in which he took and prepared for signature Dr Alexander’s police witness statement.
- 7.2. In his evidence Senior Constable Tran identified the handwritten notes that he had compiled when he first spoke to Dr Alexander on 23 December 2014. They make no mention of any enquiry concerning the entry ‘*suicidal++*’ nor of Dr Alexander’s assessment of Mr Westwood’s presentation. Senior Constable Tran told the Court that for the purposes of interviewing Dr Alexander he had brought with him the SAPOL ‘*Guidelines for taking PDI66 statements from treating doctors*’²⁰. This document sets out eight issues that a police officer should address when taking a statement from a medical practitioner. One of those issues is entitled:

‘7. DETAILS OF LAST CONSULTATION:

You are to include as much detail as possible.’

If this question had been properly addressed at the time Dr Alexander’s statement was taken, it would no doubt have elicited an explanation from Dr Alexander as to the circumstances in which he had come to write ‘*suicidal++*’ and what it actually signified. However, Senior Constable Tran believed that the guideline form that he utilised in this instance had since been destroyed and so he was unable to give any evidence about what if anything Dr Alexander had said about that issue at the time he took the doctor’s statement. Thus, the opportunity to have thoroughly evaluated what Dr Alexander may have said about that issue only a matter of weeks after Mr Westwood’s death has now

²⁰ Exhibit C5e

been lost. What is clear from the evidence called before me is that the part of the witness statement that Dr Alexander would sign several months later, that concerned the origin of the expression ‘*suicidal++*’, was based upon a construct that Senior Constable Tran had created from his interpretation of Dr Alexander’s consultation note when examined as a whole, which was based on the further assumption that all of those notes had been made at the same time and that they compendiously summed up Mr Westwood’s presentation as gleaned by Dr Alexander at the time of the consultation. Thus there is no evidence that Dr Alexander actually told Senior Constable Tran at any time that the note ‘*suicidal++*’ signified that he believed that Mr Westwood had been suicidal to any degree at the time of the presentation.

- 7.3. This was a most unsatisfactory way in which a witness statement should be taken. Firstly, the original manuscript notes that were compiled by Senior Constable Tran are incomplete, unhelpful and in the case of the guideline document, no longer available. It goes without saying that all manuscript notes upon which a witness statement is later compiled should always and without exception be retained. The same applies to audio recordings upon which a written statement may be based. Secondly, no witness should be presented with a statement for signature that is constructed on suppositions made by the statement taker without those matters having been verbally addressed with the witness as distinct from incorporating them in a statement and then simply asking the witness to read and sign it. Thirdly, the signing of the witness statement occurred nine months after the original interview and this is manifestly too long an interval. The manner in which this statement was taken did not advance this investigation. Indeed, it hindered it.
- 7.4. It would be easy to say that no weight should be placed on Dr Alexander’s police witness statement whatsoever. However, it is difficult to overlook the fact that Dr Alexander read the draft statement before he signed it and did not draw any inaccuracy to Senior Constable Tran’s attention. Furthermore, he added two sentences which appear to dovetail with what preceded them, except to the extent that ‘*not appearing to be at immediate risk*’ seems to amount to a clarification of the word ‘*suicidal++*’. While this is a most unsatisfactory document, it still attracts a significant degree of suspicion about the matter of Dr Alexander’s assessment of Mr Westwood, especially when examined against the original consultation note.

8. The evidence of Dr Peter Joyner

- 8.1. It firstly needs to be recognised that Dr Joyner's original opinion as expressed in his report²¹ was predicated on the basis that the consultation between Dr Alexander and Mr Westwood had confirmed that Mr Westwood was at high risk of suicide having regard to the clinical record which stated '*suicidal++*'. It was on that basis that Dr Joyner was of the opinion that Dr Alexander should have detained Mr Westwood pursuant to the Mental Health Act 2009.
- 8.2. However, as seen, Dr Alexander asserts that he did not regard Mr Westwood as being at high risk and that the note regarding significant suicidality was based upon what Mrs Westwood had told him in their telephone conversation, an assessment that was later not borne out by his own consultation with Mr Westwood.
- 8.3. In giving his oral evidence in Court Dr Joyner naturally had regard to the revised presentation of Mr Westwood as now described by Dr Alexander.
- 8.4. Dr Joyner was asked to contemplate the scenario as stated by Dr Alexander that the word '*suicidal++*' was a description of what Mr Westwood's wife had said about her husband but that in his own consultation with Mr Westwood Dr Alexander had honestly concluded that he was not a suicidal risk. In these circumstances Dr Joyner opined that a medical practitioner would be mandated to enter something into the notes to the effect of '*after discussion I feel he's safe*' or '*not suicidal*'²². He said:

'I fear you would - you would almost be mandated to write something to the effect of 'After discussion I feel he's safe' or 'not suicidal'. I don't think the word 'suicidal ++' can just be left there without making some sort of comment if you were going to cancel it out, if it isn't that and it's a summary of the situation then my comments before stand. But he says 'Talked to wife, suicidal ++' it would have only taken probably three words, 'not at risk I feel' or something like that, whatever.'²³

I am not certain whether that answer was an expression of Dr Joyner's view as to what might constitute good clinical note taking practice or was more a reflection of healthy scepticism of Dr Alexander's assertions as to the circumstances in which Dr Alexander had compiled this particular note.

²¹ Exhibit C13

²² Transcript, page 222

²³ Transcript, page 222

- 8.5. Dr Alexander's counsel, Mr Crocker, asked Dr Joyner to comment on the competency of Dr Alexander's management of Mr Westwood having regard to all of the matters that Dr Alexander said he covered with his patient. Dr Joyner answered that the generality of the matters that Dr Alexander said he covered with his patient were correct, but made the observation that there appears to have been a lack of specific referral to the matters that Mrs Westwood had identified in respect of her husband such as his poor sleeping patterns.
- 8.6. Finally, Dr Joyner indicated that there may have been two benefits for Mr Westwood if he had been hospitalised in a mandatory sense by way of detention and they were that his death may have been prevented taking into account the lack of opportunity that would be presented to him in a hospital environment and, secondly, having regard to the possible therapeutic benefits that might have been derived from hospitalisation and the consequent treatment.

9. Conclusions

- 9.1. It has been difficult for this Court to identify where the truth lies in this case. On the one hand there is a set of consultation notes that to all the world would indicate that Mr Westwood's presentation to Dr Alexander was one in which he had exhibited significant suicidality. There is the incontrovertible fact that Dr Alexander's consultation note under the heading of '*Mental*' records four aspects relating to Mr Westwood that would indicate strongly that he was at high risk of suicide, especially having regard to what appears to have been recorded as significant depression and suicidality. There is also the matter of Dr Alexander's statement to the police in the first instance in which he did not seek to correct the assertion within it that Mr Westwood was feeling very depressed and suicidal except to suggest that he had believed him to be not at immediate risk, a self-serving assertion in any event. On the other hand, Dr Alexander told the Court on his oath that his examination of Mr Westwood was significantly more thorough than his notes would suggest and that he had covered what would be regarded as most of the important aspects of a risk assessment except that he did not note them. As well, there is the important issue as to whether or not the note as to suicidality was not intended to reflect what Dr Alexander actually thought about Mr Westwood at the time of the consultation, but reflected what he had been told by Mr Westwood's wife on the telephone. He asserted in his evidence on oath that he did not believe Mr Westwood was acutely suicidal or that there was any

need for him to do anything other than arrange for further appointment during the following week. No other person was present during the consultation.

9.2. A finding that during his consultation Dr Alexander had formed the view that Mr Westwood was significantly suicidal, and that he had sent Mr Westwood home in that knowledge without rendering Mr Westwood any meaningful assistance, would amount to a finding of an egregious lack of competence on Dr Alexander's part. In my view a finding of such a serious nature would require satisfaction to the **Briginshaw** standard²⁴. I am not so satisfied. On the other hand, having carefully considered all of the evidence I find that I am unable to place sufficient reliance on the sworn evidence of Dr Alexander so as to conclude that what he told the Court about his assessment of Mr Westwood's suicidality is correct. The suspicion that Dr Alexander's assessment of Mr Westwood was in accordance with what he had earlier that day been told by Mr Westwood's wife, remains. Even if one was to accept that the notation '*suicidal++*' was made at the time of his telephone conversation with Mrs Westwood and that it had been based solely upon her assessment of her husband at that point in time, there is still the uncomfortable fact that Dr Alexander has constructed his note of the subsequent patient consultation around that notation in a manner that appears to reflect that he has adopted Mrs Westwood's assessment as his own. The notion that this note, in spite of appearances, was not intended to record an opinion on Dr Alexander's part that Mr Westwood was at significant risk of suicide has its manifest difficulties. Although the circumstances in which Dr Alexander's police witness statement were taken are grossly unsatisfactory, the fact that Dr Alexander signed it and made an addition to it leaves me with a doubt as to his credibility when evaluating his assertion that he did not detect Mr Westwood to be significantly suicidal at the time of his consultation with him. In short, I do not know where the truth lies in relation to what was said during Dr Alexander's consultation and what was determined by Dr Alexander about Mr Westwood's risk of ending his own life.

9.3. Whichever way Dr Alexander's consultation notation is to be viewed, it was by any standard woefully inept. I am unsure whether the inadequacy was the result of incompetent management of Mr Westwood or merely incompetent note taking. Medical practitioners would be well advised to learn from Dr Alexander's experience

²⁴ **Briginshaw v Briginshaw** (1938) 60 CLR 336

in this Court. Clinical records of such poor quality can and will result in a practitioner's credibility and honesty being seriously questioned.

9.4. I confine the Court's findings to the following:

- 1) Mr Westwood had been suffering from treatment resistant depression for several years;
- 2) In the six weeks prior to his death he had been experiencing significant sleeping difficulties and had made statements to his wife from which she accurately concluded that he was contemplating ending his own life. This caused Mr Westwood to regard herself as being on a 'suicide watch' in respect of her husband;
- 3) On the morning of Friday 26 September 2014 Mrs Westwood, knowing that her husband had an appointment to see Dr Alexander, telephoned Dr Alexander and told him that she had been maintaining a suicide watch on her husband for about six weeks, that he was experiencing significant sleeping difficulties, that he required hospitalisation, and in she effect warned Dr Alexander that even though Mr Westwood was significantly mentally unwell, he would present as normal;
- 4) Mr Westwood attended at Dr Alexander's rooms that morning. During the course of this consultation Dr Alexander noted in his consultation notes that Mr Westwood's appetite and libido was down and that he was depressed. At some point during the course of that day Dr Alexander made a note that Mr Westwood was '*suicidal++*'. I do not know exactly when that note was made. The impression created by the note when looked at as a whole is that Dr Alexander had formed the impression during the course of the consultation that Mr Westwood was significantly depressed and was significantly suicidal;
- 5) I am unable to make any finding as to what mental state examination Dr Alexander performed and what the nature of any risk assessment was. Nor does the Court make any finding as to what Mr Westwood said to Dr Alexander and how he actually presented;
- 6) The Court is unable to make any finding as to the impression that Dr Alexander formed in relation to Mr Westwood's risk of suicide;

- 7) All that said, whatever impression that Dr Alexander gained as to Mr Westwood's suicidality I do not believe that he accorded sufficient weight to what Mrs Westwood had told him during her phone conversation with him. In my view, Dr Alexander should have again communicated with Mrs Westwood about her husband before the ensuing weekend. For some time now, it has been said that in any assessment of suicidality risk 'collateral information' such as might be obtained from family members of the patient is a matter of considerable importance. From the lay perspective, it not difficult to see why;
- 8) On Monday 29 September 2014 Mr Westwood took his own life by means of hanging. There is no evidence as to whether any acute event or matter triggered this act on Mr Westwood's part at that time.

10. Recommendations

- 10.1. Given the nature of the Court's open findings in this matter, it is difficult to craft a recommendation that would be evidence based. I therefore do not make any recommendation. However, it is as well to observe that the Court was placed in possession of the South Australian and New South Wales current guidelines as to suicide risk assessment by medical practitioners²⁵. It seems to the Court that these documents provide a suitable template for the matters that a medical practitioner in general practice would need to have regard to when assessing the suicidality of an individual patient. I commend this documentation to the attention of the Royal Australian College of General Practitioners.

Key Words: Psychiatric/Mental Illness; Suicide

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

Seal the 29th day of May, 2017.

Deputy State Coroner

Inquest Number 5/2017 (1704/2014)

²⁵ Exhibit C13b – Guidelines for Working with the Suicidal Person (SA) and Exhibit C13c – Suicide Risk Assessment and Management (NSW)