



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 3rd day of September and the 18th day of December 2020, by the Coroner's Court of the said State, constituted of Ian Lansell White, Deputy State Coroner, into the death of Paul Eugene Anker.

The said Court finds that Paul Eugene Anker aged 53 years, late of Yatala Labour Prison, 1 Peter Brown Drive, Northfield, South Australia died at the Queen Elizabeth Hospital, 28 Woodville Road, Woodville South, South Australia on the 30th day of May 2019 as a result of metastatic carcinoma of the rectum (operated). The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for inquest

- 1.1. Mr Paul Eugene Anker was born on 22 April 1966 and died at the Queen Elizabeth Hospital on 30 May 2019 aged 53. Dr Iain McIntyre of Forensic Science South Australia conducted a pathology review of Mr Anker's death and suggested the cause of death as metastatic carcinoma of the rectum, operated. I agree with the suggestion and find accordingly. He died whilst in custody, therefore this is a mandatory inquest pursuant to 21 (1)(a) of the Coroners Act 2003.
- 1.2. Mr Anker's body was identified through his fingerprints by Ms Vanessa Ha, a fingerprint expert at SAPOL. At the time of his death Mr Anker was a serving prisoner who had been sentenced for two separate offences on 4 November 2015 and 4 April 2019. The combination of both sentences resulted in a total term of 20 years imprisonment with a non-parole period of 12 years, 10 months and 25 days which commenced on 19 May 2014. It is unnecessary to dwell on his crimes in this inquest.

The sentencing remarks of the Chief Judge and Judge Chapman are attached to the investigating officer's final report.¹

2. Background

- 2.1. The inquest has received some background information about Mr Anker from his daughter, Nicole Anker.² She stated Mr Anker was born in Victoria and had one sister. He moved to Adelaide and met his wife whilst working at Bridgestone Tyres. They remained together for about 17 years and had two children, herself and Michael.
- 2.2. Mr Anker held a few jobs in his life following leaving school at the end of Year 11. It was noted by the District Court that he had an excellent employment history. Mr Anker started a new relationship following his divorce in 2007. He remained in that relationship until his incarceration in 2015. His children remained in contact with him following his sentence. Ms Anker stated her father was a fit man before he went to prison and she became aware of his diagnosis of cancer two or three years into his sentence. Ms Anker raises no issues with the care and treatment provided. She stated *'His treatment by everybody was really good'*.³

3. Medical history and clinical circumstances

- 3.1. This inquest received the statement of Dr Daniel Pronk, Medical Director of South Australian Prison Health Services. Dr Pronk set out Mr Anker's healthcare history while in custody.⁴ When incarcerated, Mr Anker's medical conditions were noted to be osteoarthritis, back pain, and a history of depression. Mr Anker's back pain was treated and medicated. He also received physiotherapy.
- 3.2. On 1 September 2015 he reported a lump in his rectal margin to the medical officer. The lump was examined. It was not painful and diagnosed as a haemorrhoid. In March 2016 Mr Anker was having abdominal cramps and constipation. The next month he was not getting a good result with the constipation medication and developed a lump in his left groin which was a hernia. In April 2016 his constipation had resolved but he complained of dark blood in his stool. Blood tests looking for tumour markers were normal although cancer was still being considered as a suspected condition.

¹ Exhibit C10a and C10b

² Exhibit C8

³ Exhibit C8

⁴ Exhibit C7

- 3.3. Over the next few months Mr Anker saw medical officers regularly. On 28 October 2016 a colonoscopy revealed fungating cancer of the lower rectum. In November 2016 Mr Anker was booked for a specialist review and a series of scans which revealed the cancer was potentially spreading. His surgeon told him that he had a 50/50 chance of beating it. A meeting of the colorectal unit at the Royal Adelaide Hospital⁵ discussed Mr Anker's case and found him suitable for surgery and chemotherapy. He commenced chemo and radiotherapy in November 2016 and completed his first course in January 2017.
- 3.4. Following his radiation therapy, Mr Anker underwent surgery to remove his cancerous bowel in April 2017. His surgery was an open ultralow anterior resection plus J-pouch plus a loop ileostomy. His surgery and post-operative period were unremarkable. He was subsequently reviewed and tested to monitor his CEA, that is blood cancer markers. In April 2018 ileostomy reversal surgery went as planned.
- 3.5. Unfortunately, although his post-operative care was going well, on 3 July 2018 a CT scan showed two pulmonary metastases. He was transferred to the RAH on 18 July 2018 and following a PET scan it was revealed cancer was present.
- 3.6. Mr Anker had several discussions with medical professionals and the cancerous areas of his lung were removed on 14 November 2018. A CT scan of his chest, abdomen and pelvis on 22 January 2019 suggested further metastases of the lung, liver and spine. A medical review was conducted and it was decided treatment would be symptomatic and palliative.
- 3.7. A medical officer at Yatala Labour Prison discussed palliative radiotherapy for Mr Anker's spine and brain with the RAH multidisciplinary team. By February 2019 Mr Anker agreed not to be resuscitated, but did want hospital transfer for good palliative care.

4. Mr Anker's decline in health and death

- 4.1. Over the next few months Mr Anker's pain was managed. In April 2019 he collapsed and his palliative care was reviewed with no planned radiotherapy. On 26 April 2019 his oxygen saturation was 82% and he was transferred by ambulance to the Queen

⁵ RAH

Elizabeth Hospital.⁶ Dr Alicia Ward described his care at the QEH on that date.⁷ Mr Anker was admitted to the Emergency Department with shortness of breath, low oxygen levels despite supplemental oxygen, and had a chest X-ray consistent with pneumonia.

- 4.2. Mr Anker was referred to the community palliative care services for his metastatic rectal cancer. Mr Anker was admitted to the Palliative Care Unit. A scan of the pulmonary arteries showed the cancer had progressed.⁸ Dr Ward stated Mr Anker was reviewed by QEH medical oncology on the day of his admission. On 29 April 2019 Dr Ward reviewed Mr Anker who had been on IV for four days. Mr Anker wanted to know if he had chemotherapy options and was worried about being returned to Yatala mainstream prison population.
- 4.3. Mr Anker was then seen regularly by doctors. On 2 May 2019 a further CTPA revealed aspiration pneumonia. Another scan showed marked progression of the metastatic disease in the brain. He was commenced on a high dose of Dexamethasone in an attempt to reduce the swelling.
- 4.4. A neurological opinion was sought from the RAH which advised against surgery. A radiation oncology opinion was also sought which advised against urgent radiotherapy. Dr Ward was advised chemotherapy would not be offered given progression in his brain. The medical oncology at QEH also reviewed Mr Anker and advised against chemotherapy. Mr Anker's pain was managed as his liver function metastasis deteriorated. Dr Ward stated he became bedbound and unable to swallow, but died comfortably.
- 4.5. On the day of his death, 29 May 2019, nurses Lynn Fotheringham and Amilin Chellapparaj were at the QEH and rostered to work the night shift in the Palliative Care Ward. Mr Anker's breathing was noted to have changed. His family were contacted but staff were advised they would not be attending. He was checked on continually until his health deteriorated. At 11:50pm he stopped breathing. The duty doctor declared life extinct at 12:25am.

⁶ QEH

⁷ Exhibit C6

⁸ Known as a 'CTPA'

5. Coronial investigation

5.1. Given this was a death in custody, a police investigation was commenced. Constable Lorien Smith attended the QEH and set out her observations in her statement tendered at the inquest.⁹ A police investigation final report by Detective Brevet Sergeant Sherrie Modra has been tendered.¹⁰ Her thorough investigation found Mr Anker had received adequate care for his numerous health issues whilst in custody and there were no suspicious circumstances surrounding his death.

6. Conclusion and recommendations

6.1. In conclusion, Mr Anker was lawfully in custody at the time of his death. His health was well managed whilst in custody and he obtained appropriate medical assistance.

6.2. I make no recommendations.

Key Words: Death in Custody; Natural Causes; Prison

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

Seal the 18th day of December 2020.

Deputy State Coroner

Inquest Number 79/2020 (1082/2019)

⁹ Exhibit C9

¹⁰ Exhibit C10