



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 23rd day April and the 18th day of June 2020, by the Coroner's Court of the said State, constituted of Ian Lansell White, Deputy State Coroner, into the death of Ian Charles Boyce.

The said Court finds that Ian Charles Boyce aged 85 years, late of 32 Carter Street, Prospect, South Australia died at the Queen Elizabeth Hospital, 28 Woodville Road, Woodville South, South Australia on the 1st day of August 2017 as a result of hospital acquired pneumonia on a background of metastatic colorectal carcinoma. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for inquest

- 1.1. Ian Charles Boyce was born on 3 July 1932 and died on 1 August 2017 at the Queen Elizabeth Hospital. He was 85 years old.
- 1.2. A pathology review based on Mr Boyce's medical records and hospital casenotes was performed by Dr Ian McIntyre and discussed with Dr Stephen Wills, forensic pathologist, from Forensic Science South Australia. Dr McIntyre's report suggested the cause of death as hospital acquired pneumonia in a man with metastatic colorectal carcinoma¹. As the cause of death could be determined from the case notes with some certainty, an autopsy was not recommended. I find, in accordance with the opinion expressed by Dr McIntyre, that the cause of Mr Boyce's death was hospital acquired pneumonia on a background of metastatic colorectal carcinoma.

¹ Exhibit C2a

- 1.3. Dr McIntyre noted that Mr Boyce was admitted to the Royal Adelaide Hospital on 6 July 2017 due to psychotic depression with suicidal ideation. He had stopped eating more than a spoonful of Sustagen per day and had been depressed for two years. Mr Boyce had lost 12% of his body weight.
- 1.4. This is a mandatory inquest pursuant to section 21 of the Coroners Act 2003 as Mr Boyce had been on a Level 2 Inpatient Treatment Order² at the time of his death. The ITO had been made pursuant to section 25 of the Mental Health Act 2009 on 13 July 2017. The ITO was due to expire on 24 August 2017. There are no issues in relation to the lawfulness of custody.

2. Background and medical history

- 2.1. Mr Boyce was born in Opotiki on the North Island of New Zealand and moved to Australia as a child. In 1961 he married Lyn Doull and they had one child together, Jolyon Adam Boyce. They subsequently divorced and he married Carol Ann Boyce in 1966. They had two children together, Matthew Heath Boyce and Alison Peggy Boyce. Mr Boyce was a well-known radio and television personality and actor in Adelaide, appearing on ABC Radio and Channel Seven.
- 2.2. He was in the television shows The Caine Mutiny, Video Village and Homicide. He was a radio morning show announcer for many years. Mr Boyce also taught drama at a number of schools in Adelaide. Mr Boyce had a medical history that includes deep vein thrombosis in 2013, left frontal and right pontine cerebral infarctions in 2010, left superior cerebellar artery infarct in 2015 complicated by haemorrhagic transformation and cerebellar swelling with obstructive hydrocephalus. He also had benign prostatic hyperplasia with indwelling catheter, asthma, malnutrition and a chronic obstructive lung disease. Carol Boyce in her affidavit³ stated that her husband did not like going to doctors and she could not remember the last time he saw one.
- 2.3. Dr Susan Mary Jenner was Mr and Mrs Boyce's general practitioner⁴. Dr Jenner stated that Mrs Carol Boyce was suffering from cerebellar ataxia, a balance disorder.

² ITO

³ Exhibit C8

⁴ Exhibit C7

Mr Boyce was her carer. In October 2016 Mr Boyce attended an appointment with Dr Jenner and told her that his quality of life was not good and that he wanted to cease taking his medications. Because of that conversation Dr Jenner made a referral for an aged care assessment team to assess Mr Boyce and his wife at their home.

- 2.4. On 4 July 2017 Dr Jenner received a call from a Domiciliary Care Access Service worker to say that they were worried about Mr Boyce and his wife. Mr Boyce stated he was not eating anymore. The carer had found a note stating that Mr Boyce's quality of life was poor and that he did not want intervention.
- 2.5. On 5 July 2017 Dr Jenner then contacted clinical nurse, Jane Williams, from the Older Persons Mental Health Service⁵. On that same day an ambulance attended the Boyce's address. Mr Boyce was described as angry and dismissive and was not taken to hospital.
- 2.6. At about 11:30am on 6 July 2017 Nurse Williams attended the Boyce's address to interview and assess Carol and Ian Boyce. A handwritten note was found that appeared to have been written by Mr Boyce in which he declared his love for his wife and that he could no longer look after her. Carol Boyce was interviewed in the presence of a support person, Pam Muirhead. Nurse Williams was informed that Mr Boyce had stated the night before that he was going to gas himself and Carol. Nurse Williams then entered Mr Boyce's bedroom. She described him as extremely gaunt and very pale. He was very irritable and refused to leave the house. He told them that he was going to die that night.

3. Mr Boyce's detention under the Mental Health Act 2009

- 3.1. Nurse Williams decided to place Mr Boyce under a Level 1 ITO which commenced at 1:30pm. This order was confirmed on 7 July 2017 by Dr Roman Onilov. Paramedic James Murchland has provided a statement⁶. He stated that he attended Mr Boyce's address and entered a bedroom. Mr Boyce told him that he had not been eating much recently. Mr Boyce reluctantly walked to the ambulance and was conveyed to the Royal

⁵ Exhibit C6

⁶ Exhibit C5

Adelaide Hospital. Mrs Carol Boyce⁷ stated that her husband became her carer and did it well until a few weeks before he was taken to hospital.

- 3.2. In the weeks before he was detained Mr Boyce became very angry and stopped eating. Mrs Boyce reported that he did not want to live anymore and that he was reading a book on euthanasia. On 13 July 2017 Mr Boyce was placed on a Level 2 ITO by psychiatrist Dr John Symon due to major depression with psychotic features. It was noted that he had suicidal intent and thoughts of gassing himself and his wife. Blood studies showed a white cell count elevation and he was transferred to the Queen Elizabeth Hospital mental health ward on 18 July 2017. A CT scan on 26 July 2017 showed a colorectal mass with liver and multiple bone metastases. The origin of the cancer was thought to be in the colon. It was believed that the cancer had been present for several months, if not years, prior to detection. A palliative approach was adopted.
- 3.3. Mr Boyce was subsequently transferred to the medical ward on 27 July 2017. Mr Boyce became aggressive and violent and antipsychotics were given. He developed a fever, tachycardia, hypoxia and tachypnoea. He was treated for hospital acquired pneumonia and type-2 respiratory failure. His medical condition deteriorated quickly. Following a discussion with Mr Boyce's son Matthew on 28 July 2017, active treatment was withdrawn and a comfort care regime commenced which continued until his death on 1 August 2017.
- 3.4. Mr Boyce's ability to communicate declined after 28 July 2017. In the days before his death he was mostly non-coherent and non-communicative. Mr Boyce's sons, Adam and Matthew Boyce, were present at the time of their father's death. At about midday on 1 August 2017 they were seated next to their father in his hospital room. Adam Boyce described his father as comatose with his eyes fully open, they were glazed over, his mouth was fully open⁸. At about midday his breathing changed and then he stopped breathing. Mr Boyce's was certified life extinct at 12:35pm on 1 August 2017 by Dr Han-Yang Lau.

⁷ Exhibit C8

⁸ Exhibit C3

4. Coronial investigation and conclusions

4.1. A thorough coronial investigation was conducted by Detective Brevet Sergeant Matthew Stock from Holden Hill Criminal Investigation Branch⁹. Detective Stock concluded that Mr Boyce was in lawful detention at the time of his death. The circumstances surrounding the death were not suspicious and do not indicate the involvement of any third party or concerns relating to his care. I agree with his conclusions with respect to the lawfulness of Mr Boyce's detention.

4.2. Recommendations

4.3. I make no recommendations in this matter.

Key Words: Death in Custody; Natural Causes; Inpatient Treatment Order

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

Seal the 18th day of June, 2020.

Deputy State Coroner

Inquest Number 20/2020 (1491/2017)

⁹ Exhibit C11a