



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 June and the 2nd day of November 2020, by the Coroner's Court of the said State, constituted of Brian Malcolm Nitschke, Deputy State Coroner, into the death of Giuseppe Milocchi.

The said Court finds that Giuseppe Milocchi aged 90 years, late of 21 Farncomb Road, Fulham, South Australia died at the Queen Elizabeth Hospital, 28 Woodville Road, Woodville South, South Australia on the 21st day of August 2018 as a result of pneumonia leading to atrial fibrillation leading to myocardial infarction. The said Court finds that the circumstances of his death were as follows:

1. Introduction, cause of death and reason for inquest

- 1.1. Giuseppe Milocchi was born on 25 April 1928 and died on 21 August 2018 at the Queen Elizabeth Hospital. He was 90 years of age.
- 1.2. Dr Jennifer Dang from the Queen Elizabeth Hospital provided an opinion as to the cause of Mr Milocchi's death in her 'Death Report to Coroner - Medical Practitioner's Deposition' and her opinion was that it was pneumonia leading to atrial fibrillation leading to myocardial infarction, and I so find. No post mortem or pathology review was performed in relation to Mr Milocchi. His death was expected.
- 1.3. Mr Milocchi had been detained on a Level 1 Inpatient Treatment Order (ITO) at 2:37pm on 16 August 2018 by psychiatrist, Dr Joshua Wong, pursuant to section 21 of the Mental Health Act 2009. The ITO was confirmed by psychiatrist, Dr Andrew Lawlor on 17 August 2018 at 1pm. As Mr Milocchi's death occurred whilst he was detained,

his death is regarded as a death in custody requiring a mandatory inquest pursuant to section 21(1)(a) of the Coroners Act 2003.

2. Background

- 2.1. In August 2016 Mr Milocchi became a resident at the St Hilarion Aged Care Facility at Fulham. He occupied a self-contained unit. He had previously spent respite time at the facility.¹ Dr Pasquale Cocchiaro became his general practitioner at that time. Mr Milocchi exhibited minor lapses of memory leading to a diagnosis of frontal lobe dementia.²
- 2.2. Mr Milocchi liked the nursing home, but preferred his own company within it. He occasionally suffered outbursts and was given medication to settle his occasional aberrant aggressive behaviour .
- 2.3. Mr Milocchi's penultimate admission to the Queen Elizabeth Hospital was on 31 May 2018. It was established during that admission that he had lung cancer. He was of sound mind and declined invasive medical treatment. He informed staff he was not to be resuscitated.

3. Mr Milocchi's decline in health

- 3.1. On 14 August 2018 Mr Milocchi presented to the Queen Elizabeth Hospital following a fall at the St Hilarion Aged Care Facility. Mr Milocchi returned to St Hilarion, but was transported to the Queen Elizabeth Hospital the following day as he was found on the floor next to his bed looking generally unwell. No fractures were detected, however features of pneumonia were identified. A medical registrar diagnosed left lower lobe pneumonia and type one respiratory failure requiring hospitalisation. It was treated as hospital acquired pneumonia as Mr Milocchi had been in hospital during the previous 90 days. Mr Milocchi was also diagnosed with an acute kidney injury. Mr Milocchi was admitted to the acute medical unit.³
- 3.2. At 2:30pm on 16 August 2018 Mr Milocchi became agitated. The Level 1 ITO was authorised and confirmed within the following 24 hours.

¹ Exhibit C5

² Exhibit C4

³ Exhibit C3

- 3.3. On 18 August 2018 Mr Milocchi had not improved and had an irregular heartbeat. Tests were conducted which revealed that Mr Milocchi had suffered a heart attack.
- 3.4. Over the following two days Mr Milocchi's condition deteriorated. On 20 August 2018 at about midday a decision was made by Dr Windsor to palliate.
- 3.5. On 20 August 2018 Mr Milocchi was being treated for pneumonia. He was placed on comfort care measures at 4:50pm. At 11pm he was checked by Enrolled Nurse Tyson Cochrane. He was alive at that time. At 12:52am on 21 August 2018 Mr Cochrane checked Mr Milocchi and he was not breathing.⁴ Dr John Athul attended at 1:30am and declared Mr Milocchi deceased.

4. Coronial investigation

- 4.1. Detective Brevet Sergeant Joshua Quinn of the Western Adelaide Criminal Investigation Branch of SAPOL investigated the death in custody of Mr Milocchi and prepared a comprehensive report for the State Coroner.⁵ Detective Quinn found nothing of concern during his investigation.
- 4.2. Mr Milocchi's cousin and executor, Armando Cirillo, has queried two matters relating to Mr Milocchi's death. Firstly, Mr Cirillo visited Mr Milocchi the night before he died and noted he was lucid, but tired. Mr Cirillo stated he was asked by police to attend the Queen Elizabeth Hospital '*after midnight*' to identify the body of his father-in-law, who was also a patient at the hospital. Upon arrival, Mr Cirillo was shocked to find he was identifying the body of Mr Milocchi. Mr Cirillo is rightfully concerned regarding this. Secondly, Mr Cirillo stated he was told '*by a nurse*' that Mr Milocchi's antibiotic dosage was increased to control his pneumonia and his heart did not cope with the additional dosage. Mr Cirillo raised concern regarding this treatment.
- 4.3. As to the concern regarding identification, the Court cannot find a reference to the error in the medical records. The records show that contacts were notified and that '*family came and verified the body*'. In any event, such an incident would have been unfortunate and distressing. I cannot however conclude it is indicative of systemic issues at the hospital requiring further consideration by the Court.

⁴ Exhibit C2

⁵ Exhibit C8, Final Report of Detective Brevet Sergeant Joshua Quinn dated 25 April 2019

4.4. As to the medication concern, Mr Milocchi had been given antibiotics for 2½ days prior to his heart attack on 18 August 2018.⁶ The antibiotics were prescribed to treat his pneumonia. The Court can only conclude that Mr Milocchi's treatment was undertaken by medical professionals with the best interest of Mr Milocchi in mind. The appropriateness of that treatment needs to be considered against the background of pneumonia.

5. Conclusions

5.1. I find that the care and treatment provided to Mr Milocchi at the Queen Elizabeth Hospital was appropriate. I further find that the imposition of the Inpatient Treatment Order was appropriate and had no bearing on his death.

5.2. I have no need to make recommendations in relation to the death of Mr Milocchi.

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 2nd day of November, 2020.

Deputy State Coroner

Inquest Number 59/2020 (1590/2018)

⁶ Supra n 4 at paragraph 9