



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 16<sup>th</sup> day of September and the 25<sup>th</sup> day of November 2021, by the Coroner's Court of the said State, constituted of Ian Lansell White, Deputy State Coroner, into the death of Donald Stewart McCormack.*

*The said Court finds that Donald Stewart McCormack aged 81 years, late of The Pines Residential Aged Care Facility, 342 Marion Road, North Plympton, South Australia died at North Plympton, South Australia on the 16<sup>th</sup> day of October 2019 as a result of pneumonia complicating surgery for left hip fracture on a background of ischaemic heart disease, end-stage dementia and severe frontal lobe brain injury. The said Court finds that the circumstances of his death were as follows:*

### **1. Introduction and reason for Inquest**

- 1.1. Donald Stewart McCormack was born on 4 May 1938. Mr McCormack had been a long-term resident of the secure ward of the Pine Lodge Aged Care facility<sup>1</sup> at North Plympton when he died there on 16 October 2019. He was 81 years old.
- 1.2. At the time of his death, Mr McCormack was unable to communicate except for grunting. He had no family and no visitors to Pine Lodge. Mr McCormack's general practitioner from 2002 until his death, Dr Colin Harrison, described him as amiable, cooperative and loved by the staff. Mr Jason Williams, the Residential Services Manager for Pine Lodge, described Mr McCormack as 'A very much loved and

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<sup>1</sup> Pine Lodge

*cherished resident of the facility here. He was mischievous and cheeky, but very well liked as a long-term resident’.*

- 1.3. Mr McCormack’s medical casenotes were reviewed by Dr Iain McIntyre and discussed with forensic pathologist, Dr Neil Langlois from Forensic Science South Australia. Dr Langlois’ report suggested the cause of death as pneumonia complicating surgery for left hip fracture in a man with ischaemic heart disease, end state dementia and severe frontal lobe brain injury.<sup>2</sup> I accepted Dr Langlois’ opinion and find the cause of Mr McCormack’s death to have been pneumonia complicating surgery for left hip fracture on a background of ischaemic heart disease, end-stage dementia and severe frontal lobe brain injury.
- 1.4. This is a mandatory Inquest, pursuant to Section 21 of the Coroners Act 2003<sup>3</sup>, as Mr McCormack was under the guardianship of the Office of the Public Advocate, pursuant to the Guardianship and Administrative Act 1993.<sup>4</sup>
- 1.5. On 11 March 2014, on application by Pine Lodge, Mr McCormack was placed under the limited guardianship of the Office of the Public Advocate for a period of three years and Section 32 powers under the GA Act relating to accommodation for six months. These orders were regularly reviewed and were still in force at the time of his death. The application was made by Pine Lodge as Mr McCormack had no known relatives, or other persons who might be appointed as guardian.
- 1.6. As Mr McCormack's death followed the hip fracture, his death is not considered to be due to natural causes. Therefore, an Inquest is mandatory, despite recent changes to the Act removing the need for Inquests for many people who die whilst subject to orders under the GA Act.

## **2. Background**

- 2.1. Mr McCormack had a severe head injury when he was 17 years old that caused frontal lobe damage. He had a medical history of epilepsy, psychosis, depression and anxiety, personality disorder, alcoholism, hepatitis C, end stage mixed pattern dementia, ischaemic heart disease, chronic congestive cardiac failure, hypertension, peripheral vascular disease and osteoarthritis of the spine.

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<sup>2</sup> Exhibit C1a

<sup>3</sup> The Act

<sup>4</sup> GA Act

- 2.2. In the years before his death, Mr McCormack suffered numerous falls and was known to wander. Dr Harrison stated that:

'In the latter months of his life he became a falls risk and would try to mobilise independently and sometimes fall. His progressive dementia, cognitive decline, short term memory loss and difficulty to verbally communicate did not help.'<sup>5</sup>

### **3. Mr McCormack's decline in health**

- 3.1. On 9 October 2019, Mr McCormack had an unwitnessed fall with staff hearing only a loud thump. He was found lying on his left side, complaining of pain in his left hip and being unable to lift his leg. He was transferred by ambulance to the Royal Adelaide Hospital<sup>6</sup> when it was discovered that he had a fracture to the left femoral neck.
- 3.2. An incident report from Pine Lodge stated that Mr McCormack's hip protectors were off at the time of the fall as he had opened his bowels after lunch and the hip protectors were contaminated. Therefore, they were taken off to be cleaned.<sup>7</sup> The carer had looked for another but had been unable to find one at the time that he fell.
- 3.3. Following the fall and transfer to hospital, an emergency hemiarthroplasty was performed and Mr McCormack was deemed to be well enough to be transferred back to Pine Lodge on 13 October 2019.

The following day Mr McCormack was found to be febrile, breathless and lethargic. He was returned to the RAH where a diagnosis of hospital acquired pneumonia was made. Doctors determined that any continued medical intervention was not in the long-term interests of Mr McCormack. Following a discussion with the Public Advocate, it was decided that he would be given palliative care until he died. Mr McCormack was transferred back to Pine Lodge and passed away on 16 October 2019.

### **4. Treatment at the RAH**

- 4.1. Dr Scott Marschall was the General Medicine Registrar at the RAH during Mr McCormack's admission. Dr Marschall provided an affidavit detailing the summary of Mr McCormack's care whilst in hospital.<sup>8</sup> Dr Harrison concluded:

'In my opinion Don was always treated with care, compassion and respect by both his nursing and medical attendants. He was a very likeable fellow. It is my opinion that the

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<sup>5</sup> Exhibit C4

<sup>6</sup> RAH

<sup>7</sup> Exhibit C6b

<sup>8</sup> Exhibit C3

decision to treat him as palliative at the end stages of his life was certainly the correct one... He passed quickly and comfortably and peacefully without distress.'<sup>9</sup>

**5. Conclusion and recommendations**

- 5.1. The investigating officer, Brevet Sergeant Micheal Clark of the Coronial Investigation Section, in his thorough report, stated that Mr McCormack had many debilitating ailments, as well as the ravages of age and a sedentary lifestyle and his inability to look after himself meant that he had to be under constant monitoring and care. This was done in a setting of a busy residential facility. Brevet Sergeant Clark also noted that Mr McCormack was experiencing two to three falls per month prior to his death.
- 5.2. He concluded that '*There is nothing in the care of Pine Lodge that raised any concern of maltreatment and there is nothing to say that the home acted any other way than appropriate*'.
- 5.3. Accordingly, no submissions or recommendations were made about his care.
- 5.4. I make no recommendations in this matter.

*Key Words: Death in Custody; Section 32 Powers*

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

*Seal the 25<sup>th</sup> day of November, 2021.*

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*Deputy State Coroner*

Inquest Number Inquest Number (Original File Number ??/???)

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<sup>9</sup> Exhibit C4