



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 23<sup>rd</sup> day of April 2021 and the 30<sup>th</sup> day of March 2022, by the Coroner's Court of the said State, constituted of Anthony Ernest Schapel, Deputy State Coroner, into the death of Salvatore Commisso.*

*The said Court finds that Salvatore Commisso aged 70 years, late of 1 Peter Brown Drive, Northfield, South Australia died at The Queen Elizabeth Hospital, 28 Woodville Road, Woodville South, South Australia on the 20<sup>th</sup> day of July 2019 as a result of advanced left frontal glioblastoma (operated). The said Court finds that the circumstances of his death were as follows:*

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

- 1.1. Salvatore Commisso was 70 years of age when he died on 20 July 2019 at the Queen Elizabeth Hospital (QEH). At the time of his death he was serving a sentence of imprisonment. His death was a death in custody in respect of which an inquest was mandatory. These are the findings of that inquest.
- 1.2. A post-mortem examination of Mr Commisso's remains was not necessary. A pathology review performed on 23 July 2019 by Dr Iain McIntyre of Forensic Science South Australia (FSSA) states that the cause of Mr Commisso's death was '*advanced left frontal glioblastoma (operated)*'.<sup>1</sup> I accept that opinion and find that to have been the cause of Mr Commisso's death. A glioblastoma is a cancerous brain tumour. In Mr Commisso's case it was first diagnosed while he was in custody.

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<sup>1</sup> Exhibit C2a

## **2. Background**

- 2.1. Mr Commisso was born in Reggio in Italy. In 1968 he emigrated to South Australia. The following year Mr Commisso married Ms Edda Johansson with whom he had two children.
- 2.2. Mr Commisso worked for a concreting company before owning a concreting business. After his back was injured in 2003, Mr Commisso became a sales representative for a smallgoods company and then a coffee company.
- 2.3. Mr Commisso and his wife separated in 1996. After a period of estrangement Mr Commisso and Ms Johansson maintained intermittent contact which continued until Mr Commisso's death.<sup>2</sup>
- 2.4. On 29 May 2015 Mr Commisso was sentenced to 10 years imprisonment with a 5 year non-parole period for certain offences. He was initially imprisoned at Yatala Labour Prison (YLP) before being moved to Mount Gambier Prison. His custody was at all times lawful. He died while still undergoing that sentence.

## **3. Mr Commisso's medical history**

- 3.1. According to the affidavit of Dr Daniel Pronk<sup>3</sup> who is the Medical Director of the South Australia Prison Health Service (SAPHS), prison health admission notes from May 2015 indicate that Mr Commisso complained of longstanding constipation and back pain from a bulging disc for which he took aspirin and paracetamol. He had depression and anxiety for which he was not medicated. At this time he also reported a history of asthma for which he was treated with Seretide and Salbutamol.
- 3.2. During 2015 and 2016 Mr Commisso experienced ongoing constipation and minor coughs and colds. During this time he passed a small amount of blood with bowel movements and on one occasion in his urine. The latter was considered to be due to a renal stone which was passed in July 2016.

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<sup>2</sup> Exhibit C3, affidavit of Edda Johansson

<sup>3</sup> Exhibit C5

- 3.3. In July 2017 Mr Commisso underwent a colonoscopy and endoscopy which were both unremarkable. In mid 2017 Mr Commisso was investigated for atypical chest pain which included an exercise stress test which returned a normal result.
- 3.4. On 23 July 2018, after reporting feeling unwell for several days, Mr Commisso was found by staff sitting at a table in a distressed condition with a right-sided facial droop and right-sided weakness. He was confused and unable to formulate words. He was transferred from the Mount Gambier Prison to the Flinders Medical Centre via Mount Gambier Hospital for further investigation which revealed a frontal brain lesion. Mr Commisso underwent a debulking procedure to remove as much of this tumour as possible. Pathology results showed the tumour was a grade 4 glioblastoma. Mr Commisso was transferred to the 24 hour health care centre at YLP on 9 August 2018. He commenced chemotherapy and radiotherapy as an outpatient.
- 3.5. On 25 October 2018 Mr Commisso had an MRI scan which showed rapid progression of his tumour. On 5 November 2018 YLP medical officer, Dr Noakes, discussed Mr Commisso's poor progression with him and completed a 7 step pathway that incorporated Mr Commisso's end of life wishes. His medications were reviewed and he was provided with ongoing medication for the management of headaches as well as for constipation and nausea. Mr Commisso was also referred to palliative care at this time.
- 3.6. On 13 November 2018 Mr Commisso was reviewed by palliative care consultant Dr Zadow and the nurse unit manager from the QEH Palliative Care Unit. Dr Zadow made recommendations for the management of Mr Commisso's ongoing constipation. Dr Zadow also recommended Mr Commisso's Oxycontin dose be increased and that Endone be continued for breakthrough pain relief. Midazolam was recommended for any seizure activity. Following the changes to his medications, Mr Commisso's pain and constipation were controlled.

#### **4. Mr Commisso's decline in health**

- 4.1. Between January and February 2019 Mr Commisso became increasingly confused. He developed expressive dysphasia necessitating an increase in the Dexamethasone dose he was receiving. He became more fatigued and short of breath on exertion. He required the use of a four-wheeled walker to mobilise. His Oxycontin dose was increased due to ongoing headaches. He was commenced on anti-seizure medication.

- 4.2. Throughout March and April of 2019 Mr Commisso's confusion, expressive dysphasia and headaches increased in severity. His Dexamethasone dose was increased again and he was commenced on a Fentanyl patch to provide continuous pain relief.
- 4.3. By 13 May 2019 Mr Commisso had become increasingly confused and incontinent and had multiple unwitnessed falls.
- 4.4. On 16 May 2019 Mr Commisso was allocated a carer on a one-on-one basis to provide 24 hour care. By 4pm on that day it was decided that Mr Commisso should be admitted to the palliative care unit at the QEH. He was managed there until 7 June 2019 when he was assessed as being sufficiently stable to return to YLP Health Centre.
- 4.5. Mr Commisso's care requirements continued to increase. On 4 July 2019 he was transferred back to the QEH Palliative Care Ward for end of life care.
- 4.6. At 8:53am on 20 July 2019 Mr Commisso was reviewed by Dr Emma Brook who assessed him to be in the terminal phase of a terminal illness. Mr Commisso was noted to appear comfortable with no signs of respiratory distress, pain or agitation. Dr Brook prescribed a dose of medication to manage a slight gurgle.
- 4.7. On the morning of his death Mr Commisso's breathing was noted by a clinical nurse, Sandra Hockley, to become slower with periods in which his breathing would stop for 20 to 30 seconds. During the period from 9:16am to 9:20am that day, Mr Commisso took only four breaths.<sup>4</sup> Dr Brook was notified at 9:20 am that Mr Commisso's respirations had ceased. He was pronounced deceased at 9:27 am on 20 July 2019.
- 4.8. In his statement, Dr Pronk points out that with brain tumours such as Mr Commisso's, it is almost impossible to know that they are present until they declare themselves clinically. As a result, by the time of investigation and diagnosis they are often advanced. In this case, Mr Commisso's was identified in the Mount Gambier Prison when they thought he had experienced a small stroke. Dr Pronk does not believe that anyone in the community or in the Prison Health System would reasonably have found this brain tumour any earlier. I have accepted that analysis of the situation.

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<sup>4</sup> Exhibit C1a, affidavit of Sandra Hockley

**5. Conclusions**

5.1. The circumstances of Mr Commisso's death were comprehensively investigated by Detective Brevet Sergeant Sarah McFarlane of the SAPOL Coronial Investigation Section. In Ms McFarlane's investigation report she has stated that she has not identified any deficiency in the care and attention afforded to the deceased while admitted at the Queen Elizabeth Hospital. As well, she formed the view that the deceased's care was appropriate whilst incarcerated. I agree with both of those assessments. Mr Commisso's custodial circumstances did not contribute to his death.

5.2. I make no recommendations in this matter.

*Key Words: Death in Custody; Natural Causes; Prison*

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

*Seal the 30<sup>th</sup> day of March, 2022.*

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*Deputy State Coroner*