CORONERS COURT OF SOUTH AUSTRALIA

INQUEST INTO THE DEATH OF RICHARD SCOTT BUBNER

[2026] SACC 35

Inquest Findings of his Honour State Coroner Whittle

21 August 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man who died in hospital following a fall at his residential aged care facility. At the time of his death, he was detained pursuant to section 32 of the *Guardianship and Administration Act 1993*.

Held:

1. Richard Scott Bubner, aged 75 years of Felixstow, died at the Royal Adelaide Hospital on 5 March 2023 as a result of the combined effects of subdural haematoma and facial fractures following a fall complicated by pneumonia on a background of advanced Alzheimer's dementia.

2. Circumstances of death as set out in these findings.

No recommendations made.

Counsel Assisting: MS R SCHELL
Hearing Date/s: 13/03/2026
Inquest No: 11/2026 **File No/s: 0584/2023**

INQUEST INTO THE DEATH OF RICHARD SCOTT BUBNER [2026] SACC 35

Introduction

1 The Court heard on the papers a mandatory inquest into the death of a man who at the time was detained in his residential aged care facility pursuant to an order under the *Guardianship and Administration Act 1993*.

Richard Scott Bubner

2 Mr Bubner was born on 5 January 1948 and died on 5 March 2023 at the age of 75 years. He was a resident of the Aldersgate Residential Aged Care facility (Aldersgate) in Felixstow.

3 At the age of 16, Mr Bubner met his future wife Pamela, and they remained together for the rest of Mr Bubner's life. At 17, Mr Bubner joined South Australia Police. He and Pamela married in February 1969, and they had two children, Nicole and Craig. Mrs Bubner said they lived a lovely and happy life and that, if they had to do it again, they would do it exactly the same way.

4 In 2014, Mr Bubner was diagnosed with Alzheimer's dementia. His condition deteriorated in 2020 to the extent that in January 2021, for his safety and welfare, Mr Bubner moved into Aldersgate. His dementia related behaviours made him unsuitable for the aged care setting, and he was cared for in the Lyell McEwin Hospital, then The Queen Elizabeth Hospital until, in May 2021, he moved to the Repatriation General Hospital Neuro-Behavioural Unit. In December 2022, after a reduction in the level of his behaviour due to care and a change in medication, he was able to transition back to Aldersgate.

5 Mr Bubner's medical history comprised gastro-oesophageal reflux disease, lumbar spondylosis, hyperlipidaemia and benign positional vertigo.

Healthcare provided to Mr Bubner

6 On 13 December 2022, Mr Bubner was assessed by an occupational therapist at Aldersgate. Upon assessment he had severe cognitive deficits, reduced balance, reduced coordination, and a lack of insight into his own safety. He was deemed a high falls risk and was unreliable to use gait aids.

7 On 27 February 2023, Aldersgate staff observed a bump with slight bleeding on Mr Bubner's forehead and it was thought he must have bumped his head. An incident report was raised with photographs taken.

8 At 8:20 am the following day, 28 February 2023, Mr Bubner was walking with staff towards his room to commence his activities of daily living. When they reached his room, the staff member stood inside the room and, as Mr Bubner walked towards her, he suddenly shouted and collapsed forward. He hit his head on the door and the doorframe, before falling to the floor. He was shaking and bleeding significantly from his face and mouth. Mr Bubner appeared to be having a seizure, and he was convulsing for about two

minutes. Flannels were applied for the bleeding. The SA Ambulance Service was called, and he was conveyed to the Royal Adelaide Hospital (RAH).

9 Upon examination at the RAH, Mr Bubner was found to have a subdural haematoma, facial/sinus fractures, and generalised tonic clonic seizure activity. He was deemed not suitable for surgical intervention. He was treated with anticonvulsants, analgesia and antibiotics.

10 Mr Bubner's admission was complicated by aspiration pneumonia, most likely secondary to seizures and swallowing issues, with hypoactive delirium and in the context of his advanced dementia.

11 Mr Bubner had fluctuating sedation due to the seizures he was recovering from and his subdural haematoma.

12 On 1 March 2023, Mr Bubner's wife was updated as to his future prognosis, including that this could be a terminal event. Seizure medication was started while his usual behaviour medications were withheld.

13 On 2 March 2023, Mr Bubner was reviewed by the trauma team who suggested a whole-body CT or pan scan.

14 On 3 March 2023, Mr Bubner attempted to get out of bed over the railings and fell to the floor. There was no evidence of head strike or new injuries. He experienced ongoing fluctuating sedation and required more frequent suctioning of his upper respiratory tract secretions due to ongoing swallowing issues.

15 The whole-body CT revealed a reduction in the subdural haematoma and no new intracranial haematoma. However, investigation of his lungs was thought to represent either aspiration or pulmonary contusion. A possible secondary infection could not be excluded. There was no obvious pulmonary embolism observed.

16 On 5 March 2023, Mr Bubner had reduced consciousness with progressive hypoxia. A chest X-ray revealed ongoing opacification with patchy opacity in the right lower and middle zones of his lungs. Consideration was given to the possibility of a pulmonary embolism for the acute deterioration, but given he would not be a candidate for anticoagulation due to his head injury, this was not investigated.

17 Mr Bubner was transitioned to comfort care and he passed away that day.

Cause of death

18 A pathology review was conducted by Dr Jane Alderman at Forensic Science SA in consultation with senior consultant forensic pathologist, Dr John Gilbert. I accept Dr Alderman's opinion as to the cause of Mr Bubner's death and find that he died due to the combined effects of a subdural haematoma and facial fractures following a fall complicated by pneumonia on a background of advanced Alzheimer's dementia.

Order authorising detention

19 Pamela Bubner and their daughter Nicole were lawfully appointed as Mr Bubner's substitute decision-makers pursuant to an advance care directive. At the time of his death, Mr Bubner was subject to an order made under the *Guardianship and Administration Act*

1993 which granted his substitute decision-makers powers to decide upon his place of residence and for him to be detained there, as well as powers to use reasonable force to ensure proper medical or dental treatment, and day-to-day care. These powers were required to manage the behaviours associated with Mr Bubner's advanced dementia. I find that these orders were lawfully made and that Mr Bubner was lawfully detained at Aldersgate at the time of his death. A death in custody does not result in a mandatory inquest where the source of the power of detention is s 32 (1) (b) of the *Guardianship and Administration Act 1993*, as in this case, and the cause of death is a natural cause. The cause of Mr Bubner's death was not a natural cause so this was a mandatory inquest.

Conclusion

20 I was informed that Mr Bubner's family commended the facilities which provided care for Mr Bubner. I find that his care and treatment at the Royal Adelaide Hospital and at Aldersgate Residential Aged Care were entirely appropriate.

21 There are no recommendations to be made in this matter.

Keywords: *Death in Custody; Falls; Section 32 Powers*