CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF CARMEN JAYNE CLANCY

[2026] SACC 18

Inquest Findings of her Honour Deputy State Coroner Roper

19 June 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a woman who received medical treatment for metastasised cervical cancer while serving a sentence of imprisonment on home detention.

Held:

1. Carmen Jayne Clancy, aged 37 years of Elizabeth North, died at the Lyell McEwin Hospital on 27 September 2022 as a result of sepsis secondary to rectosigmoid perforation (operated) on a background of metastatic squamous cell cervical cancer.

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

No recommendations made.

Counsel Assisting: MR D EVANS
Hearing Date/s: 11/04/2025
Inquest No: 12/2025 **File No/s: 2404/2022**

INQUEST INTO THE DEATH OF CARMEN JAYNE CLANCY [2026] SACC 18

1 Carmen Jayne Clancy died on 27 September 2022 at the Lyell McEwin Hospital. She was only 37 years old. At the time of her death, Ms Clancy was serving a custodial sentence by way of home detention, which had been granted on 16 July 2021 for compassionate reasons following a diagnosis of metastatic squamous cell cervical cancer. Ms Clancy's death was therefore a death in custody pursuant to s 3 of the *Coroners Act 2003,* and an inquest into the cause and circumstances of her death was mandatory.

2 As there was no factual ambiguity in the evidence that required clarification by oral evidence, the Court determined to conduct the inquest on the papers.

Personal circumstances

3 Ms Clancy was born to Sharon Anne Clancy on 12 March 1985. She was raised in a single-parent household with her younger sister. The family initially lived in the north-eastern suburbs of Adelaide, and Ms Clancy commenced primary school in the suburb of Modbury. Her family later moved to the Adelaide Hills, and Ms Clancy transferred to Gumeracha Primary School followed by Birdwood Secondary School.

4 Ms Clancy left school and moved out of the family home when she was 15 years old. She had commenced using illicit substances by this time and went on to experience struggles associated with drug use throughout her life.

5 As a young adult, Ms Clancy returned to the north-eastern suburbs and gained employment with Telstra, where she worked for seven years. She resigned from this position in 2011, citing anxiety caused by an abusive domestic relationship. She later worked as a cleaner on a casual basis at Datacom, an information technology company. She was described as an enthusiastic worker and a reliable employee who was happy, confident, and worked well with others.

6 Ms Clancy had a close relationship with her grandmother, Rosalie Williams, who purchased her a car when she was in her 20s. She re-established contact with Ms Williams after her 2014 arrest and resided with her throughout her sentencing period.

7 Ms Clancy's relationship with her mother fractured as she entered early adulthood, but they reconciled in 2021. Ms Clancy's mother has expressed concerns about her daughter's medical treatment in custody, and other matters. These concerns have been considered to the extent that they fall within the coronial functions conferred by the *Coroners Act 2003*.

Interactions with the criminal justice system

8 In February 2014, Ms Clancy was charged with trafficking in a commercial quantity of a controlled drug. Following her arrest, Ms Clancy resided with her grandmother and reportedly abstained from use of methylamphetamine, notwithstanding that she had not had the benefit of any drug rehabilitation programs.

9 Ms Clancy entered a plea of guilty to the charged offence and was sentenced on 12 December 2016 to imprisonment for three years and eight months, with a non-parole

period of one year and eight months. The sentence was suspended upon Ms Clancy entering into a bond to be of good behaviour. The conditions of her bond included supervision by a community corrections officer, attendance at rehabilitation programs and drug testing.

10 On 21 August 2018, Ms Clancy was arrested in relation to allegations of theft and breach of bail. Ms Clancy was found to have breached her suspended sentence bond and was brought back before the original sentencing judge in February 2020. The sentencing remarks indicate that Ms Clancy had failed to attend supervision and rehabilitation programs as required, had submitted positive drug tests and had been charged with minor offences. Ms Clancy's bond was extended for a further year. That bond was also breached resulting in revocation of the suspended sentence imposed in December 2016. Ms Clancy was remanded in custody to the Adelaide Women's Prison on 16 April 2021.

Events leading to the death of Ms Clancy

11 Shortly after Ms Clancy's arrival at the Adelaide Women's Prison she experienced an unconscious collapse. She was taken to the Royal Adelaide Hospital where she was assessed in the Emergency Department. Ms Clancy reported tenderness to the cervical spine. She attributed some of her symptoms, including significant fatigue, to her ongoing withdrawal from methylamphetamines. CT scans of her brain and cervical spine were performed, along with blood tests. No abnormalities were detected and Ms Clancy was discharged with instructions to re-present with any further concerns or deterioration.

12 On 30 April 2021, Ms Clancy underwent a cervical screening test. The doctor noted an irregular and firm cervix, and bleeding upon examination. Ms Clancy was transferred to the Lyell McEwin Hospital where she underwent an urgent cervical biopsy. Further investigations followed, resulting in a diagnosis of Stage 4 cervical cancer with metastases. Radiological imaging on 3 June 2021 showed broad contact between the tumour and the rectum, with infiltration not excluded.

13 Ms Clancy indicated that she wished to have treatment for her cancer, but that she did not wish to discuss the matter further at that time. She subsequently declined appointments, including those for MRI and CT imaging. Ms Clancy experienced constipation, for which she was prescribed twice-daily Metamucil. Education was provided regarding the symptoms of bowel obstruction. Ms Clancy was prescribed medication for anxiety and to assist her to sleep.

14 On 6 July 2021, Ms Clancy attended a consultation with Dr Hooi Wen Hong and Dr Beatriz Negrette. She was noted to have locally advanced cervical squamous cell carcinoma. The cancer had spread extensively to lymph nodes on both sides of her pelvis and to lymph nodes near the major blood vessels in her abdomen, indicating advanced disease. The overall prognosis for advanced cervical squamous cell carcinoma is poor overall, with the predicted survival rate at five years being less than 20%. There is also a high risk of disease recurrence despite treatment.[1]

15 On 16 July 2021, Ms Clancy was released from prison onto pre-parole home detention. She strengthened her connection with her mother and commenced attending appointments with a psychologist. She was assigned a correctional officer, Jayne Francis, who provided

[1] Exhibit C5 at [44]

Ms Clancy with leave passes to attend for oncology, radiotherapy and chemotherapy appointments, as well as a regular walking pass to allow for exercise if she felt able.

16 Ms Clancy underwent six cycles of chemotherapy over about a month, followed by radiotherapy. She reported minimal ongoing treatment-related side effects following completion of this treatment. Unfortunately, however, imaging on 12 November 2021 confirmed recurrence of advanced cervical squamous cell carcinoma with metastatic spread to the bones, liver and lungs. Given the advanced nature of her cancer, treatment from this time was palliative rather than curative in intent.

17 Ms Clancy underwent palliative chemotherapy in November and December 2021 and early January 2022. She ceased attending for chemotherapy later in January 2022 and did not attend her appointments in February 2022.

18 In late March 2022, Ms Clancy attended a follow-up medical consultation. Imaging demonstrated partial disease control, which was attributed to the palliative chemotherapy. However, Ms Clancy elected not to continue with further chemotherapy, preferring to prioritise her quality of life and to avoid further treatment-related side effects.

19 Further imaging in June 2022 identified a relapse of advanced cervical squamous cell carcinoma with progressive nodal disease and a pathological T10 crush fracture. Crush fractures are known to occur because of the underlying malignant disease process caused by metastasis, which brings about a weakening of the bones.

20 In view of the relapse, Ms Clancy recommenced on palliative chemotherapy. After two treatments there was some disease response, with a reduction in the size of lymph nodes, hepatic lesions and mesorectal nodularity.

21 On 9 July 2022, Ms Clancy presented to the Lyell McEwin Hospital with abdominal pain, nausea and constipation in the setting of increased prescription opioid usage. After Ms Clancy's monitoring anklet was removed, imaging was conducted, which excluded a bowel obstruction. Constipation was managed by aperients with good effect.

22 While in hospital, an MRI scan was undertaken to monitor disease progression. This showed widespread spinal metastases and pathological fractures of the T4 and T10 vertebrae, with mild cord compression. Spinal radiotherapy was conducted on 13 July 2022 for pain control, along with analgesic medication. She was discharged on 14 July 2022.

23 On 25 July 2022, Ms Clancy attended at the Lyell McEwin Hospital for radiotherapy. She again reported constipation and was sent to the Emergency Department, then to the Oncology Unit. An x-ray was performed which demonstrated no bowel obstruction or perforation. Constipation was again managed conservatively with good effect. Ms Clancy was discharged on 27 July 2022.

24 On 10 August 2022, Ms Clancy returned to the Lyell McEwin Hospital and was admitted to the Oncology Unit, again in respect of abdominal pain and constipation. An x-ray found no mechanical obstruction. The cause of her constipation was attributed to opioid usage, which had been prescribed to control her pain, in addition to reduced oral intake and reduced mobility. Ms Clancy's symptoms were managed with medications and intravenous fluid.

25 On 13 August 2022, however, her condition worsened with vomiting. A CT scan of her abdomen and pelvis showed a perforated rectosigmoid colon. Later that day, Ms Clancy underwent an emergency laparotomy and Hartmann's procedure, which is a surgery to remove part of the colon.

26 The surgery was performed by Dr Rebecca Thomas with Dr Reizal Rosli. Dr Rosli has provided the Court with an affidavit outlining the events that occurred during surgery. Dr Rosli also explained that the malignant invasion of the cervical cancer into the colon likely caused the perforation, which led to intra-abdominal sepsis by spillage of faeces from the perforation. This condition was life-threatening and emergency surgery was required. While the surgery itself was uneventful, prior to the commencement of the procedure, Ms Clancy slid down the operating table. This occurred because the slippery slide sheet, which had been used to transfer Ms Clancy onto the operating table, had been inadvertently left in place. Fortunately, Dr Thomas was positioned in between Ms Clancy's legs at the time of the slip and was therefore able to support her lower back. No injuries occurred due to the slip. However, in accordance with hospital procedures, the slip was documented in a safety learning system report.[2]

27 Ms Clancy's post-operative course was uncomplicated, but slow. When the wound staples were removed, the wound showed signs of infection. A CT scan was performed on 23 August 2022, which showed rectal stump perforation. This is a known complication of a Hartmann's procedure. Ms Clancy was treated with triple therapy intravenous antibiotics. A repeat CT scan on 29 August 2022 showed a persisting small bowel obstruction, which was managed conservatively.

28 During this time Ms Clancy was referred to psychiatry due to ongoing anxiety and stress.

29 On 2 September 2022, Ms Clancy deteriorated with severe pain, faecalent vomiting and wound discharge. Ms Clancy returned to surgery, and it was found that there had been complete dehiscence of the rectal stump and subsequent development of enterocutaneous fistula. Enterocutaneous fistulas are unlikely to self-resolve and cannot be surgically repaired. A rectal tube and abdominal drain were inserted.

30 Ms Clancy was managed by the colorectal team from 3 September 2022. There were concerns about the high level of output from the fistula, and a CT scan was required to identify the cause. Ms Clancy initially refused to be taken for the scan. However, she agreed the following day. Unfortunately, she refused oral contrast, limiting the diagnostic quality of the scan.

31 While the CT scan was conducted, nursing staff took the opportunity to change Ms Clancy's bed sheets, as this had been difficult to achieve. Ms Clancy by this time had become resistant to nursing interventions, which caused delays in her treatment. She refused to allow nurses to provide her with pressure area care, despite a pressure sore. She also refused hygiene care.

32 A multidisciplinary family meeting was held on 15 September 2022. Goals of care were discussed, and Ms Clancy was encouraged to comply with medical treatment recommendations and to mobilise. She agreed to participate in physiotherapy and to try

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[2] The incident occurred prior to any surgical incision and could not have contributed to dehiscence of the wound

to mobilise more. She recognised, insightfully, that she had not been the easiest of patients, which she attributed to fear about her condition. During this meeting, Ms Clancy indicated that she wished for both her mother and grandmother to be involved in decisions about her medical treatment.

33 Unfortunately, Ms Clancy's compliance with medical and nursing interventions continued to be poor, notwithstanding family encouragement. A gradual decline in her condition followed.

34 The Palliative Care Team discussed with Ms Clancy a potential transfer to the hospice at Modbury Hospital. Ms Clancy said:

> If I go there it means I'm dying, I'm not dying, I don't want to go there.[3]

She refused to have any discussion about her resuscitation preferences.

35 On 23 September 2022, Ms Clancy was reviewed by psychiatry and prescribed an antidepressant medication.

36 A family meeting was planned for 26 September 2022. However, on the morning of the scheduled meeting, Ms Clancy's condition deteriorated, accompanied by a reduced conscious state and hypotension. A blood test was suggested, but Ms Clancy declined. Further investigations were not conducted as it was plain that Ms Clancy was in the terminal phase of her illness and medical interventions were causing her distress.

37 Dr Foreman was able to contact Ms Clancy's grandmother, Ms Williams, as one of her chosen decision makers. With her consent, the treatment focus transitioned to a palliative approach with an emphasis on comfort care. Correctional officers attended and removed Ms Clancy's electronic monitoring bracelet at the request of Ms Williams. In the early hours of 27 September 2022, Ms Clancy passed away. Dr Azim Mohamad Fadzli declared life extinct at 4 am. Ms Clancy's mother was noted to be in attendance.

What was the cause of Ms Clancy's death?

38 Dr Erin O'Connor, a medical practitioner experienced in providing opinions as to cause of death, conducted an examination of Ms Clancy's longitudinal medical history. In consultation with senior specialist forensic pathologist, Professor Roger Byard, Dr O'Connor formed the view that Ms Clancy had died as a result of sepsis secondary to rectosigmoid perforation (operated) on a background of metastatic squamous cell cervical cancer, and I so find.

39 Ms Clancy's malignancy was advanced at the time of diagnosis. It is therefore necessary to determine whether there was an avoidable delay in her diagnosis.

Was there a delay in the diagnosis of cervical cancer?

40 In April 2012, when Ms Clancy was 27 years old, she underwent a colposcopy where clinically relevant changes to the cells within her cervix were identified and staged as

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[3] Exhibit C1a at [27]

CIN 2.[4] Although she was booked for a LLETZ[5] procedure to excise the abnormal cells, she cancelled it and did not attend any of the further booked appointments at the Colposcopy Clinic. The records of the Colposcopy Clinic demonstrate that concerted attempts were made to encourage Ms Clancy to attend for follow-up, both via letter and telephone.

41 On 3 July 2012 Ms Clancy presented to the Lyell McEwin Hospital with her sister for an operation which proceeded without complications. Noting the results of her abnormal pap smear, the treating doctor confirmed that she was booked in and awaiting her colposcopy.

42 Ms Clancy was able to be contacted by a nurse of the Colposcopy Clinic by telephone on 26 October 2012, where she stated she was worried about the procedure and wanted to ask questions about the abnormal cells that were found. A further appointment was made for Ms Clancy to discuss these concerns with the doctor prior to the procedure and to ensure she was informed about the importance of following up on her abnormal results. Unfortunately, Ms Clancy did not attend this appointment.

43 On 15 July 2013 Ms Clancy was formally discharged from the clinic due to repeated non-attendance. A letter was sent to Ms Clancy's general practitioner and to Ms Clancy, emphasising the importance of following up on the abnormal results of her colposcopy.

44 It is deeply regrettable that Ms Clancy did not pursue further investigation in relation to the abnormal findings at colposcopy in 2012. This delayed diagnosis of her cervical cancer, which ultimately caused her death.

45 However, I find that Ms Clancy's diagnosis was made promptly upon her incarceration. Unfortunately, by that stage, her cancer was advanced and her prognosis guarded.

Did Ms Clancy receive appropriate medical treatment in custody?

46 Ms Clancy's mother, Renee McQueen, formerly known as Sharon Clancy, attended the inquest held before Coroner Giles on 11 April 2025. Following that hearing, permission was granted for her to submit an affidavit outlining her concerns about the care received by her daughter in custody.

47 That affidavit was provided on 4 September 2025. By that time, Coroner Giles was unable to continue with the proceedings, and the matter was transferred to me pursuant to s14(3) of the *Coroners Act 2003*. Coroner Giles had also requested that an affidavit be produced from Dr Rosli in relation to Ms Clancy slipping on the operating table on 13 August 2022, which was provided on 2 July 2025.

48 In these findings, I will address the concerns raised by Ms McQueen in her affidavit of 4 September 2025, and in her initial affidavit sworn on 19 December 2022, insofar as those concerns fall within the ambit of my jurisdiction. The concerns will be addressed chronologically.

49 Ms McQueen also provided the Court with an affidavit of Daniel John Dunbar sworn on 5 May 2025. Mr Dunbar states that he is the cousin of Ms Clancy and was in regular

[4] Cervical intraepithelial neoplasia, stage 2 being abnormal cells affecting one-third to two-thirds of the epithelium
[5] Large Loop Excision of the Transformation Zone, also known as a LEEP procedure

contact with her up until her passing. He also raised concerns about Ms Clancy's medical treatment.

50 Special Counsel assisting me submitted that the affidavit of Mr Dunbar should not be relied upon as the contents are either irrelevant or without factual foundation. I have considered the affidavit and borne in mind that it represents Mr Dunbar's perception of events rather than an independent or expert opinion of the care provided to Ms Clancy.

The July 2022 admission

51 Ms McQueen stated in her initial affidavit that imaging was not conducted during her daughter's July 2022 hospital admissions and queried whether this could have identified issues with her bowel at an earlier time. Mr Dunbar also referred to the failure to perform a 'diagnostic scan' until August 2022, at which time Ms Clancy had already experienced rectosigmoid perforation.

52 However, the clinical and radiology records establish that imaging was conducted on several occasions throughout July 2022. Ms Clancy underwent a CT scan of her brain on 6 July 2022 to rule out intracranial metastasis, an x-ray of her abdomen on 10 July 2022, a CT scan of her abdomen and pelvis on 10 July 2022, imaging of her spine on 12 July 2022, and a further x-ray of her abdomen and spine on 25 July 2022. The report of the 25 July 2022 scan noted that there was no evidence of bowel obstruction or perforation.

53 It is likely that Ms McQueen and Mr Dunbar did not have access to the reports of the July 2022 imaging at the time of raising their concerns. I hope that a review of the complete medical record, and the matters set out above, provides some reassurance regarding this aspect of Ms Clancy's care.

The August 2022 admission

54 In her first affidavit, Ms McQueen described an occasion on 12 August 2022 where she visited her daughter in hospital and found her in unsanitary conditions, vomiting. The observation of unsanitary conditions is consistent with the contemporaneous clinical records. On 11 August 2022 at 5:20 am, a registered nurse noted that Ms Clancy had urinated in her bed and refused to be assisted to change. A further note was made at 1 pm that Ms Clancy refused assistance to change her continence aid. She was observed to be eating minimal amounts.

55 On 12 August 2022, Ms Clancy was reviewed at 3 am and had been incontinent. She refused to be changed or cleaned. During an oncology review at 2:30 pm that day, it was noted that Ms Clancy reported that she had not been eating or drinking and that she had not opened her bowels, despite administration of aperients. She had been provided with oxycodone to manage her pain, and ondansetron for her nausea. She refused a blood test. Ms McQueen was present that afternoon and complained that her daughter had been 'sitting in urine for ages'. The notes indicate that Ms Clancy's linens were changed following the 2:30 pm medical review that day, when she allowed it to occur, and that intravenous saline had commenced at 2:45 pm. A note at 10 pm also referred to two small non-bilious vomits. The nursing notes from that evening indicate that Ms Clancy was 'very resistive to care' and was refusing imaging and medications.

56 While the condition of Ms Clancy's room on 12 August 2022 was understandably distressing for her mother to observe, I am satisfied that it arose due to Ms Clancy declining nursing interventions, rather than a failure by the hospital staff to provide appropriate care or treatment. I recognise that Ms Clancy's resistance to care was likely related to pain and anxiety due to her declining health.

57 There is no record of Ms Clancy vomiting black-coloured material on 12 August 2022. However, there is a record of this occurring on the afternoon of 13 August 2022. The vomit on 13 August 2022, combined with an increased oxygen requirement, resulted in a Medical Emergency Response Call at around 2:30 pm, and CT imaging later that afternoon. It is likely that this is the vomiting incident to which Ms McQueen referred, as Ms McQueen recalled that her daughter was sent for imaging following this episode.

58 The CT scan of 13 August 2022 revealed possible perforation of the rectosigmoid, which led to the laparotomy and Hartmann's procedure that same day. There was no evidence of bowel obstruction or perforation at the time of the previous imaging on 25 July 2022.

59 I am satisfied that the radiological imaging was performed in a timely manner and that appropriate steps were taken to investigate the cause of Ms Clancy's symptoms.

60 Ms McQueen also queried whether the subsequent infection, resulting in sepsis, should have been identified and acted upon earlier, noting that signs of infection were observed on 23 August 2022.

61 The clinical notes indicate that antibiotics were initially administered in response to signs of infection, first observed on 21 August 2022. Following the CT scan on 23 August 2022, which demonstrated rectal stump perforation, Ms Clancy was commenced on triple therapy intravenous antibiotics, a combination of antibiotics used to treat or prevent infection caused by the leakage of bowel contents. A repeat CT scan on 29 August 2022 showed a persisting small bowel obstruction, which was managed conservatively.

62 Following Ms Clancy's deterioration on 2 September 2022, a rectal tube and abdominal drain were inserted to manage the complete dehiscence of the rectal stump. The rectal stump leak was complicated by the development of a high-output colocutaneous fistula, which was not suitable for operative management. Unfortunately, management of the fistula was complicated by Ms Clancy's refusal of nursing interventions. Further, as noted by Dr O'Connor in her pathology review, Ms Clancy was on maximal medical therapy for her sepsis, and there were no surgical interventions that would reverse her deterioration. There is no evidence that the dehiscence of Ms Clancy's surgical wound was caused by surgical error or poor post-operative care. As noted by Dr Rosli, the emergency operation occurred in a contaminated surgical field, and Ms Clancy likely had a lowered immune response due to her chemotherapy treatment.

63 Having reviewed the medical records and evidence, I am satisfied that the infection was identified in a timely manner and treated appropriately.

Pain management in September 2022

64 Ms McQueen and Ms Williams attended a family meeting at The Queen Elizabeth Hospital on 15 September 2022. At this time, Ms Clancy was under the care of the colorectal team.

65 Ms McQueen expressed concern that her daughter appeared to be in pain and was failing to improve. These concerns are consistent with the medical notes, which confirm that Ms Clancy was experiencing ongoing pain, requesting pain relief, and failing to improve. Ms Clancy also reported pain to her grandmother in messages.

66 I acknowledge that this would have been distressing for Ms Clancy to experience, and for her mother and grandmother to witness. However, the evidence does not suggest that Ms Clancy's pain or clinical deterioration was attributable to any deficiency in the care provided by hospital staff, but rather to the severity of her underlying illness. Ms Clancy was provided with strong pain relief during her time in hospital. However, she was noted to have refused escalation of her pain management plan on several occasions, which she explained was due to her previous drug use. Her pain was eventually managed by subcutaneous delivery of oxycodone from 9 September 2022, when she provided her consent, and midazolam. Additional oxycodone was also administered as required. It is apparent, however, that staff had become increasingly frustrated by Ms Clancy's general resistance to care. This may have contributed to Ms McQueen's impression that nursing staff did not believe her daughter's complaints of pain and treated her poorly due to her home detention status.

Stillbirth

67 Ms McQueen was informed by Ms Willliams that her daughter had given birth to a stillborn child on 11 September 2018, with Ms Clancy confirming that she had gone into labour while in a police holding cell. Mr Dunbar also referred to this incident as the genesis of Ms Clancy's institutional mistrust. In particular, he referred to Ms Clancy giving birth while shackled to the bed during labour. There are several documents before me which refer to Ms Clancy discussing this event.

68 While there is no record of this delivery in the available documents, the Court has received records of the Lyell McEwin Hospital regarding an attendance on 21 August 2018. These records indicate that Ms Clancy was transported to hospital by the SA Ambulance Service after having collapsed in her cell. At that time, Ms Clancy reported that she had suffered a spontaneous miscarriage one week previously at 9 weeks gestation (around 14 August 2018). An ultrasound of the abdomen was performed in the Emergency Department, which recorded no free pelvic fluid or ectopic pregnancy being identified. A quantitative human chorionic gonadotropin test was also performed, with a result of less than two, which is considered negative for pregnancy. This result is difficult to reconcile with Ms Clancy experiencing a stillbirth on 11 September 2018. Further, prisoner movement records establish that Ms Clancy was on home detention bail on 11 September 2018.

69 It may be that the date of 11 September 2018 is incorrect. I have located a further document within the prison records which suggests that the date could have been 13 September 2017. In any event, it is unnecessary for me to make a factual finding in relation to this issue as it does not pertain to the circumstances of the death of Ms Clancy. Although Ms Clancy was observed to be greatly affected by the loss of her baby over the subsequent years and grieved the anniversary of her death, there is no evidence that the delivery of her baby occurred in the concerning circumstances described.

The release from custody on compassionate grounds

70 Ms McQueen expressed concern about her daughter's release on home detention bail in circumstances where she was terminally ill.

71 Ms Clancy was released onto pre-parole home detention on 16 July 2021 under the supervision of a community corrections officer, to reside with her grandmother. On 17 January 2022, she secured her own rental accommodation where she resided alone with her dog. Ms Clancy was fitted with an electronic monitoring device and was required to seek approval to be absent from her residence. All requests to attend appointments were approved without issue. She was permitted to attend her fortnightly supervision appointments via videocall if she felt too unwell to attend in person. She was provided with a regular walking pass to enable her to exercise when she was able to do so.

72 Once released from custody and living in the community, Ms Clancy was able to access public health services without restriction, and she did so. This continued after she moved into her own residence. In my view, it was appropriate to respect Ms Clancy's autonomy and right to determine her preferred living arrangements.

Standard of care provided by Lyell McEwin Hospital Oncology

73 In addition to the two affidavits provided by Ms McQueen, she also provided a letter dated 8 July 2024 expressing concerns regarding the care provided to her daughter by the Department of Medical Oncology at the Lyell McEwin Hospital. In particular, she noted an excessive dose of chemotherapy in March 2022. Mr Dunbar also expressed concern regarding chemotherapy overdosing, noting that Ms Clancy's dosage did not appear to decrease in response to her weight loss in early 2022.

74 Review of the medical records indicated that Ms Clancy did not attend her chemotherapy appointments on 17 February 2022, 10 March 2022 and 31 March 2022. Her last chemotherapy session prior to 17 February 2022 occurred on 6 January 2022. She then ceased chemotherapy treatment until 5 July 2022, and amendments were made to her regime upon recommencement. I am unable to identify any evidence in support of the contention that Ms Clancy's chemotherapy dose was excessive in early 2022.

Consultation with family on 26 September 2022

75 Ms McQueen considered that she ought to have been consulted prior to sedative palliation being commenced on 26 September 2022. Although Ms Clancy did not have a formal advanced care directive in place, her wishes were discussed at a meeting on 15 September 2022. The notes of that meeting indicated that Ms Clancy wished for both her mother and grandmother to be consulted in relation to decision-making regarding her medical treatment.

76 On 26 September 2022, Ms Clancy had a conversation with Dr Foreman of the Palliative Care team. The notes of that conversation indicate that Ms Clancy consented to Dr Foreman speaking with her grandmother, Ms Williams, regarding her declining condition. Dr Foreman then spoke with Ms Williams, who indicated that she was content for the goals of care to be changed to full comfort care. Ms Williams advised that she would contact Ms Clancy's mother.

77 A further conversation occurred between Ms Williams and Dr Bishoy, colorectal registrar, at about 11:15 am on 26 September 2022, confirming that Ms Clancy was for end-of-life care. At 2:15 pm on 26 September 2022, Ms McQueen attended the hospital and spoke with Dr Foreman. It was explained that Ms Clancy's time may now be very short. Palliative medications were charted. At 3:45 pm, at the request of family, additional morphine was administered to manage Ms Clancy's pain. The clinical notes indicate that it was important for the family that Ms Clancy was pain-free and calm.

78 Ms Williams, who was not yet present at the hospital, requested that Ms Clancy's electronic monitoring device be removed at 4:50 pm. That request was approved, and the device removed at 6:10 pm on 26 September 2022.

79 Ms Clancy was declared life extinct at 4 am on 27 September 2022.

80 I understand Ms McQueen's ongoing distress that she was not contacted before the decision was made to transition her daughter to palliative care. However, the evidence establishes that Ms Clancy had consented for medical staff to contact her grandmother earlier that day to discuss her declining condition. At this time, medical interventions were causing Ms Clancy distress in circumstances where she was in the terminal phase of her illness. I am satisfied that the treating team acted appropriately in consulting Ms Williams, bearing in mind that Ms Clancy's mother also attended the hospital that afternoon.

Additional concerns of Ms McQueen

81 Ms McQueen also stated that her daughter told her that she 'was due' to have a hysterectomy, which never occurred. The clinical notes indicated that during an appointment at the Radiation Oncology Unit on 7 July 2021, Ms Clancy queried whether a hysterectomy could cure her cervical cancer. She was informed that her disease was too extensive, and that surgery would not be of benefit to her. Though the attending doctor offered to speak to Ms Clancy's family for her, as it was a lot of information for Ms Clancy to digest and she was understandably very upset, she declined this.

82 Ms McQueen provided a photograph of Ms Clancy's bowel chart from 7 September 2022 to 10 September 2022, which indicates that her stoma was inactive on 7 September 2022 and 10 September 2022. Ms McQueen considered that this information was inconsistent with affidavits provided by hospital staff.

83 Ms Clancy's bowel chart commencing 7 September 2022 is contained within the medical records, along with records of her bowel movements, stoma and fistula activity from 15 August 2022 to 27 September 2022. I am satisfied that these documents are consistent with the affidavits provided to the Court. At this time, it was known that the stoma was not functioning correctly.

Conclusion and recommendations

84 Ms Clancy endured a complicated and distressing hospital admission in the months prior to her death.

85 Unfortunately, Ms Clancy's cervical cancer carried a poor prognosis at diagnosis and continued to advance despite treatment. The pain she experienced required opioid relief, which led to chronic constipation. The combination of constipation with the effects of

chemotherapy upon her body likely caused her bowel perforation, which required emergency surgery. The subsequent post-operative complications and sepsis she experienced were severe developments which hastened her death. However, I am not satisfied that these complications occurred because of poor medical care.

86 I express my sincere condolences to Ms Clancy's family and loved ones.

87 I have no recommendations to make.

Keywords: Death in Custody; Home Detention Bail; Natural Causes