

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF BRIAN ROSS EDWARDS

[2026] SACC 43

Inquest Findings of his Honour Deputy State Coroner Evans

30 September 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man with multiple co-morbidities who was placed under a Guardianship Order that permitted detention for the purpose of administering medical treatment.

Held:

1. Brian Ross Edwards, aged 67 years of Brahma Lodge, died at the Royal Adelaide Hospital on 25 October 2023 as a result of end-stage renal failure due to diabetic nephropathy, left lower-limb gangrene due to peripheral vascular disease and subcapital fracture of the left neck of femur (palliated) on a background of ischaemic and valvular heart disease.
2. Circumstances of death as set out in these findings.

No recommendations made.

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Introduction

- 1 The Court heard an inquest on the papers in relation to the death of a man who was detained in a health facility for necessary medical treatment.

Background

- 2 Brian Edwards was born on 14 September 1956. In the late 1980s, Mr Edwards married his wife who had an adult daughter and son. In 2001, he and his wife moved to Brahma Lodge. In about 2014, his wife passed away.
- 3 In 1987, Mr Edwards suffered a stroke. Over his life, he developed a number of medical conditions which included chronic kidney disease (with peritoneal dialysis commencing in 2020), ischaemic heart disease (with stenting performed in 2017 and bypass grafting in 2019), Type 2 diabetes mellitus since 1987 with diabetic retinopathy, hypertension, dyslipidaemia and peripheral vascular disease. Mr Edwards' diabetes was poorly controlled due to non-compliance with diet and lifestyle advice.¹ In 2021, a testicular abscess was found with a right orchidectomy performed. In July 2023, he experienced foot ulcers from his peripheral vascular disease.²
- 4 Around 2021, family members began to notice that Mr Edwards would get lost in the house and experienced some confusion and forgetfulness. He took care of himself less and less, while pushing family away. In January 2023, Mr Edwards' daughter wrote to his general practitioner, Dr Colin Watson, to advise that he was living in poor conditions. Dr Watson spoke to Mr Edwards about these concerns and he was able to explain why he did not consider them to be properly founded. He declined an offer of care services.³ At the time of this discussion, Dr Watson noted that Mr Edwards was clean, well-groomed and rational.⁴

Circumstances leading to death

- 5 On 2 August 2023, Mr Edwards was taken to the Modbury Hospital and then the Royal Adelaide Hospital with a headache after experiencing a fall at home in the garden.⁵ A CT scan revealed a possible left superior frontal subarachnoid haemorrhage, without any interval haemorrhage seen on a repeat scan performed the following day. A neurosurgeon determined that no surgery was required. Mr Edwards had gangrenous toes on his left foot, with the same condition developing on his right foot. After there was an unsuccessful attempt at revascularisation he was commenced on antibiotics. A minimal state examination was conducted and a mild to moderate cognitive impairment was detected.⁶

¹ Exhibit C4 at 3-4

² Exhibit C4 at 5

³ Exhibit C8 at [10]

⁴ Ibid

⁵ Exhibit C6 at 3

⁶ Exhibit C6 at 4 and Exhibit C7 at 3

- 6 During his time in hospital, nurses identified that Mr Edwards was probably not able to manage his dialysis due to his confusion. He was sent to the Geriatric Evaluation Management Unit at Hampstead Rehabilitation Centre on 20 September 2023. He expressed uncertainty about the future and he was confused about time, date and location.⁷ While undergoing treatment that day, Mr Edwards pulled out his intravenous line and later explained that he had been confused at the time.⁸ After a couple of days, he was transferred back to the Royal Adelaide Hospital after his health generally declined and after a specific medical emergency was called during a physiotherapy session where exertional dyspnoea and dizziness arose.
- 7 When he returned to the Royal Adelaide Hospital, Mr Edwards' troponin levels were raised, but this was explicable by his chronic renal dysfunction rather than ischaemia.⁹ A chest x-ray showed only mild fluid overload. His inflammatory markers were elevated but stable. He was diagnosed with fluid overload and uraemic encephalopathy. Doctors considered that haemodialysis should be tried to see if Mr Edwards' confusion could be reduced. This commenced on 23 September 2023 and there was improvement in his confusion, however it was short-lived and had returned by 26 September 2023.
- 8 On 29 September 2023, Mr Edwards was given advice by the vascular team that due to necrotic areas of three toes, a below-knee amputation was necessary. Mr Edwards refused to consider an amputation and he was instead treated with intravenous antibiotics. On 3 October 2023, about ten days after his return to the Royal Adelaide Hospital, Mr Edwards developed a fever with worsening of the lower limb ulcer and associated worsening confusion and delirium.¹⁰ The necrosis of his foot had continued to worsen notwithstanding the administration of several different antibiotics including intravenous vancomycin. Blood culture testing was comforting, demonstrating that the infection had not passed into the bloodstream. Once again on 10 October 2023, Mr Edwards refused to consider an amputation, despite the risk of death that came with that refusal being clearly explained to him.
- 9 After considering the matter, doctors formed the view that Mr Edwards had not properly understood the consequences of not having an amputation before he had lost the mental capacity to make decisions of that nature. That is, he did not appear to have appreciated that if he did not have an amputation, he would not be able to continue with dialysis and he would have a rapid deterioration and death. Doctors considered that a Guardianship Order was necessary, as it was clear that Mr Edwards no longer had decision-making capacity.
- 10 An application was heard by the South Australian Civil and Administrative Tribunal (SACAT) urgently on 18 October 2023. An independent guardian and substitute decision maker was appointed at the family's request. The following day, the independent guardian, after taking advice from doctors, made a decision that Mr Edwards should not have an amputation, but also should not have further dialysis and should be transitioned to end-of-life care.¹¹ Mr Edwards' family were notified of the decision and they were able to produce an Advance Care Directive in which Mr Edwards had earlier specified

⁷ Exhibit C7 at 5

⁸ Exhibit C7 at [9] and Exhibit C10 at 10

⁹ Exhibit C8 at [7]

¹⁰ Exhibit C8 at [11]

¹¹ Exhibit C6 at 4

similar preferences.¹² Active measures were then withdrawn and end-of-life medications were commenced on 19 October 2023.¹³

- 11 On 23 October 2023, Mr Edwards fell from his hospital bed. His observations were taken at midnight and there were no issues identified. A nurse checked on him routinely over the next few hours.¹⁴ His bed was put into the lowest position. His call bell with a light switch was tied to the bed within easy reach. His walking frame was to the right of his bed within easy reach. He was checked at 4.40 am and was sleeping.¹⁵ He was then found on the floor again at about 6 am. When he was asked what had happened, Mr Edwards said that he had gotten up to go to the toilet and had fallen over.¹⁶ He appeared to be in a lot of pain and was shocked. He said that his hip and foot were sore. He was lifted back into bed using an assistive lifting device.
- 12 An ECG and physiological observations revealed no concerns.¹⁷ An x-ray revealed a non-displaced oblique subcapital fracture of the left neck of femur. A nerve block was placed to relieve any pain. In all of the circumstances, conservative management was chosen, consistent with the end-of-life plan that had already commenced.
- 13 The following day, a continuous subcutaneous infusion pump of pain medication was commenced. In the afternoon of 25 October 2023, there was an issue with the continuous infusion pump and Mr Edwards was administered pain relief manually while waiting for the pump to be repaired.¹⁸ At 7.28 pm that night, a nurse found that Mr Edwards was not breathing and a declaration of life extinct was made at 7.45 pm.¹⁹

Cause of death

- 14 A pathology review of the medical records was conducted by Dr Jane Alderman through Forensic Science SA. Dr Alderman concluded that Mr Edwards' death was as a result of end-stage renal failure due to diabetic nephropathy, left lower-limb gangrene due to peripheral vascular disease and subcapital fracture of the left neck of femur (palliated) on a background of ischaemic and valvular heart disease.
- 15 I accept the expert advice of Dr Alderman and I find that Mr Edwards' cause of death was as Dr Alderman described.

Assessment of the issues

- 16 Given that Mr Edwards was subject to a power of detention at the time of his death, the Court is required to examine the circumstances that led to his death and in particular whether there were any safety issues that contributed to his death.

Detention

- 17 When SACAT appointed an independent guardian, special powers were also granted which authorised Mr Edwards' detention. Given that it was necessary for him to remain

¹² Exhibit C10a

¹³ Exhibit C8 at [15]

¹⁴ Exhibit C3 at [15]

¹⁵ Exhibit C3 at [17]-[19]

¹⁶ Exhibit C3 at [20]

¹⁷ Exhibit C8 at [16]

¹⁸ Exhibit C5 at [11] and Exhibit C8 at [23]

¹⁹ Exhibit C8 at [25]

in hospital for treatment, and that he had previously pulled out an intravenous line during a bout of confusion, a power of detention was reasonable in order to ensure that Mr Edwards received the care he required. Given that the power was granted by SACAT, Mr Edwards was lawfully detained at the time of his death.

Treatment provided

- 18 In relation to the January 2023 letter from Mr Edwards' daughter raising concerns about his ability to care for himself, in all the circumstances I am satisfied that this was adequately dealt with through discussion and offering support if needed.
- 19 I am aware that Mr Edwards' family made some criticism of the fact that the extent of his confusion was not picked up earlier than it was and in particular that he was transferred to Hampstead Rehabilitation Centre only to be sent back soon after for a higher level of care. Confusion in the elderly is common, therefore it is not surprising that it took some time to appreciate that the extent of Mr Edwards' confusion was something more significant. A mental state examination was conducted to specifically assess the extent of Mr Edwards' cognitive ability and he was able to return a result of only mild to moderate impairment. I am therefore not critical of Mr Edwards being treated in a manner that corresponded to his test result until there were clear indications of a greater impairment. In respect of the move to Hampstead, I consider that moving Mr Edwards to a lower acuity facility to try to assist his rehabilitation was a worthwhile endeavour, notwithstanding that it did not work out as hoped.
- 20 In relation to Mr Edwards' time in hospital, he had a number of serious health conditions which made treatment complex. I find that there was a high level of medical care and attention given to him with the aim of achieving a recovery, although that turned out not to be possible. While doctors could have applied for a Guardianship Order earlier, Mr Edwards' choice not to have an amputation was not unreasonable and it was appropriate for doctors to have respected that decision and attempted non-surgical treatment consistent with his wishes. When that failed and Mr Edwards remained resistant to the amputation, they carefully considered the question of whether he had the mental capacity required to make that decision. I consider that the approach of the doctors involved was quite reasonable with a proper initial focus on freedom of choice until it became clear that was no longer appropriate.
- 21 The decision of the independent substitute decision maker to eschew amputation and proceed to end-of-life care was appropriate. It preserved Mr Edwards' strong desire not to undergo amputation and preserved his dignity by providing a comfortable end-of-life pathway.
- 22 I find that the response to Mr Edwards' initial fall was appropriate. Before it occurred, there was no indication that a fall was likely or that it needed to be strongly guarded against before it happened. After it occurred, a number of specific measures were implemented to reduce the likelihood of any further incident. Notwithstanding those measures, a further fall occurred, which caused injury. It is only with hindsight that this fall could be predicted. As I have said, the measures put in place after the first fall were a reasonable response to the risk. I consider that the further fall was not something that could have been reasonably guarded against by any further measures than those that were already implemented. In particular, it was appropriate to assign a nursing special after Mr Edwards fell for the second time, but given the intense resourcing required for that to

occur, it was not something that necessarily had to have been in place before the second fall.

- 23 After Mr Edwards fell, he was administered a nerve block and continued on his end-of-life pathway. I consider that to be the appropriate response to what occurred.

Recommendations

- 24 In light of the evidence and my assessment of the issues, there are no recommendations that I need to consider making in this matter.

Condolences

- 25 I express my condolences to Mr Edwards' family.