

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF CHRISTOPHER JAMES GRIFFIN

[2026] SACC 45

Inquest Findings of his Honour Deputy State Coroner Evans

13 October 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man who took his own life by ingesting a toxic substance after indicating that he did not wish to enter an aged care facility in the face of cognitive decline.

Held:

1. Christopher James Griffin, aged 65 years of Mount Gambier, died at the Mount Gambier and Districts Health Service on 16 April 2023 as a result of strychnine toxicity.
2. Circumstances of death as set out in these findings.

No recommendations made.

This judgment contains discussion of suicide and may be distressing to some people

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Introduction

- 1 The Court heard an inquest on the papers in relation to the death of a man who foreshadowed a desire to end his life before his cognitive state reduced to a point where he would not be able to make that decision.

Background

- 2 Christopher Griffin was born in New Zealand on 2 November 1957. He moved to Australia with his wife Wendy and his son in about 1999, settling into farm life in Mount Gambier.¹ Mr Griffin and his wife both worked for a care agency, Home Care Plus. For some time, he and his wife moved to New South Wales for a warmer climate while she was dealing with poor health from cardiac issues and dementia. In 2018, Mr Griffin's wife died and he moved back to Mount Gambier.
- 3 Mr Griffin had no major illnesses throughout his life. However, he was a smoker and had a cough with recurring pneumonia as well as asthma. He had a family history of dementia. Mr Griffin had the same general practitioner since his arrival in Australia, Dr Kevin McEntee. Dr McEntee says that Mr Griffin had a number of chronic medical conditions, including chronic obstructive airways disease and psoriasis.²
- 4 Mr Griffin appeared to be deeply affected by his wife's death. After dealing with her dementia, Mr Griffin always spoke about his preference for quality of life rather than quantity of life. He spoke of a desire never to go into a care facility. He would often initiate discussions where he declared his intention to take his own life before his quality of life reduced below what he considered acceptable. He often spoke about how he might do that without leaving any mess that someone would have to clean up. Mr Griffin's son says that these conversations occurred with increased frequency approaching April 2023, as though Mr Griffin was preparing everyone for his death.
- 5 Over the five years leading up to his death, Mr Griffin observed a reduction in cognitive capacity in himself. His family also observed this, together with some strange behaviours. For example, on one occasion he forgot something in the microwave which started a fire.³ After these things started, Mr Griffin moved in to live with his son and his family. He had to stop working. He spent time with his grandchildren who adored him.
- 6 In May 2019, Mr Griffin undertook various medical examinations, including a CT scan and an MRI, to explore his memory issues. This ultimately concluded that the symptoms were anxiety-based in the wake of his wife's death. The symptoms also compounded themselves as they developed with the appearance of dementia which increased the associated anxiety.⁴ A neighbour who is a clinical nurse (though she had no professional dealings with Mr Griffin) astutely surmised from her observations that he was suffering

¹ Exhibit C1a at 1-2

² Exhibit C8 at [6]

³ Exhibit C1a at 3

⁴ Exhibit C8 at [10]

post-traumatic stress disorder after dealing with his wife's Alzheimer's disease.⁵ In early 2020, Dr McEntee ultimately made a referral to a neurologist, Dr Karyn Boundy, for further assessment. Dr McEntee summarised the situation at that point as:

Mobility

Left foot is slow, tripping over small items, will trip on same thing over and over again.

Communication

Cant keep up in conversations and doesn't know what to talk about gets lost.

Short term memory loss.

Doesn't understand words sometimes and speaks words in the wrong order.

Trouble writing, messy and cant understand text

Spelling words wrong.

Email and text messages take a long time for a very small amount of text.

Rings wrong phone numbers over and over

Social Interaction

People don't know how talk and react to people with dementia, has trouble with old friends understanding what he is going through, loses friends and family due to dementia.

Family and friends don't make phone calls any more Chris has trouble talking over the phone because he doesn't know what to talk about.

Forgets people he has met

Forgets locations

Forgets important dates

Has trouble ordering lunch remembering what he wanted or even having trouble saying what he wants, cant make his mind up on menu, orders wrong items

Learning

Cant understand and remember new information

Cant learn new skills and remember old skills, whippers snipping, chain sawing, cooking, cleaning, making meals, making coffee,

Self care

Forgets to shave and misses areas of face

Has major trouble cooking hot meals even when following a plan, has started a number of fires forgets items are in over or coffee is on stove.

Trouble completing daily tasks like vacuum cleaning has head on vacuum cleaner up the wrong way wonders why it doesn't work, would buy a new one.

Has trouble heating a cooling the house on hot and cold days. Cant work out air conditioner.

Puts cooked meat with raw meat.

Runs dryer on 38.c days and doesn't iron clothing any more, leave iron on forgets how to iron.

Has trouble with hot and cold meals burns mouth,

trouble chewing can choke on steak and other food not small enough, has choked before

Forgets shoes, phone, wallet, other important paper work, threw important paper work in the bin

Forgets to take medication and what times to take it.

Self management

Cant manage finances, son take care of financial commitments

⁵ Exhibit C7 at 2

Cant problem solve, basic task like cleaning, gardening, centerlink paper work. filling out forms these tasks can take days to complete,⁶

- 7 Dr Boundy recorded the following of her first assessment of Mr Griffin on 2 July:

I saw This man with his son Ben with whom he now lives on 2/7/20 regarding his cognitive problems.

He has not been himself for 1-2 years. The situation came to a head 12 months ago when he could recall how to book his luggage in at the self service control at the airport. he had previously done this alot, with his work ,flying to Sydney and Melbourne. There were then a few cooking fired and accidents. he was living alone as his wife had dies. In the last year with new activities such as the men's shed and NDIS, coffee, library and other public visit been helpful. he has had increasing difficulty reading the words , he may know the meaning cant pronounce them correctly. he did return to work as a carer for 4 months in the time he had symptoms and it was suggested as he was having trouble with medication errors so had to leave this job. he had been a carer on and off for many years as well in the past benign be mobile transporting alot with gliders, canoeing and doing scuba diving. he was having trouble filling out his time sheet, usually taking minutes could take him an hour.

He was not sure of the content. The family found a third fire, under a microwave and up the wall from trying to grill chops.

He ceased driving three months ago.

In February he started to fall all over his left foot and had left foot drop.

Strong family history of cognitive issues on all cousins on maternal side.

His sister age 65 has short term memory loss.

He has had stress headaches.

On examination the Central nervous system is normal.

Left great toe has been injured. ? Gait disorder.

He has legs cramps and restless legs make it difficult to go to sleep.

MRI brain age-related atrophy.

There are white matter abnormalities that are non specific.⁷

- 8 Mr Griffin was prescribed rotigotine to assist with the physical symptoms he was experiencing. He was given vitamin B12 injections to address a deficiency. Dr Boundy ordered a SPECT scan. Upon reviewing those results, she noted that there were some changes in the brain that were consistent with possible Lewy body disease, with a differential diagnosis of early semantic dementia considered. Dr Boundy agreed to

⁶ Exhibit C28, annexure to letter dated 3 February 2020 – some minor typographical errors have been corrected in the quote for clarity

⁷ Exhibit C28, letter dated 2 July 2020 – some minor typographical errors have been corrected in the quote for clarity

continue seeing Mr Griffin to monitor whether a diagnosis of dementia emerged. She suggested a nerve conduction study be conducted at a future appointment.

- 9 Given his symptoms, Mr Griffin was approved for care support through Home Care Plus, coincidentally the same company that he himself had worked for. He received care that permitted him to remain engaged with the community by going to town and being taken to appointments. There have been no concerns raised about the care provided by Home Care Plus, and Mr Griffin's family have expressed appreciation that their efforts made it possible for Mr Griffin to continue to live with them in the community.⁸
- 10 In February 2022, Mr Griffin reported to Dr McEntee that his memory had further worsened. Given the extent of the issues already recorded before then, this would have been quite concerning. Dr McEntee offered to do further investigations, but Mr Griffin declined.⁹
- 11 In May 2022, Mr Griffin saw Dr McEntee again with a chest infection, this time reporting that he was sick of living and thought he 'may decide' to end his life. He said that his purpose in telling Dr McEntee was so that his intention could be recorded and he could protect his children from any blame. He gave no specific plan or any further details. Dr McEntee did not form any concern that Mr Griffin was lacking cognitive capacity and simply documented his comments as requested.

Circumstances leading to death

- 12 On 14 April 2023, Mr Griffin's son went to Melbourne with his family. The following day one of the care workers who had worked with Mr Griffin for some time, Donna Munn, visited him and took him out into the community. Throughout the day, Mr Griffin said words to the effect of 'I have to tell you something, this will be our last weekend.'¹⁰ He then disclosed that he was going to end his life on 26 April 2023, after playing two-up with his son at the RSL Club. He told Ms Munn that he was happy with his decision and that he was of sound mind. He told her that he had poison and he was going to mix it into whiskey.
- 13 Ms Munn's shift concluded at 1 pm. She was unsure whether she should report Mr Griffin's disclosure, or if she should maintain Mr Griffin's confidence.¹¹ She became emotional in the evening and called the after-hours number for her employer, Home Care Plus, to seek advice. She was advised to lodge a report about it in the company's portal. As she could not log in to the portal that night, she did so the following day. She then went to Mr Griffin's house as rostered.
- 14 During her shift, Ms Munn disclosed to Mr Griffin that she had had to report their conversation. He reassured her that she had done the right thing. They then went out for lunch. After returning home, Mr Griffin indicated that he did not need anything further from Ms Munn and she left. She arrived home at 12.41 pm with concerns and called Home Care Plus again.¹² She asked staff to alert Mr Griffin's son or police if they could

⁸ Exhibit C1a at 4

⁹ Exhibit C8 at [18]

¹⁰ Exhibit C9 at [8]

¹¹ Exhibit C9 at [10]

¹² Exhibit C9 at [13]

not get through to his son.¹³ After not being able to get through by 2.30 pm, Ms Munn rang police herself at 2.43 pm.

- 15 In the meantime, at 1.37 pm, Mr Griffin spoke to his son over the phone. Mr Griffin said that he had 'said too much' to his care workers, that he had 'told them the plan' and that they would have to report him. Mr Griffin's son told him that he was on the way home.
- 16 An ambulance was dispatched at 3.03 pm and arrived at 3.12 pm.¹⁴ Mr Griffin initially opened the front door to converse with paramedics, who noted a sign stuck to his chest which read 'Poison, do not touch mouth'.¹⁵ He explained he had Lewy Body dementia and that it was getting worse to the point that he was losing control of himself, so he had chosen to end his life.¹⁶ He told them that he had taken cyanide.¹⁷ He said that his mouth or lips had gone dry. He expressed concern for the emergency workers with the poison he had. After several minutes talking, Mr Griffin ended the conversation and closed the door.
- 17 The ambulance staff engaged their Team Leader and the State Duty Manager, who had specialised training on Hazmat situations.¹⁸ The decision was made to engage the Metropolitan Fire Service (MFS) and SAPOL to ensure the safety of the ambulance staff by having a decontamination process conducted before treating Mr Griffin in the open air.
- 18 At 3.15 pm, Mr Griffin spoke to his son again. He said that 'they are here' and that he was going through with his plan. He said that he had spilt some of what he had taken on his lips and that he already could not speak properly.¹⁹ They spoke again at 3.22 pm and Mr Griffin again confirmed that he had 'taken the stuff'. The Ambulance Team Leader came out to Mr Griffin's home, arriving at 3.29 pm.²⁰
- 19 After the Team Leader had arrived, they were able to have another conversation with Mr Griffin through the door, although this time he did not open it.²¹ The Team Leader formed the view that it was at least possible that Mr Griffin did have cyanide.²² During this conversation, Mr Griffin's phone rang and he went away to speak on the phone.
- 20 SAPOL arrived at 3.37 pm.²³ MFS arrived at 3.39 pm.²⁴ MFS planned their entry for extraction and decontamination of Mr Griffin while ambulance staff set themselves up to deal with a likely cardiac arrest once entry was gained. Everyone donned full personal protective equipment.

¹³ Exhibit C11 at [7]

¹⁴ Exhibit C12 at 1-2

¹⁵ Exhibit C13 at 2

¹⁶ Exhibit C12 at 2

¹⁷ Although, at the time, there was confusion as to whether Mr Griffin had said he had already taken the substance or whether he was about to take the substance

¹⁸ Exhibit C14 at 2

¹⁹ Exhibit C1a at 6

²⁰ Exhibit C13 at 3 and Exhibit C14 at 2

²¹ Exhibit C12 at 3

²² Exhibit C14 at 4

²³ Exhibit C13 at 5

²⁴ Exhibit C17 at [3]

- 21 Mr Griffin's neighbour was allowed to come to the door to speak to Mr Griffin. She called out to him and he reassured her and requested that she return home.²⁵ He was calm, smiling and not distressed. She then phoned Mr Griffin's son who gave her the combination for a key safe. MFS staff tried to use the codes given but were unable to unlock the boxes.²⁶
- 22 An MFS member conducted an atmospheric monitoring test. There were no readings of any toxins detected and the premises were cleared for forced entry and extraction.²⁷ The glass at the front door was broken and the door was unlocked through the broken glass.
- 23 Mr Griffin was located face-down in the entryway. He was dragged outside by the MFS at 4.07 pm and was decontaminated.²⁸ He was rigid, blue and frothing from the mouth. An oxygen mask was applied while the decontamination occurred.²⁹ Further atmospheric testing revealed no trace around Mr Griffin of the toxic compounds covered by the testing machine. Resuscitation attempts were then commenced and Mr Griffin was taken to hospital with lights and sirens under mechanical CPR.
- 24 On arrival to the hospital, doctors were instructed by family to cease efforts to resuscitate, as this would have been against Mr Griffin's clear wishes.³⁰ A declaration of life extinct was then made at 4.46 pm.³¹
- 25 With the house cleared of atmospheric concerns and the only risk remaining being through ingestion or skin contact with the poison, the house was cleared for police entry.³² Inside, police found a bottle that had residual powder in it. Chemical analysis of that powder revealed that it was strychnine.³³ In Mr Griffin's pocket, police found a small white medication bottle which had 'Bad Poison' written on it.³⁴
- 26 Investigations were not able to determine where Mr Griffin obtained strychnine.³⁵ His son thought there was every possibility Mr Griffin had retained it since he was a child, as he recalled being told to stay away from certain old bottles on their farm.³⁶ I consider it very likely that Mr Griffin had possessed the strychnine for a long time.
- 27 A post-mortem examination was conducted by forensic pathologist Dr John Gilbert.³⁷ Dr Gilbert found no signs of recent injury. There were some issues with the heart, liver and kidneys. There was blood and bloodstained mucous in the airways. Toxicological analysis of a sample of Mr Griffin's blood revealed strychnine at a concentration of 5.6 mg/L.³⁸ The quantum of strychnine ingested by Mr Griffin was sufficient to cause his death, with concentrations as low as 2.4 mg/L leading to fatality. Dr Gilbert explained

²⁵ Exhibit C7 at 4

²⁶ Exhibit C17 at [8]

²⁷ Exhibit C17 at [14]

²⁸ Exhibit C12 at 5

²⁹ Exhibit C14 at 6

³⁰ Exhibit C1a at 6

³¹ Exhibit C23b

³² Exhibit C17 at [24] and [27]

³³ Exhibit C6 at 2

³⁴ Exhibit C18 at [12]

³⁵ Exhibit C22 at [36]-[37]

³⁶ Exhibit C1b at [4]

³⁷ Exhibit C2

³⁸ Exhibit C3

that the onset of symptoms of strychnine toxicity usually occurs within 10 to 20 minutes. There was no cyanide detected.

- 28 Interestingly, neuropathology examination revealed no evidence of Parkinson's disease, Alzheimer's disease, Lewy Body dementia or any other condition that could explain an impaired mental state.
- 29 Dr Gilbert concluded that Mr Griffin's death was caused by strychnine toxicity. I accept Dr Gilbert's expert opinion and enter a finding to that effect.

Assessment of the issues

General healthcare

- 30 I find that Mr Griffin received a high level of general medical support through his general practitioner and also with Dr Boundy's input. In particular, I highlight that he was supported through his application to receive formal care workers who allowed him to participate in life while remaining at home, notwithstanding what appear to have been quite significant physical and mental symptoms.

Risk of harm

- 31 Mr Griffin raised his intention to end his life with Dr McEntee. At the time he did so, he did not raise any acute concerns, merely that he had decided he would do so at some point. No doubt, had the therapeutic relationship continued for longer, Dr McEntee would have explored this further and given consideration to counselling. However, given the manner in which it was raised, I find that Dr McEntee appropriately dealt with the issue by simply recording it as requested.
- 32 The evidence establishes that Mr Griffin formed a clear intention to end his life without influence of others on that question. When the acute risk of self-harm was raised, Ms Munn raised the alarm with her colleagues and this led to emergency services being alerted. That that was entirely appropriate. While Ms Munn had known of this intention for one day prior, she says that she struggled with what to do with the information in the context of her confidentiality obligations. Even then, she did report it through her organisation's on-call phone line. Given that, at that earlier time the risk was not acute (ie: Mr Griffin said he had picked a date in the future), I consider that Ms Munn acted appropriately in taking the steps she did.

Detention

- 33 The circumstances surrounding Mr Griffin's death are not traditional circumstances of 'death in custody', as Mr Griffin had not been formally detained. The critical question is whether he ingested the poison at a time when there was a constructive detention in place.
- 34 It is unclear *precisely* when Mr Griffin ingested the strychnine, although the description of his presentation and behaviour when he initially answered the door suggests he either had not ingested it yet, or potentially that he had very recently ingested it and was waiting for its effect. In making that observation, I take into account Dr Gilbert's explanation that the effect is fairly quick.
- 35 While I am not able to be absolutely certain as to whether the ingestion of the poison that caused Mr Griffin's death occurred at a time when emergency services personnel were

outside his home or not, I consider that scenario to be more likely than not and so I make that finding on the balance of probabilities.

- 36 In relation to the early reported symptom of tingling lips, I find that Mr Griffin somehow spilt some of the poison on his lips³⁹ at or around the time of the arrival of ambulance staff, and only ingested a lethal quantity at some point after their arrival.
- 37 I am satisfied that if Mr Griffin had exited his home, he would, in all probability, have been detained for mental health assessment, either by police or paramedics. I am satisfied that Mr Griffin likely understood that, which explains why he did not open the door or allow entry to emergency services personnel. In my view, the decision to force entry and extract Mr Griffin was a decision that amounted to a constructive detention. That is, a decision was made to interfere with his liberty.
- 38 Given the unusual circumstances, the question that arises for consideration is not whether there was an appropriate detention (which would obviously have been proper given the nature of the intentions expressed and the risks posed by the presence of the poison), but rather whether the decision not to force entry to the home any earlier was appropriate.
- 39 I start my consideration with two fundamental propositions; firstly, that the safety of the subject of an operation is very important. Secondly, that the safety of the emergency services workers is also equally important. In my view, an operation that puts the lives of emergency workers at risk in an attempt to reduce an uncertain risk to the subject is not one that ought to be rushed into.
- 40 There was no reason to suspect that Mr Griffin did not have the cyanide he was telling them he had. His behaviour in warning them about the safety issues, in particular the sign he was wearing, suggested positively that he did actually have cyanide. Given that there were legitimate and plausible concerns for the presence of cyanide in the home and the risk that substance posed to emergency services personnel, and that Mr Griffin was talking with them fairly cooperatively, it was entirely reasonable, and in fact wise, to wait for appropriate safety precautions to be available before entering.
- 41 Once the MFS arrived, they took the appropriate precaution of testing whether there were toxins in the air before forcing entry. This appears to me to have been done as promptly as was possible. The decontamination also appears to have been done promptly.

Medical assistance

- 42 Once the extraction and decontamination was able to be effected, Mr Griffin had already effectively succumbed to the poison. The fact that the efforts made were able to briefly achieve a period of spontaneous circulation is testament to the adequacy of those efforts. Ultimately, it was not Mr Griffin's wish to be resuscitated and so this was respected.

Understanding of powers of entry

- 43 The coronial investigating officer detected some issues with the knowledge and understanding of the paramedics' powers of entry and indicated that he observed the Ambulance Service leadership who were present to administer guidance on the spot.⁴⁰

³⁹ Consistent with what he reported to his son

⁴⁰ Exhibit C23 at 24

This is an issue that has been explored in a previous inquest, with recommendations directed to the SA Ambulance Service for specific training in this area made.⁴¹ As it is an issue that arises in this matter only incidentally, no further recommendation needs to be made in the topic. I simply observe that the immediate guidance of leadership was appropriate and should be acknowledged.

Recommendations

- 44 There are no recommendations that I consider should be made in this matter.

Condolences

- 45 It is quite unfortunate that Mr Griffin's fears about the nature of his own future, painted by his difficult experiences with his wife's illness, appeared insurmountable to him. It is clear that he was a much loved member of his family and I offer my condolences to them.

⁴¹ *Inquest into the death of David John Low* [2026] SACC 26