

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF JOHN MURRAY LEDITSCHKE

[2026] SACC 14

Inquest Findings of his Honour State Coroner Whittle

2 June 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man under a Guardianship Order with power of detention who was being treated in hospital following deterioration at an aged care facility.

Held:

1. John Murray Leditschke, aged 79 years of Elizabeth East, died at the Lyell McEwin Hospital on 25 March 2023 as a result of acute aspiration of food on a background of Alzheimer's dementia.
2. Circumstances of death as set out in these findings.

No recommendations made.

Counsel Assisting: MR D EVANS

Hearing Date/s: 01/05/2026

Inquest No: 17/2026

File No/s: 0739/2023

**INQUEST INTO THE DEATH OF
JOHN MURRAY LEDITSCHKE
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Introduction

- 1 The Court heard a mandatory inquest on the papers into the death of a man who, at the time, was subject to a Guardianship Order with a power of detention.

John Leditschke

- 2 Mr Leditschke was born in 1943. He spent most of his early life living in Gawler.¹ In his early years, he worked on vineyards and then at Coles. He later ran his own business as a carpenter. He married and had two children. He was generally fit and healthy. His marriage ended when the children were young and he later formed another relationship which lasted for about 28 years.
- 3 Throughout his life, Mr Leditschke was diagnosed with polymyalgia rheumatica, osteoarthritis, hypertension, chronic obstructive pulmonary disease, prostate cancer, depression, Type 2 diabetes, dyslipidaemia and ischaemic heart disease.²
- 4 In June 2022, Mr Leditschke was unwell, and his wife was in hospital at the time. He was later found on his driveway after a fall, where he had remained through the night, lying in the rain.³ He was taken to the Lyell McEwin Hospital where he was admitted for 32 days.
- 5 During this admission, Mr Leditschke was diagnosed with Alzheimer’s dementia.⁴ He displayed some aggressive behaviours as a result of his dementia. On occasions, he was found wandering around the hospital. Discussions then turned to what care would be appropriate for Mr Leditschke upon discharge, and his family began exploring aged care facilities.
- 6 On 22 July 2022, Mr Leditschke was placed under a Guardianship Order by the South Australian Civil and Administrative Tribunal (SACAT), as a result of his incapacity following from his dementia.⁵ The order allowed Mr Leditschke’s family to decide where he should reside and to advocate for him. Special powers were also granted, which authorised Mr Leditschke’s detention at the place his guardians chose for him to reside.
- 7 On 2 August 2022, Mr Leditschke was admitted to AnglicareSA’s Elizabeth East Residential Care facility.⁶ Mr Leditschke struggled to settle in there because he did not know where he was and his wife was not there. However, in October 2022, she was able to be placed there, and Mr Leditschke improved.⁷

¹ Exhibit C1a at [3]

² Exhibit C7 at [10]

³ Exhibit C1a at [9]

⁴ Exhibit C1a at [10]

⁵ Exhibit C8a

⁶ Exhibit C1a at [12] and Exhibit C4 at 2

⁷ Exhibit C1a at [14]

- 8 Mr Leditschke was housed in a secure area designed to accommodate dementia patients. His wife was not in the same area, but they spent most days together. Mr Leditschke's family observed that the care he was provided with was good.⁸
- 9 Upon speech pathology assessment, Mr Leditschke was found to have no swallowing issues and his care plan provided for a regular diet, however his food was required to be cut up, as he was unable to do this due to chronic osteoarthritic and polymyalgia rheumatic pain.⁹
- 10 On 22 March 2023, Mr Leditschke experienced low oxygen saturation levels, having been unsteady on his feet and generally declining in health for two days.¹⁰ He was taken to the Lyell McEwin Hospital by ambulance. It was reported that he was mobilising less in recent times and had experienced episodes of reduced responsiveness. Mr Leditschke was generally well, although he had mild anaemia and hyponatraemia. A chest x-ray showed chronic elevation of the left hemidiaphragm without obvious consolidation. A working diagnosis was made of hypoactive delirium in the setting of possible pneumonia and hyponatraemia. He was commenced on intravenous antibiotics and intravenous fluids.
- 11 Over time, Mr Leditschke improved and he was initially planned for discharge back to his home facility on 27 March 2023. However, on 25 March 2023, his condition worsened. He ate most of his lunch without issue and then a nurse began to feed him custard.¹¹ While eating, he began to cough and the nurse pressed the emergency alarm. Following the alarm, Dr Farhana Sultana ran to reach Mr Leditschke. In the two minutes it took her to arrive, nursing staff had suctioned Mr Leditschke's airways and delivered back blows.¹² Notwithstanding those interventions, Dr Sultana found no pulse and no breathing effort, with Mr Leditschke having fixed and dilated pupils.¹³
- 12 Staff identified that Mr Leditschke had an Advance Care Directive which prohibited resuscitative efforts and prohibited intubation.¹⁴ With no life-saving efforts able to be conducted, Dr Sultana made a declaration of life extinct at 12:30 pm.

Post-mortem examination

- 13 A limited post-mortem examination was conducted by senior specialist forensic pathologist Dr Stephen Wills. Dr Wills found elevation of the left hemidiaphragm which had resulted in a collapsed left lower lobe, and a large amount of food material (rice) within the mid-distal trachea, as well as the main and intrapulmonary bronchi. There was no pneumonitis observed during histological examination. There was evidence of Mr Leditschke's underlying heart conditions. Dr Wills provided his opinion that Mr Leditschke died as a result of acute aspiration of food on a background of Alzheimer's dementia.

⁸ Exhibit C1a at [18]

⁹ Exhibit C4 at 3

¹⁰ Exhibit C4 at 3

¹¹ Exhibit C5 at [5]

¹² Exhibit C6 at [9]-[10]

¹³ Exhibit C6 at [11]-[12]

¹⁴ Exhibit C6 at [13]

Assessment of the issues

Custody

- 14 In the days prior to his death, Mr Leditschke was not formally detained as he was in hospital. However, he was subject to a general situation of detention as he resided in a secure facility. He was unlikely to have been free to leave the hospital had he wished to. Special powers had been granted by SACAT which authorised his detention. These powers were clearly required to deal with the behaviours that Mr Leditschke's condition made him exhibit. I find that he was therefore subject to a lawful regime of detention at the time of his death.

Healthcare provided

- 15 In relation to the healthcare provided at the aged care facility, Mr Leditschke underwent speech pathology assessment and he had no issues with swallowing. There were no indications that any precautions were required to be taken in respect of his meals.
- 16 Mr Leditschke's decline in health in March 2023 was identified and actioned by transfer to hospital. I consider this to have been appropriate and reasonable. There were minor indicators of pneumonia which I consider were likely attributable to his reduction in mobility.
- 17 In relation to the healthcare provided by the Lyell McEwin Hospital, Mr Leditschke's condition was diagnosed promptly, and he was commenced on intravenous amoxicillin, an appropriate treatment for possible pneumonia. He was given intravenous fluids to contribute to his overall health and comfort. He was otherwise cared for on the ward in a reasonable manner.
- 18 Mr Leditschke was being provided his meal at the time of his death. It is important to observe that Mr Leditschke had no prior issues with swallowing or eating, and he had eaten a regularly prepared diet in the lead up to his admission and while in hospital. The post-mortem examination did not reveal any large pieces of food which contributed to his aspiration. I consider that he was being fed an appropriate meal shortly before he died and the aspiration event, while unfortunate, was not something there was opportunity to prevent.
- 19 When Mr Leditschke commenced coughing, the emergency alarm was raised and staff attended promptly. Simple suctioning and back blows were not sufficient to clear his airways, and more intensive treatments had been formally refused by Mr Leditschke in his Advance Care Directive. It was therefore not possible to provide any further care and Mr Leditschke's death could not have been prevented following his unfortunate aspiration event.

Cause of death

- 20 In light of the evidence, I accept Dr Wills' opinion and enter a finding that Mr Leditschke's death was as a result of acute aspiration of food on a background of Alzheimer's dementia
- 21 I make no recommendations.

Keywords: Death in Custody; Section 32 Powers; Natural Causes