CORONERS COURT OF SOUTH AUSTRALIA

INQUEST INTO THE DEATH OF DEAN PASTRO

[2026] SACC 25

Inquest Findings of her Honour Deputy State Coroner Kereru

7 July 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man who was subject to a guardianship order with special powers under s 32 of the *Guardianship and Administration Act 1993*. The Inquest examined the standard of care provided by a residential care facility.

Held:

1. Dean Pastro, aged 88 years of Bene St Clair, died at Bene St Clair on 16 December 2022 as a result of general inanition on a background of immobility secondary to thoracic spine fractures and mixed vascular and Alzheimer's dementia.

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

No recommendations made.

Counsel Assisting: MR G DUDZINSKI
Hearing Date/s: 04/06/2026
Inquest No: 22/2026 **File No/s: 1181/2023**

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Introduction and background

1 Dean Pastro was 88 years old when he died on 16 December 2022 at his residential care facility, Bene St Clair. He was married to Sofia Pastro, and while he did not have any biological children himself, he considered Mrs Pastro's daughter Marie Jikharev to be his own. Mr Pasco's primary language was Italian, however he spoke English well. Mr Pastro had worked as a chartered accountant, masseur and property developer prior to retirement. He was active in the community and had served as a councillor and alderman with the local council and as a board member on multiple community committees.

2 Prior to his admission to Bene St Clair, in 2017, Mr Pastro sustained a complex fracture of his spine following a fall which required stabilisation with the insertion of rods and screws. He experienced sensory disturbance in his lower limbs following this procedure, which led to impaired mobility and a requirement to use walking aids.[1] Mr Pastro suffered a further fall at home in June 2022, sustaining vertebral spinal fractures with spinal stenosis. His health continued to decline at home leading to an admission to the Royal Adelaide Hospital and subsequent transfer to Bene St Clair in November 2022.

3 On his admission to Bene St Clair, Mr Pastro requested that his health be managed with comfort measures only, and he directed that he was not to be transferred to hospital for further investigation or management of any issues that arose. He had minimal food and fluid intake at times and would also refuse his medications on occasions. He spent much of his time sleeping. He was noted by nursing staff to have no signs of life on 16 December 2022 and was certified life extinct shortly after.

4 At the time of his death Mr Pastro was subject to a guardianship order with special powers pursuant to s 32(1)(b) of the *Guardianship and Administration Act 1993*. His death was unable to be certified as being from natural causes due to his previous spinal fractures being a contributory factor to his gradual decline in health leading to his death. Consequently, an Inquest into Mr Pastro's death was mandatory pursuant to s 21 of the *Coroners Act 2003*.

Preceding health history

5 Mr Pastro was in poor health for an extended period of time. His medical history was extensive and included cellulitis, chronic pain, coronary stents, type 2 diabetes, melena, urinary infection, delirium, pressure ulcers, bowel obstruction, cognitive impairment, history of falls, mixed vascular and Alzheimer's dementia, sigmoid volvulus, peripheral neuropathy, T10/11 paraplegia, indwelling catheter, lumbar spinal decompression, and chronic venous insufficiency in the lower legs. He had several long stay admissions at the Royal Adelaide Hospital in 2022. These included the following:

- In February 2022, Mr Pastro was admitted following a mechanical fall with a long lie. He had an acute kidney injury and poorly controlled type 2 diabetes mellitus. He was treated for left leg cellulitis and a left lower limb deep vein thrombosis.

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[1] Exhibit C6 at 4

He was transferred to the Hampstead Rehabilitation Centre and discharged home in March 2022.

- On 6 June 2022, Mr Pastro was again admitted following a fall in which he sustained unstable T10 and T11 vertebral spinal fractures. He was not a candidate for operative management. As a result of this fall he experienced paraplegia, and was bed-bound and immobile. This admission was complicated by hospital acquired pneumonia, delirium, chronic pain and urinary retention which required a long-term indwelling catheter. Mr Pastro also underwent a cystoscopy and stenting for a left renal calculus and was found to have a subacute right fracture to the femoral neck. During this admission, Mr Pastro was diagnosed with mixed vascular and Alzheimer's dementia. He was subsequently discharged home on 5 August 2022. While this discharge was against medical advice, he had passed a trial of home care using hospital equipment over a period of one week.
- On 17 August 2022, Mr Pastro returned due to his escalating needs and difficulty managing his pain while at home despite both the efforts of family and involvement of community care.[2] During this admission Mr Pastro intermittently refused medications. Though Mr Pastro wished to be discharged home for end-of-life care, he did not meet the criteria for palliation and was ultimately admitted to residential care at Bene St Clair.[3]

Lawfulness of custody

6 On 7 September 2022, an application was filed with the South Australian Civil and Administrative Tribunal seeking a neutral guardian to be appointed in circumstances where the treating multidisciplinary team and Mr Pastro were unable to come to an agreement about his discharge.

7 The hearing was held on 27 September 2022, with the resulting order made on 11 October 2022, which appointed both Ms Jikharev and the Public Advocate to be the guardians with respect to Mr Pastro's health decisions and his place of residence, including permitting his detention as required.

8 Accordingly, at the time of his death, the order for detention was operative and valid.

Care provided at Bene St Clair

9 On 10 November 2022, Mr Pastro was transferred from the Royal Adelaide Hospital to Bene St Clair.

10 As I have observed, on his admission, Mr Pastro indicated that he did not want to be transferred to hospital for investigation or management. Rather, he wished to be treated with dignity and comfort measures to be provided if his condition deteriorated.

11 Mr Pastro's treatment and care during his admission at Bene St Clair was subject to a detailed care plan, which outlined and prescribed the various aspects of his care. I am satisfied that the care plan was both comprehensive and appropriate for his multiple co-morbidities.

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2 Exhibit C9 at 464
3 Exhibit C4 at 15

12 During his admission Mr Pastro received wound care and analgesia for his pressure ulcers and continued six weekly indwelling catheter changes.

13 Additionally, Mr Pastro consulted with his treating physician, Dr Tim Quek, at the time of his admission and during his stay at Bene St Clair with what appears to be quite reasonable care provided.

14 Nursing notes from Bene St Clair indicated a progressive food and fluid intake reduction from November 2022. Following this, Mr Pastro was noted to refuse oral medications at times and spend more time sleeping.

15 On 27 November 2022, Mr Pastro was administered morphine for severe pain, in line with a palliative approach and on 12 December 2022, additional palliative supports were put in place.

16 On 11 December 2022, a pressure injury to the right side of his back was noted. However, given Mr Pastro's immobility and other natural disease, he was at high risk of developing a pressure injury and was at the time refusing pressure area care.

17 On 16 December 2022, nursing staff noted no signs of life and life was certified life extinct at 12 pm.

Cause of death

18 On 17 May 2023, Dr Alexander Yuill conducted a pathology review of the medical records and prepared a report in which she suggested the cause of death was general inanition on a background of immobility secondary to thoracic spine fractures and mixed vascular and Alzheimer's dementia. Dr Yuill's report appears to properly assess the evidence.

Conclusion

19 I find that Mr Pastro was in lawfully in custody at the time of his death, in that, the order for special powers was operative at the time of his admission to the residential care facility. I further find that the care of Mr Pastro while in custody was appropriate, and that during his admission Mr Pastro received care and treatment at an appropriate standard and commensurate with his significant comorbidities. Finally, I find the cause of Mr Pastro's death to be general inanition on a background of immobility secondary to thoracic spine fractures and mixed vascular and Alzheimer's dementia.

20 I have no recommendations to make.

Keywords: *Death in custody; Powers of detention; Fall*