

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF REGINALD JAMES WILKINS

[2026] SACC 9

Inquest Findings of her Honour Deputy State Coroner Roper

23 April 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man who died of natural causes while serving a sentence of imprisonment for criminal offences. The inquest explored the adequacy of his medical treatment in custody.

Held:

1. Reginald James Wilkins, aged 86 years of Stirling North, died at Port Augusta Prison on 12 February 2023 as a result of ischaemic and hypertensive heart disease.
2. Circumstances of death as set out in these findings.

No recommendations made.

Counsel Assisting: MR G DUDZINSKI

Hearing Date/s: 13/02/2026

Inquest No: 04/2026

File No/s: 0376/2023

**INQUEST INTO THE DEATH OF
REGINALD JAMES WILKINS
[2026] SACC 9**

- 1 Reginald James Wilkins was 86 years old when he died on 12 February 2023 at the Port Augusta Prison from natural causes.
- 2 Mr Wilkins had been lawfully incarcerated since 29 November 2019 when he was found guilty in relation to serious sexual offences committed against children between 1962 and 2013.
- 3 On 19 March 2020 he was sentenced to imprisonment for 19 years and 10 months, with a non-parole period of 15 years and 10 months, backdated to 29 November 2019.
- 4 He was transferred to the Port Lincoln Prison in June 2020, before his transfer to the Port Augusta Prison in December 2021, where he remained until his death.
- 5 As he was lawfully in the custody of the Department for Correctional Services at the time of his death, an inquest into his death is mandatory pursuant to section 21(1)(a) of the *Coroners Act 2003*.

Background

- 6 Mr Wilkins was born on 7 January 1937 and was brought up in a rural environment. Psychological reports provided to the sentencing court refer to Mr Wilkins disclosing a childhood marred by sexual abuse.
- 7 Mr Wilkins performed labouring work on farms and for the Waterworks until he retired in his 50s. He was married and fathered four children, with the marriage ending in divorce around 1992.
- 8 He had multiple prior criminal convictions for drink driving offences.

What was Mr Wilkins' medical condition prior to his incarceration?

- 9 Mr Wilkins was 82 years old at the time of his incarceration. At that time he had a known medical history which included atrial fibrillation, ulcerative colitis, hypertension, hypercholesterolaemia, ischaemic heart disease, congestive cardiac failure, benign prostatic hyperplasia, transurethral resection of prostate, vascular dementia, fatty liver and cirrhosis, laparoscopic cholecystectomy, gout, haemorrhoids, orchiectomy, and Bell's palsy.
- 10 On his admission to Yatala Labour Prison, his medications included regular atorvastatin, warfarin, frusemide, ramipril, and sulfasalazine. He was taking colchicine and Panadol Osteo for pain relief as required, and spray glyceryl trinitrate for chest pain.
- 11 He had a poor memory and kept a diary to track his medical appointments.

Did Mr Wilkins receive adequate medical treatment whilst in custody?

- 12 The South Australia Prison Health Service (SAPHS) is responsible for the provision of health care services to people in custody within the State-managed adult prisons of South Australia. SAPHS records were reviewed for the purpose of this inquest. I have

summarised select entries from Mr Wilkins' records only in such detail as is warranted by its forensic significance and the interests of narrative clarity. The absence of reference to any particular entry in the records does not indicate that it has not been considered.

- 13 At the time of his death, Mr Wilkins was being accommodated at the Port Augusta Prison in the Aged and Infirm Unit, having been transferred there on 2 December 2021.
- 14 Mr Wilkins had monthly health consultations, and appropriate adjustments were made to his medications as required.
- 15 On 13 March 2020, while at Yatala Labour Prison, Mr Wilkins was reviewed by Dr Geddada and reported an assault by another inmate approximately four weeks prior. He said that he received four to five punches to the head with a fist and had a mild, ongoing headache. With concerns for a possible intracranial bleed, given Mr Wilkins' anticoagulation, Dr Geddada arranged for an urgent hospital transfer to the Royal Adelaide Hospital where a CT scan of his brain was performed. No acute intracranial pathology was identified, and Mr Wilkins was subsequently returned to the prison.
- 16 On 24 October 2022, while at Port Augusta Prison, Mr Wilkins consulted with Dr Kerry Klinge in relation to his congestive cardiac failure. Mr Wilkins reported shortness of breath on minimal exertion, oedema in both feet, and paroxysmal nocturnal dyspnoea. Consequently, Mr Wilkins was referred to the cardiology outpatient clinic at the Port Augusta Hospital.
- 17 On 31 October 2022, Dr Klinge again consulted with Mr Wilkins for a review of results, during which Mr Wilkins completed a 7 Step Pathway recording his end of life wishes, including that he did not wish to receive lifesaving or life-prolonging medical interventions.
- 18 On 9 November 2022, Mr Wilkins refused a blood transfusion, which was recommended due to a blood test indicating low haemoglobin.
- 19 On 22 November 2022, Mr Wilkins consulted a nurse practitioner regarding shortness of breath. Mr Wilkins' poor prognosis was also discussed, with educational and emotional support provided to him.
- 20 On 6 December 2022, Mr Wilkins had a further consult with a nurse practitioner, in which he reportedly stated that he was 'managing okay', but some days struggled with shortness of breath due to his anaemia and heart failure. He commenced weekly observations in the health clinic.
- 21 On 19 January 2023, Mr Wilkins reported feeling flat and lethargic. His vital signs were otherwise stable.
- 22 On 12 February 2023, Mr Wilkins had cereal for breakfast with his cellmate, and they watched television together until about 8:30 am. Mr Wilkins then went to the kitchen for toast and coffee and picked up his medication from the nurses' station at about 9:30 am. He took his medication, attended to various jobs, and participated in a video call with his son. Mr Wilkins also reported to his cellmate that he had been experiencing a dry cough for about a week.

- 23 At about 10:45 am Mr Wilkins ate a bacon and egg roll for lunch and at 11:30 am his cell was secured. Mr Wilkins' cellmate recalled hearing him snore and cough a couple of times, neither of which were unusual for Mr Wilkins.
- 24 At around 12:50 pm, Mr Wilkins did not respond to his cellmate's attempts to wake him and a guard was alerted, who in turn called a Code Black.
- 25 Nursing staff observed that Mr Wilkins was not breathing, and consistent with Mr Wilkins' wishes they did not commence cardiopulmonary resuscitation.
- 26 Police attended and observed that there were no signs of injury or trauma to Mr Wilkins and no signs of a struggle at the scene.
- 27 No concerns have been raised in relation to the management of Mr Wilkins' health in custody.
- 28 I find that the general management of Mr Wilkins' health by SAPHS was adequate and in accordance with his expressed wishes.

What was the cause of Mr Wilkins' death?

- 29 A post-mortem examination was conducted by forensic pathologist Dr John Gilbert. His findings included pulmonary emphysema, pulmonary oedema and congestion, small bilateral pleural effusions, cardiomegaly with dilation of all four cardiac chambers, ischaemic scarring of the posterolateral region of the left ventricle, mild aortic valve stenosis, occlusion of the left circumflex coronary artery by thrombus, and mural thrombi in both atrial appendages.
- 30 Dr Gilbert observed that there were no findings to indicate anything other than natural causes of death. In particular, there were no injuries or other markings on the body that would indicate the involvement of another person in Mr Wilkins' death.
- 31 Dr Gilbert concluded that the cause of Mr Wilkins' death was ischaemic and hypertensive heart disease, and I so find.

Conclusions

- 32 At the time of his death Mr Wilkins was lawfully in the custody of the Chief Executive of the Department for Correctional Services.
- 33 The cause of his death was ischaemic and hypertensive heart disease.
- 34 I find that Mr Wilkins received adequate medical treatment during his incarceration.
- 35 I have no recommendations to make.

Keywords: Death in Custody; Prison; Natural Causes