MAGISTRATES COURT *of* TASMANIA

CORONIAL DIVISION

Record of Investigation into Death (Without Inquest)

Coroners Act 1995
Coroners Rules 2006
Rule 11

I, Robert Webster, Coroner, having investigated the death of John Harold Tunks

Find, pursuant to Section 28(1) of the *Coroners Act* 1995, that

a) The identity of the deceased is John Harold Tunks (Mr Tunks);

b) Mr Tunks died as a result of advanced atherosclerotic coronary vascular disease;

c) Mr Tunks' cause of death was advanced atherosclerotic coronary vascular disease; and

d) Mr Tunks died between 25 and 28 May 2019 at his home in Glenorchy, Tasmania.

Introduction

In making the above findings I have had regard to the evidence gained in the comprehensive investigation into Mr Tunks' death. That evidence is comprised of the following:

- The Police Report of Death for the Coroner;
- Affidavits establishing identity and life extinct;
- Affidavit of the forensic pathologist Dr Donald Ritchey;
- Forensic Science Service Tasmania – toxicological and analytical report;
- Affidavit of Mr Christopher Tunks;
- Affidavit of Ms Vicki Tunks;
- Affidavit of First Class Constable Annika Coles;
- Affidavit of Detective Senior Constable Melanie Owens;
- Affidavit of Constable Monique Featherstone;
- Affidavit of Constable Nicholas Monk;
- Medical records of Mr Tunks obtained from the Royal Hobart Hospital (RHH);
- Medical records of Mr Tunks obtained from the GP practice he attended; and
- Photographs and forensic evidence.

Background

Mr Tunks was born in Hobart on 16 September 1934. He was widowed, retired and living on his own at Glenorchy as at the date of his death. His wife, Ann, passed away in about 2001 due to complications with emphysema. The couple had 3 children namely Christopher, Vicki and Donna. Donna passed away due to illness approximately 20 years before her father.

Mr Tunks, according to Christopher, grew up on farms and left school at a very early age to work on a farm. In his late 30s he obtained employment as a woodcutter and he also drove trucks for a number of cartage firms until he retired in his early 60s. His daughter, Vicki, says he was a relatively heavy smoker towards the end of his life. He was not a drinker of alcohol.

As to Mr Tunks' health his children say he was pretty healthy up until about 5 years before his death, at which time he suffered from a brain aneurism which was repaired by surgery at the RHH. Christopher says his father recovered well after this and then had 3 cataract operations. He thought his father was seeing a doctor once a month however he has since found out this was not the case. Christopher says he was his father's part-time carer for the period since his aneurism.

In addition both his children say he had difficulty with his memory in the last few years of his life and a doctor removed his licence from him. Sometimes he would drive to a place and then forget how to get home. Sometimes he would leave a pot on the stove and forget about it. On one occasion this caused a minor fire which left scorch marks on the wall. On other occasions he would become quite aggressive and so it was thought he was suffering from a mild form of dementia. Christopher says the only medication his father was taking was aspirin, one tablet per day. This was not prescribed but Christopher says his father thought it would be a good idea to take it to assist with blood flow.

The medical records which have been obtained generally confirm what Mr Tunks' children say about his health although there are some slight differences. The GP records which cover a period of approximately 26 years indicate Mr Tunks last attended his general practitioner on 6 December 2017 for a low vitamin B 12 level. He was prescribed that medication on that day. His last attendance on his nominated general practitioner, Dr Pitt, occurred on 1 August 2014. His previous prescription prior to 6 December 2017 was on 1 August 2014 and it was for vitamin D as he had a deficiency. It is therefore clear Mr Tunks rarely attended his general practitioner and was not prescribed any medication at the date of his death. The records indicate he suffered from symptoms as a result of C5 to C7 disc degeneration, chronic obstructive pulmonary disease, vitamin B12 and D deficiencies and osteopenia. In 2008 to 2011 there is a reference to an abdominal aortic aneurism (AAA).

There is no reference to a brain aneurism. In 2014 he was noted to have functional decline and cognitive impairment as a result of suffering a subdural haematoma.

The RHH records confirm Mr Tunks received out-patient treatment at the vascular clinic in 2008 through to 2010 for the AAA. There is also treatment at the ophthalmology clinic from 2015 through to 2019. There are a number of inpatient admissions. The first was on 25 January 2011 which was preparatory work for the AAA repair which occurred on 4 February 2011. After that surgery Mr Tunks remained an inpatient until 10 February 2011. From 10 February 2014 until 11 March 2014 the records indicate Mr Tunks was admitted following a fall and a previously unnoticed functional decline and cognitive impairment. He suffered a subdural haematoma in the fall which was operated on. It was noted Mr Tunks would not be safe at home without supervision and assistance and the notes record his son will be moving in to provide him with support. It was at this time his doctor took his licence from him. In June 2016 he underwent right eye cataract surgery and he underwent similar surgery to his left eye in February 2019. In October 2018 he underwent a left eye quickert procedure whereby sutures are used to treat entropion which is an inward turning of the eyelid margin which causes corneal irritation and discomfort because eyelashes and skin rub against the surface of the eye.

Circumstances leading to death

Christopher says a couple of weeks prior to Mr Tunks' passing, he had fallen getting out of the bath. Christopher was not there at the time of the fall and arrived a couple of hours thereafter by which time Mr Tunks was already in bed. He observed a dark bruise on his father's forehead. He asked his father questions to ensure he was not concussed and Christopher says his father was able to answer those questions correctly. He checked on his father 3 or 4 times throughout the night and he says his father appeared to be fine on each occasion.

After this he did not visit his father for a week. On the 27 May 2019 Christopher had tried calling his father on 4 occasions but did not get a response. This did raise some concerns but he was unable to check on his father that evening as it was too late to check. He did not have a vehicle and he was too exhausted to walk to his father's home. He attended his father's home the next day and found the premises locked. Christopher found his father lying on the floor in the kitchen. He rang his sister and emergency services.

Investigation

Radio Dispatch Services requested police attendance at Mr Tunks' home after receiving a call from Christopher. The attending police, Constables Coles and Featherstone, located Mr Tunks and confirmed there were no signs of life. Ambulance Tasmania attended and did likewise. Forensics, CIB and the mortuary ambulance were tasked to attend. As a result of

the police search and examination of the scene, and although the unit Mr Tunks resided in was in very poor condition, police concluded there was no evidence to suggest any other person contributed to the death of Mr Tunks. I accept that conclusion.

Dr Ritchey conducted a post-mortem examination on 29 May 2019. The autopsy revealed a normally developed, thin, elderly man with superficial bruises of the elbows, chest and knees but no significant traumatic injuries. In addition Wischnewsky's ulcers[1] were not detected. There was advanced natural disease of the heart and major blood vessels. Specifically the heart was enlarged (cardiomegaly) and the wall of the main chamber of the heart was thickened (concentric left ventricular hypertrophy) in a pattern which suggested Mr Tunks had long standing heart disease. In addition there was calcified atherosclerosis with severely stenotic atheromas in the left anterior descending coronary artery and its major diagonal branches. There was also severe ulcerated atherosclerosis of the aorta. The remote repair of the abdominal aortic aneurism[2] was intact and unremarkable. Finally there was advanced lung disease caused by smoking. Dr Ritchey concluded the cause of death in this case was advanced atherosclerotic coronary vascular disease. A significant contributing factor was advanced centriacinar emphysema with active respiratory bronchiolitis. Toxicology was unremarkable. In particular no alcohol or illicit drugs were detected. I accept the opinion of Dr Ritchey.

Comments and Recommendations

The circumstances of Mr Tunks' death are not such as to require me to make any comments or recommendations pursuant to Section 28 of the *Coroners Act* 1995.

I extend my appreciation to investigating officer Constable Annika Coles for her investigation and report.

I convey my sincere condolences to the family and loved ones of Mr Tunks.

Dated: 31 October 2022 at Hobart in the State of Tasmania.

Robert Webster

Coroner

[1] The presence of these ulcers suggests death has occurred as a result of hypothermia.
[2] Referred to earlier as AAA.