

IN THE CORONERS COURT
OF VICTORIA
AT BALLARAT

Court Reference: COR 2012 002188

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 60(2)

Section 67 of the Coroners Act 2008

I, Michelle Hodgson, Coroner, having investigated the death of Nathan Carl Skewes
without holding an inquest:

find that the identity of the deceased was **NATHAN CARL SKEWES**

born on 27 November 1980

and the death occurred on 10 June 2012

at 10 Ainley Street, BROWN HILL 3350 VIC

from:

1(a) MIXED DRUG TOXICITY.

Pursuant to section 67(2) of the **Coroners Act 2008** there is a public interest to be served in making findings with respect to **the following circumstances**:

ABOUT A CHAMBERS FINDING

The Coroners Court is different from other courts. It is an inquisitorial rather than an adversarial system. In other words, there is no trial, with a prosecutor and a defendant. Instead, there is an inquiry that seeks to find the truth about a person's death – to establish what happened, rather than who is to blame. The Coroner is more flexible in the evidence that they will accept, but they cannot punish.

When making a chambers finding, coroners carefully consider all the submissions that come before them. Not every issue makes it way into the final report but everything has been weighed up and analysed.

BACKGROUND

Mr Nathan Carl Skewes was 31 years of age when he died of a lethal combination of fentanyl, ketamine, hydromorphone, morphine, codeine, paracetamol and cannabinoids.

FINDING OF BODY

Mr Skewe's body was found by his sister-in-law, Mrs Michelle Skewes at his home at 10 Ainley Street, Brown Hill.

Mrs Skewes had last seen her brother in law at a local play centre at around 3.00 pm on 9 June 2012.

Mr Skewes had been expected to meet friends and family for a football game on Sunday 10 June 2012, and when he didn't arrive, his brother telephoned his wife to check if "everything was O.K."

Mrs Skewes found Mr Skewes in his bed. Mrs Skewes was unable to rouse him and rang her husband, a friend and emergency services.

Shortly thereafter emergency services arrived.

It would appear that Mr Skewes was already deceased before Mrs Skewes arrived at the home.

MENTAL HEALTH/ PERSONAL CIRCUMSTANCES

Mr Skewes wife, Belinda had died of cancer on 2 June 2011.

Belinda and Mr Skewes had been married in 2007.

Together they had two children, Ashleigh¹ and William².

It was just before Christmas 2010, that Belinda was diagnosed with advanced bone cancer.

Mr Skewes then became her carer.

Family and friends have nothing but praise for the manner in which he handled his wife's devastating terminal illness.

When Nathan found out Belinda had cancer, Nathan was very good to Belinda and his focus was on Belinda and his children.³

His attitude towards Belinda dying was one of acceptance and he showed no signs of depression or anything like that.⁴

Mr Skewes appeared to be coping with the death of his wife and the care of their two young children.

However some friends and family subsequently expressed concerns about how well he was coping emotionally

I noted that the fantastic job he was doing with his studies and how he was with kids.

¹ 12 June 2008

² 1 October 2009

³ Statement of mother in law Ms June Moloney

⁴ Statement of father in law Mr William Moloney

I would say in regards to Nathan's mental state in the lead up to his passing that he was extremely happy and content with his life and excited about the future. He enjoyed his studies and maintaining a well run household. However, he was beginning to display slightly manic and paranoid behaviours.⁵

He always put his kids before anything and was determined to be the best Dad to them and raise them after his wife died.⁶

Nathan really struggled after Belinda's death and was in quite a rut for a while, but he started to pick up as the year passed and was the happiest I had seen him in a while just prior to his death. He wanted to make a good life for his kids and had gone to university to study teaching.⁷

I would say in regards to Nathan's mental state in the lead up to his passing that he was extremely happy and content with his life and excited about the future.⁸

After Nathan's wife Belinda passed away from cancer he appeared to be going ok and was handling it.⁹

In his relation to how Nathan was coping with my daughter's passing with cancer he was dealing with it better than anybody.¹⁰

He was really excited about his future. The last time I saw Nathan was in May for Mother's Day. He was really happy but looked a little thin.¹¹

TOXICOLOGY REPORT

The toxicological report disclosed the presence of fentanyl, hydromorphone, ketamine, morphine, codeine, paracetamol and cannabinoids.

⁵ Statement of Sean Letcher

⁶ Statement of Michelle Skewes

⁷ Statement of Aaron Brown

⁸ Statement of Sean Letcher

⁹ Statement of Joel Hayward

¹⁰ Statement of William Moloney

¹¹ Statement of Kerry Harkness

MEDICAL INVESTIGATION

On 18 June 2012, an autopsy was performed by Doctor Matthew Lynch, a Medical Practitioner practising as a specialist in forensic medicine and pathology.

He stated that the cause of death was "mixed drug toxicity".

DRUGS LOCATED AT 10 AINLEY STREET, BROWN HILL

Detective Senior Constable Troy Wickham of Ballarat Police located a Tupperware container in Mr Skewe's bedroom.

The following packets of medication were located in that container bearing the name of Belinda Skewes:

- 2 x Fentanyl Citrate 400 mcg Lozenge 20 pack unopened
- 1 x Midazolam Sandoz 5 mg/1 ml 10 ampoules (4 missing)
- 1 x Ketamine 200 mg/2 ml 5 vial pack (2 missing)
- 1 x Hydromorphone 10 mg/1 ml 5 ampoules (2 missing)
- 1 x Fentanyl 00 micrograms/hr 5 patches (4 missing)
- 1 x Maxolon 10 mg/2ml 30 ampoules (21 missing)

Also located was a yellow sharps container with used syringes and opened vials inside. This was located inside a brown paper bag on the top shelf of the wardrobe above the set of draws.

Two x Glad snap bags of green vegetable matter believed to be cannabis was located as well as an "inhaling" machine.¹²

Fentanyl is a very powerful narcotic often prescribed for pain management in cancer patients. It has a potency 100 times of morphine.

Hydromorphone is a narcotic analgesic similar to morphine but having approximately eight times greater potency than morphine.

¹² Sergeant Travis Barber describes this device "This device is used for heating up substances which causes the substances to fume with the contents of the substance exiting the top of the device. The device is then fitted with a plastic bag to capture the fumes. Once the fumes have been trapped in the plastic bag, the user would then inhale the fumes from the plastic bag."

Ketamine is an anaesthetic.

Midazolam is a drug of the benzodiazepine class.

It would appear all of the drugs had been appropriately and legitimately prescribed for the palliative care of Belinda Skewes.

KNOWN DRUG USE OF NATHAN SKEWES

Some family and friends were aware that Nathan had been using his deceased wife's medications before his death.

*A few months prior to Nathan's death, he told me that he had used some of the medication, the Morphine and the Ketamine. I think he said he had injected. He told me that it made him feel really relaxed.*¹³

On the Friday night before his death, a friend, Aaron Brown was told by Mr Skewes that he had been experimenting with Belinda's cancer medication.

Nathan told me that he might inject some morphine that night if he gets time, but if not, then he would do it the next night.

He then went on and showed me where he stored the drugs.

*I asked if he was meant to take this stuff back, and he said he was meant to but decided to keep them. He said that he told his father in law, Bob Moloney that he had already taken it back.*¹⁴

His father-in-law, Mr Moloney states that he made it known to Mr Skewes that he had to return Belinda's medication. Mr Moloney states that

*"the actual container with Belinda's medication disappeared and I never saw it again."*¹⁵

¹³ Statement of Justin Skewes

¹⁴ Statement of Aaron Brown

¹⁵ Statement of William Moloney

Sean Letcher, another friend, stated that he knew Mr Skewes would smoke cannabis on what he described as a “semi-regular” basis and that he had given this up for a period of time at the request of his parents in law.

Mr Letcher stated that 3 to 4 weeks prior to his death, Mr Skewes had called him to at his home due to his (Mr Skewes) concerns about the effect that ketamine was having on him.

Mr Letcher became aware that the ketamine was medication leftover from when Mr Skewes had been caring for Belinda.

Mr Letcher had a discussion with Mr Skewes who advised that he had no ketamine left.

Mr Letcher then raised concerns about Mr Skewes well being with Mr Brown.

Given Mr Skewes apparent functioning he determined to spend more time with him and

*“see how things went.”*¹⁶

Mrs Moloney¹⁷ stated that she was

“not sure if Nathan was using Belinda’s old medication”.

Most of Mr Skewes family and friends were aware that he smoke cannabis from time to time but did not perceive it as problematic.

Adam Skewes was the older brother of Nathan and he checked the internet history of Nathan’s computer after his brother’s death.

This search disclosed Mr Skewes accessing information on various sites relating to the use of hydromorphone and other opiates.

Several family members¹⁸ expressed concern that large amounts of Belinda’s potent medication remained in Mr Skewe’s possession subsequent to her death.

There is nothing to suggest that the overdose was deliberate.

¹⁶ Statement of Sean Letcher

¹⁷ His mother in law

¹⁸ Adam Skewes, William Moloney, June Moloney

SATURDAY 9 JUNE 2012

Mr Skewes had told Aaron Brown that he intended to inject some morphine on either the Friday night or the Saturday night being the night of his death.¹⁹

It would appear that Mr Skewes sent a text message to an Aunt at 10:45 pm on 9 June 2012. This would appear to be the last known movement of Mr Skewes before being discovered by Michelle Skewes at around 1:00 pm on 10 June 2012.

ISSUES RELATING TO PUBLIC HEALTH AND SAFETY

Section 67 (3) of the Coroners act 2008 states that A coroner may comment on any matter connected with the death, including matters relating to public health and safety or the administration of justice

The issue that relates to public health and safety raised by the death of Mr Skewes is in relation to the retrieval of medications following the death of the person to whom they were prescribed.

Powerful medications are often prescribed for the terminally ill to manage otherwise intolerable pain.

Most medications that might be left behind after a person dies and presents a serious risk to others would be included in Schedule 4 or Schedule 8 of the Poisons Standard.²⁰

Under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic), a person is authorised to possess a Schedule 4 or Schedule 8 medication only to the extent and for the purposes for which it is supplied.

Under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic), the unauthorised possession of a Schedule 4 or Schedule 8 medication is an indictable offence. For Schedule 4 or Schedule 8 medications prescribed to a person, if that person dies nobody else is authorised to possess the medications (as the purpose of the medications was to treat the deceased person). Therefore the law requires that the medications should be returned or retrieved for destruction.

There is no authority that bears responsibility for the retrieval of such powerful and dangerous substances after the death of a person to whom they have been prescribed.²¹

¹⁹ Aaron Brown

²⁰ Poisons in this context encompasses a broad range of substances that have the potential to harm humans and/or animals, including medications, illegal drugs, pesticides, paints and all manner of chemicals for household and industrial use. The level of Schedule determines the level of control over the availability of that poison. Poisons for therapeutic use (medicines) are mostly included in Schedule 2,3,4 and 8 with progression through these schedules signifying increasingly restrictive regulatory controls.

CONCLUSION

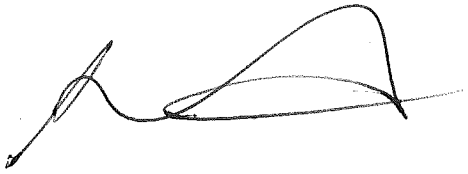
I find that Mr Nathan Carl Skewes died of mixed drug toxicity, due to the ingestion of his deceased's wife powerful palliative medication.

RECOMMENDATIONS

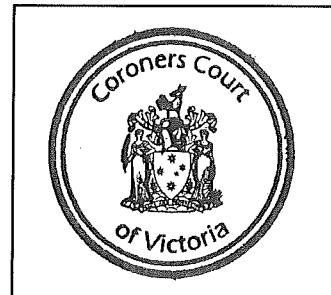
Pursuant to section 72(2) of the **Coroners Act 2008**, I make the following recommendation(s) connected with the death:

The Victorian Department of Health consider consulting with relevant bodies whose members have contact with the family of the deceased after a death, such as Victoria Police, Ambulance Victoria and the Royal Australian College of General Practitioners, to identify any appropriate opportunities to retrieve medications (particularly Schedule 8 opioids) that had been prescribed to the deceased thus reducing harms associated with other people accessing and using those medications.

Signature:



Michelle Hodgson



Date:

4.6.2013.