

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2010 3294

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)

Section 67 of the Coroners Act 2008

Inquest into the Death of: Mr Peter Quin-Conroy

Delivered On:	Tuesday 5 March 2013
Delivered At:	Coroners Court of Victoria, 222 Exhibition Street, Melbourne.
Hearing Dates:	Wednesday 12 December 2012
Findings of:	HEATHER SPOONER, CORONER
Police Coronial Support Unit	Leading Senior Constable Kelly Ramsey

I, HEATHER SPOONER, Coroner having investigated the death of PETER HAROLD RALPH QUIN-CONROY,

AND having held an Inquest in relation to this death on 12 December 2012

at Coroners Court of Victoria, 222 Exhibition Street, Melbourne

find that the identity of the deceased was PETER HAROLD RALPH QUIN-CONROY

born on 14 July 1961

and the death occurred 23 August 2010

at 3/67 Stewart Street, Boronia 3155

from:

1 (a) GUNSHOT INJURY TO THE HEAD.

in the following circumstances:

Background

1. Mr Peter Quin-Conroy was 49 years old at the time of his death. He was one of three children born to Michael and Lorna Quin-Conroy. Mr Quin-Conroy worked as a taxi driver for 17 years, until January 2008 when he left Victoria for Western Australia with the intention of working in the mines. After a few months he returned to Victoria. Mr Quin-Conroy had a past medical history that included chronic schizophrenia (paranoid), major depression, mixed anxiety disorder with obsessive-compulsive symptoms and social phobia.
2. From this time until his death, Mr Quin-Conroy lived with his parents. They report that he was unhappy during this period and his mental ill-health restricted his ability to work. In July 2010, Mr Quin-Conroy and his parents embarked upon a road trip around Australia. His father notes that he and his wife thought Mr Quin-Conroy was improving over the course of the holiday. Towards the end of their journey, Mr Quin-Conroy experienced a reduced appetite. All three returned to Melbourne on 19 August 2010.
3. Mr Quin-Conroy's parents note that there was nothing particularly unusual in his behaviour in the days immediately prior to his death. On 21 August 2010 they went for a walk at the Arboretum in Ferntree Gully and they later voted in the federal election together. His father notes that he "seemed himself, which was quiet and docile, but nothing out of the ordinary".

Events leading to Mr Quin-Conroy's Death

4. On 23 August 2010, Mr Quin-Conroy sat with his parents while they ate breakfast. He was not hungry and told them that he had not slept well the night before, which was not uncommon. Mr Quin-Conroy's parents left home at 10.30 am to do their shopping; Mr Quin-Conroy declined an invitation to join them.
5. At some point between 10.30 am and 2.30 pm, when his parents returned, Mr Quin-Conroy used his key to enter the gun safe located in the garage of his residence to access a black and silver SAKO 0.243 Calibre Winchester Rifle (serial number 919234). He subsequently used this firearm to inflict a gunshot wound to his head. He did not leave a suicide note.
6. Upon their return at 2.30 pm, Mr Quin-Conroy's parents opened the garage door via remote control for the purpose of parking their vehicle. It was not immediately apparent to them that Mr Quin-Conroy was lying on the floor of the garage. It was only after their vehicle came into contact with his body that his parents noticed he was there. His father asked a neighbour who was passing by to call an ambulance and he proceeded to enter their home and called Victoria Police. When the emergency services arrived minutes later, they pronounced Mr Quin-Conroy dead at the scene.

Post Mortem Investigations

7. Due to the extensive trauma, odontology records were used to formally identify the body of Mr Quin-Conroy.
8. On 2 September 2010, Senior Forensic Pathologist Doctor Michael Burke from the Victorian Institute of Forensic Medicine determined the medical cause of death to be a gunshot injury to the head.
9. Post-mortem toxicological analysis revealed the presence of Nor-diazepam, a metabolite of Diazepam. It did not reveal the presence of alcohol or any other common drugs or poisons. The anti-psychotic medication that Mr Quin-Conroy had most recently been prescribed (Ziprasidone) is not routinely tested for by the Victorian Institute of Forensic Medicine so it cannot be determined whether Mr Quin-Conroy was compliant with his prescribed medication regime at the time of his death.

Investigation

History of mental ill-health

10. The evidence indicated that Mr Quin-Conroy had experienced mental ill-health for a number of years preceding his death. The evidence indicated that, on his return journey from Western Australia, Mr Quin-Conroy contemplated driving over a number of cliffs and attempted suicide by motor vehicle exhaust gassing.
11. He was treated by a General Practitioner, Dr Gordon Walling, at the Boronia Medical Clinic between the period 17 July 2008, following his returned from Western Australia, and 8 July 2010, just before he left for the trip around Australia with his parents.
12. On his first visit, he presented as depressed, was commenced on anti-depressants and referred to Psychologist Mr Philip Byrne. In August 2008 he was referred to, and attended, another Psychologist, Vinita Constantino. At the start of April 2010, he reported to Dr Walling that he was hearing voices, which continued to increase in frequency.
13. On 11 May 2010, Mr Quin-Conroy first saw Consultant Psychiatrist Dr Susan Graham following a referral by Dr Walling in relation to increasing concerns about his mental health. Dr Graham notes that Mr Quin-Conroy reported to her a 15 year history of auditory hallucinations which included some sensory content.
14. There had been a recent escalation in the frequency and content of the hallucinations; he was experiencing command hallucinations (voices telling him to end his life by hanging himself) and increased paranoia. In addition, Mr Quin-Conroy reported a long-standing history of obsessive compulsive disorder and anxiety, particularly in social situations. Dr Graham made a diagnosis of chronic schizophrenia (paranoid), major depression and mixed anxiety disorder with obsessive-compulsive symptoms and social phobia.
15. Dr Graham saw Mr Quin-Conroy on eight occasions in total, the final appointment being on 8 July 2010, when she reported that he appeared to have improved overall, although because there was a slight increase in auditory hallucinations in recent days, she increased his dose of Ziprasidone¹ to 40mg in the morning and 60 mg at night. He was due for another appointment three days after his death.

¹ A second generation anti-psychotic.

16. Over the course of his treatment by Doctors Walling and Graham, Mr Quin-Conroy received various antidepressant and antipsychotic medications in various doses. In addition to the Ziprasidone, at one time or another, Mr Quin-Conroy had received Cipramil² in 20 and 30 mg daily doses, Luvox³ in 100, 150 and 200 mg daily doses, Pristiq⁴ (unknown dose), Zyprexa⁵ (10 mg daily) and Diazepam⁶ (5 mg).
17. Dr Walling first completed a Mental Health Plan on 3 September 2009 and conducted a review on 23 March 2010. Both the original plan and the review indicated that Mr Quin-Conroy was suffering from a moderate mental disorder, receiving a score of 27 out of 50.
18. In light of this history, I requested the Coroners Prevention Unit (CPU)⁷ to review the mental health treatment of Mr Quin-Conroy. Overall, the CPU Mental Health Case Investigator considered the medical management of Mr Quin-Conroy's mental health to have been appropriate.

History of Firearms

19. Mr Quin-Conroy's father indicates that over the years his son had built a collection of guns. He was a member of the Sports Shooters Association of Australia (Victoria) and a gun club in Geelong for some years. He had friends who were interested in guns and with whom he would make his own ammunition.
20. Mr Quin-Conroy was the owner of five registered firearms, including the SAKO 0.243 Calibre Winchester Rifle (serial number 919234) instrumental in his death. Senior Sergeant Dennis Toccock of the Victoria Police provided the following information in relation to Mr Quin-Conroy's history of firearm licenses in Victoria:
 - Pre-April 1997, Mr Quin-Conroy held a firearm license under the Firearms Act 1958, which was to expire in 1998.

2 A second generation ant-depressant.

3 A second generation anti-depressant .

4 A second generation anti-psychotic.

5 A second generation anti-psychotic.

6 A long acting benzodiazepine.

7 The CPU is a specialist service for coroners, created to strengthen their prevention role and provide them with professional assistance on issues pertaining to public health and safety.

- April 1997, Following the introduction of the Firearms Act 1996 (Vic), Mr Quin-Conroy was provided a new license application which was completed and submitted. He was granted a category A/B firearms license, number 480 682 80B which was to expire on 19 December 2003.
 - In October 2003, Mr Quin-Conroy requested a license renewal form, which was sent to him by the Victoria Police Licensing and Regulation Division. He declared that he had no medical conditions which would affect his suitability to hold a firearms license. His license was reviewed and renewed. It was to expire on 18 December 2008.
 - In October 2008, Mr Quin-Conroy was sent a license renewal form by the Victoria Police Licensing and Regulation Division. Part 3 of the completed form submitted by the deceased declared that he had been treated for 'psychiatric, depression, stress or other emotional problems'.
21. Mr Quin-Conroy provided a letter from Dr Gordon Walling, dated 1 November 2008, in support of his suitability to hold a license. This letter stated that:

*"Peter Quin-Conroy has depression, this has actually been a very longstanding condition and he is now on appropriate medication and is engaged in a counselling process. As such I am happy for him to continue to hold a sporting shooters license as I consider him to be no risk to himself or the community."*⁸

22. His license was reviewed and renewal was approved. The renewed license was due to expire on 18 December 2013.

Inquest

23. The circumstances surrounding the death of Mr Quin-Conroy did not require a mandatory inquest pursuant to section 52(2) of the *Coroners Act 2008* (Vic) ('Coroners Act'). However, a coroner may hold an inquest into any death they are investigating.⁹
24. In accordance with one of the stated purposes of the Coroners Act (to contribute to the reduction of the number of preventable deaths¹⁰), and the requirement to consider the

⁸ Senior Sergeant Dennis Tocco transcript pp. 19-20

⁹ *Coroners Act 2008* (Vic), Section 52(1)

¹⁰ *Coroners Act 2008* (Vic), Section 1

desirability of promoting public health and safety,¹¹ I determined that it was necessary to hold an inquest into the circumstances of the Mr Quin-Conroy's death.

25. The main purpose of the Inquest was to examine the roles and responsibilities of medical professionals with respect to firearms licensing, when they are involved in treating an individual with mental illness. In particular, the apparent disjunct between those who knew about Mr Quin-Conroy's firearms license, and those who were in a position to monitor his declining mental health was explored.
26. This disjunct was highlighted in preliminary materials provided by Drs Walling and Graham and, accordingly, further information was sought. As a result of this request, Dr Graham provided a letter to the Coroners Court of Victoria (CCOV) in which she stated:

"I was unaware that Mr Quin-Conroy had a firearms license. Mr Quin-Conroy's general practitioner did not inform me that Mr Quin-Conroy held a firearms license.

If I had known of Mr Quin-Conroy's firearms license, I would have been very concerned and I would have spoken with Mr Quin-Conroy and advised him that he should surrender his weapons. I would also have spoken to his general practitioner advising him that I did not think Mr Quin-Conroy should be the holder of a firearms license in the setting of his mental illness at that time."

27. In a second statement provided to the CCOV, Dr Walling gave the following information with respect to the referral:

*"I did not mention the firearms license on that referral, or at any other time, to Dr Graham. This was an oversight on my behalf. I did not recall writing my previous letter regarding his suitability for a firearms license. This letter was not prominent in my thoughts at the time of referral, or at any time afterwards. Peter and I had never again discussed his owning of guns or his interest in shooting. As such I did not recall his gun ownership and therefore did not inform Dr Graham."*¹²

28. At Inquest, Dr Walling indicated that at the time he was making the referral to Dr Graham, he was thinking along medical lines, and as such, did not turn his mind to the firearms license.

¹¹ *Coroners Act 2008* (Vic), section 8

¹² Transcript of Proceeding, 12 December 2012, pages 9 and 10.

He noted that a mechanism to prevent this occurring in the future might be to *“record it in an alerts system, that you know, a patient is a licensed gun holder”*.¹³

Expert evidence provided at Inquest

29. At the Inquest held on 12 December 2012, Senior Sergeant Dennis Toccock¹⁴ and Associate Professor David Wells¹⁵ provided me with statements and were called to give evidence about the role of medical professionals in the firearm licensing process.

Senior Sergeant Dennis Toccock

30. Senior Sergeant Toccock gave evidence about the legislative and practical operation of the firearm licensing regime. Specifically, he gave evidence relating to how an individual’s mental illness is taken into account when granting or renewing a license, and the process for health professionals reporting concern for an individual’s mental illness during the license period.

31. The court heard that on the standard licensing application form, applicants are requested to indicate whether, in the past five years, they had been treated for psychiatric, depression, stress or emotional problems. If this question is answered in the affirmative, a letter of support from a medical practitioner is required.¹⁶ Senior Sergeant Toccock indicated that the information expected in such a letter includes:

“what [the individual is] being treated for, [that] the doctor has a knowledge of the individual, and a clear statement of fact that the person is suitable to hold a firearms license and is not a danger to themselves or others”.¹⁷

32. In addition, the application is referred to the compliance support area, which conducts a *“total re-assessment of the individual and all the circumstances of their reason to hold that license”*.

¹³ Transcript of Proceeding, 12 December 2012, page 15.

¹⁴ From the Victoria Police Licensing and Regulation Division (LRD).

¹⁵ Associate Professor Wells is a medical practitioner, employed at the Victorian Institute of Forensic Medicine. He holds a number of other positions as well, including Associate Professor in the Department of Forensic Medicine, and has medical qualifications, and qualifications in medical jurisprudence, and criminology.

¹⁶ Transcript of Proceeding, 12 December 2012, at page 22.

¹⁷ Transcript of Proceeding, 12 December 2012, at page 24.

¹⁸ Of the 11,000 new license applications, (and 30,000 to 40,000 license renewals¹⁹) each year, only 50 or 60 are subject to this re-assessment process.²⁰

33. A number of issues with the evaluation of an individual's mental health were highlighted by Senior Sergeant Tocock including that:
- The support letter may be provided by a general practitioner who is not appropriately positioned to provide the information (such as where they have not known the applicant for a sufficient period of time);²¹
 - The quality of information provided by general practitioners varies in terms of the details specified; and
 - The application process works on an 'honesty system', whereby individual's are requested to self-report their mental illness, but may not do so.²²
34. Depending on the outcome of the re-assessment conducted by the compliance support area, a license may be granted or refused. Senior Sergeant Tocock also indicated that, at times, the license period for individual's with a mental illness have been reduced to, for example, 12 months, rather than the usual five years.
35. Once a license has been granted, there is no legislative requirement for the firearm license holder to notify the Chief Commissioner of any change to medical circumstances that would affect their suitability to possess a license.²³
36. Pursuant to Section 183(1) of the *Firearms Act 1996 (Vic)*, health professionals are given immunity from liability where they advise the Chief Commissioner in good faith that they believe a person to whom he or she has been providing professional care and services is not fit and proper to possess, carry, or use a firearm.²⁴ However, Section 183(1) does not impose a

¹⁸ Transcript of Proceeding, 12 December 2012, at page 23.

¹⁹ Transcript of Proceeding, 12 December 2012, at page 32.

²⁰ Transcript of Proceeding, 12 December 2012, at page 26.

²¹ Transcript of Proceeding, 12 December 2012, at page 25.

²² Transcript of Proceeding, 12 December 2012, at page 26.

²³ Transcript of Proceeding, 12 December 2012, at page 21.

²⁴ Transcript of Proceeding, 12 December 2012, at pages 20 and 21.

mandatory reporting requirement, and the decision to notify the Chief Commissioner is merely left to the discretion of the health professional.²⁵

37. If a notification is made, either the license holder will be issued with a request for further information, or if there is sufficient concern, the license will be suspended immediately and the license holder requested to show cause within 28 days.²⁶

Associate Professor David Wells

38. At Inquest, Associate Professor David Wells gave evidence about the ability of the current firearm licensing regime to account for safety issues relating to individuals who have a mental illness and hold a firearm license.

39. With respect to the 'honesty system' described by Senior Sergeant Toccock, Associate Professor Wells stated that:

*"Such a process is flawed as it may be in the best interest of the individual to fail to disclose a pertinent medical history, and so the application is processed without any medical input. It is more appropriate that all applicants are required to provide input from a medical practitioner who has treated the individual over a period of time, or is aware of their medical history."*²⁷

40. Associate Professor Wells indicated that an alternative system might involve an expert medical panel reviewing the applicant's medical history, where a medical condition is identified by the treating medical professional. This would be similar to the process for driver's license applications, which are currently reviewed by the Victorian Institute of Forensic Medicine, who act as the medical advisors for VicRoads, the Victorian Taxi Directorate and WorkSafe Victoria.²⁸
41. The issue of informing general practitioners about their role and responsibilities was also canvassed. The evidence of Associate Professor Wells was that, from a pragmatic perspective, an information pack or pamphlet sent to all general practitioners would not be useful, given that a minimal number of firearm license applications would cross their desk.

²⁵ Transcript of Proceeding, 12 December 2012, at page 21.

²⁶ Transcript of Proceeding, 12 December 2012, at page 29.

²⁷ Transcript of Proceeding, 12 December 2012, at page 40.

²⁸ Transcript of Proceeding, 12 December 2012, at page 41.

42. Associate Professor Wells expressed some sympathy for Dr Walling after hearing his evidence and stated

*"[...] I think we all need to be very aware that the medical practitioners, particularly general practitioners, are generally very busy with their practices. Their capacity to think about something that happened, what, three years earlier or two years earlier when he supported the application, in a non-health context, would be quite limited. So it's easy, perhaps, to see how that could be skimmed over"*²⁹.

43. He considered that a more effective method might be to include a cover note with the application form. This cover note would provide advice about the request for information, the role of the licensing authority and their availability to provide advice about the request, and appropriate actions to take in the event that there is a change in the medical condition during the licensing period.³⁰

44. Associate Professor Wells also advocated for varying the period which licenses are granted for, rather than the five year fixed period currently granted. He noted:

"This would allow treating practitioners, or the medical review board, to vary the renewal period to fit unstable medical conditions".³¹

FINDING

45. After having conducted an investigation and inquest into the death of Mr Quin-Conroy and having taken into consideration all of the evidence, I find that Mr Quin-Conroy intentionally took his own life by gunshot injury to the head.

RECOMMENDATION

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

Recommendation 1: That the Victoria Police convene with the Department of Health, the Royal Australian College of General Practitioners, and the Royal Australian and New

²⁹ Transcript of Proceeding, 12 December 2012, at page 43.

³⁰ Transcript of Proceeding, 12 December 2012, at page 48.

³¹ Transcript of Proceeding, 12 December 2012, at page 41.

Zealand College of Psychiatrists to resolve the issues with the firearm-licensing regime identified as a result of the Inquest into the death of Mr Peter Quin-Conroy. Actions taken to resolve these issues might include:

- implementing variable licensing periods for individuals with a mental illness;
- a requirement that **all** applicants for a firearm license provide a suitable medical report from a medical practitioner who is in an appropriate position to comment on their medical history;
- attaching to the license application form, instructions for general practitioners about their roles and responsibilities in providing the medical report;
- establishing a medical review panel for applicants who are identified as potentially unsuitability to hold a license by virtue of the mental illness; and
- guidelines for general practitioners about when to report concerns of mental illness and the use of medical note alerts as a reminder that the patient holds a firearm license.

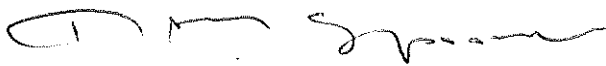
I direct that a copy of this finding be provided to the following for their action:

- Chief Commissioner, Victoria Police
- Secretary, Department of Health
- Chair, Victoria Faculty, Royal Australian College of General Practitioners
- Chair, Victorian Branch, Royal Australian and New Zealand College of Psychiatrists.

I direct that a copy of this finding be provided to the following for their information only:

- Mr and Mrs Quin-Conroy
- Dr Gordon Walling
- Dr Susan Graham
- Associate Professor David Wells
- Senior Sergeant Dennis Tocock

Signature:



HEATHER SPOONER
CORONER
Date: 5 March 2013

