



OFFICE OF THE STATE CORONER

FINDINGS OF INQUEST

CITATION: **Inquest into the death of Richard Henry Lyne**

TITLE OF COURT: Coroner's Court

JURISDICTION: Brisbane

FILE NO(s): 2011/896

DELIVERED ON: 20 April 2012

DELIVERED AT: Brisbane

HEARING DATE(s): 19 April 2012

FINDINGS OF: Christine Clements, Deputy State Coroner

CATCHWORDS: CORONERS: Inquest – Death in custody, natural causes

REPRESENTATION:

Counsel assisting Ms Emily Cooper, Office of the State Coroner

Dept of Community Safety Ms Melinda Zerner of Counsel

1. Richard Henry Lyne was born on 21 June 1941. He died on 11 March 2011 in the Maryborough Base Hospital at Maryborough in Queensland. He was 69 years of age at the time of his death.
2. His death was mandatorily reportable to the coroner as, at the time of his death, he was in the custody of Queensland Corrective Services. Prior to his transfer to the Maryborough Base Hospital he was residing as an inmate at the Maryborough Correctional Centre. At the time of his death he was being detained in custody on remand. He was due to face court again in Bundaberg before a Magistrate on 21 March 2011.
3. An initial medical assessment was completed by Offender Health Services on 10 December 2010. It was recorded that he smoked 25 cigarettes per day. However no allergies, cardiac conditions or respiratory conditions or shortness of breath was advised.
4. Whilst being held on remand in custody, he fell in his unit. This incident occurred on 22 February 2011 and it was observed that Mr Lyne was subsequently unsteady on his feet and appeared to have suffered some memory loss. He was assessed by Dr Chandana Jayasinghe, who considered he had suffered a heart attack. He was transferred on that same day to the Hervey Bay Hospital for assessment and treatment. It was documented he was suffering from acute coronary syndrome and brachycardia.
5. Mr Lyne was cared for in the Intensive Care Unit at the Hervey Bay Hospital. It was recommended he be transferred to hospital in Brisbane for specialist cardiac intervention but he did not initially consent to this plan. He indicated he would think about it.
6. On 24 February 2011 Mr Lyne refused to consent to a coronary angiogram procedure or any other invasive treatment related to his condition. He informed medical staff he did not wish to be resuscitated in the case of an acute deterioration in his condition. He was transferred to a medical ward within the Hervey Bay Hospital.
7. Subsequently, on 4 March 2011 Mr Lyne was transferred back to the Maryborough Base Hospital. It was proposed he would be transferred to the Princess Alexandra Hospital in Brisbane. Mr Lyne continued to decline active medical intervention or care and he was subsequently placed into palliative care.
8. Mr Lyne continued to decline medical treatment. He refused to eat and drink. This led to a psychiatric review to assess his capacity to provide instructions regarding his care. Hospital staff could not contact next of kin. On 4 March psychiatric assessment concluded he was delirious and incapable of informed consent. The treating team then engaged with the Adult Guardian.

9. Events progressed as follows. On 5 March Mr Lyne refused medication and food. This situation continued and the only support being received was via intravenous fluids. His condition deteriorated and ultimately a decision was made for palliative care on 10 March.
10. Arrangements were in place for a transfer to the Royal Brisbane Hospital but on 11 March, a treating doctor noted his condition had further deteriorated and the transfer arrangement was cancelled. Mr Lyne died at the Maryborough Base Hospital at approximately 12.30 on the afternoon of 11 March 2011.

Autopsy

11. A full internal and external examination was conducted by the forensic pathologist, Professor Peter Ellis. It was confirmed Richard Lyne died due to acute myocardial ischaemia as a consequence of underlying coronary atherosclerosis. Underlying hypertensive heart disease and bronchitis contributed to his death.
12. It was further noted that a low level of morphine was unlikely to have directly contributed to his death.

Medical review

13. An independent medical review was conducted by Professor Bob Hoskins from the Clinical Forensic Medicine Unit. Records from Corrective Services, the Maryborough Base Hospital and Hervey Bay Hospital and the autopsy report were reviewed. Professor Hoskins considered there was nothing to suggest Mr Lyne should have been sent to hospital at any earlier time. He noted Mr Lyne's consistent refusal of nutrition, referral, medication and treatment.
14. The intervention and review by a psychiatrist was appropriate at the time to consider whether a depressive element was impacting on Mr Lyne's decision-making capacity.
15. Professor Hoskins confirmed Mr Lyne was suffering from cardiovascular disease affecting both his brain and his heart. He had suffered strokes previously. There was a gradual deterioration in his overall condition punctuated by multiple acute events. He considered the timing of the transfer to hospital was appropriate.

Conclusion

16. I am satisfied there is no evidence to indicate Mr Lyne died from anything other than natural causes. I am satisfied he received adequate and appropriate medical care whilst an inmate on remand.
17. I am satisfied there is no evidence to suggest an earlier transfer from the Maryborough Correctional Centre to hospital would have prevented his death, particularly noting Mr Lyne's consistent refusal of food, drink and medical intervention. Mr Lyne communicated his decision clearly to

medical staff. When it was considered possible that his decision may have been impacted by his medical condition, there was consultation with the Adult Guardian, which was appropriate. In accordance with all of the circumstances, decisions were reached that no emergency treatment should be provided in an attempt to prevent his death, which was due to natural disease process.

18. In accordance with s. 45(2) of the *Coroners Act 2003*, I make the following findings –

- (a) The identity of the deceased is Richard Henry Lyne who was born on 21 June 1941.
- (b) Mr Lyne died at approximately 12.30pm on 11 March 2011.
- (c) Mr Lyne died in the Maryborough Base Hospital in Maryborough, Queensland, 4650.
- (c) Mr Lyne died from acute myocardial ischaemia. He had been provided with medical care and the opportunity to have his condition treated on multiple occasions but he declined this care and withheld his consent. He refused sustenance and fluids. His condition deteriorated to an extent that his death was unable to be prevented.
- (d) Mr Lyne died due to acute myocardial ischaemia caused by underlying coronary atherosclerosis. Other significant conditions contributing to his death were hypertensive heart disease and bronchitis.

19. The circumstances of his death do not call for any comment relating to issues of public health and safety or the administration of justice or ways to prevent deaths from happening in similar circumstances.

Christine Clements
Deputy State Coroner
20 April 2012