



# OFFICE OF THE STATE CORONER

## FINDINGS OF INQUEST

**CITATION:** **Inquest into the death of Edward Thomas HAUFF-GREEN**

**TITLE OF COURT:** Coroner's Court

**JURISDICTION:** Brisbane

**FILE NO(s):** COR/00 2531

**DELIVERED ON:** 31 January 2008

**DELIVERED AT:** Brisbane

**HEARING DATE(s):** 2 May 2000, 12 March 2003

**FINDINGS OF:** Mr John Lock, Brisbane Coroner

**CATCHWORDS:** CORONERS: Inquest – Mental Health, emergency sedation.

**REPRESENTATION:**

Sergeant R A Rochfort assisting the Coroner at hearing on 2 May 2000

Mr N Bailey instructed by Robertson O'Gorman for Mrs S Hauff-Green at hearing on 2 May 2000

## **CORONERS FINDINGS AND DECISION**

### **Coroners Act 1958 applies**

1. The inquest was conducted pursuant to section 26 of the *Coroners Act 1958* (“the Act”) because Mr Hauff-Green’s death occurred before 1 December 2003, the date on which the *Coroners Act 2003* was proclaimed. It is therefore a “pre-commencement death” within the terms of section 100 of the latter Act, and the provisions of the *Coroners Act 1958* are preserved and continue to apply in relation to the inquest. I must deliver my findings pursuant to the provisions of that Act. I do so, reserving the right to revise these reasons should the need or the necessity arise.
2. The purpose of this inquest, as of any inquest under the Act, is to establish, as far as practicable –
  - the fact that a person has died;
  - the identity of the deceased person;
  - whether any person should be charged with any of those offences referred to in section 24 of the Act;
  - where, when and in what circumstances the deceased came by their death.
3. A coroner’s inquest is an investigation by inquisition in which no one has a right to be heard. It is not inclusive of adversary litigation. Nevertheless, the rules of natural justice and procedural fairness are applicable. Application of these rules will depend on the particular circumstances of the case in question.
4. In making my findings I am not permitted, under the Act, to express any opinion on any matter which is outside the scope of this inquest, except in the form of a rider or recommendation.
5. The findings I make here are not to be framed in any way which may determine or influence any question or issue of liability in any other place or which might suggest that any person should be found guilty or otherwise in any other proceedings.

### **SUMMARY OF THE EVIDENCE**

6. Mr Hauff-Green attended with members of his family at Redcliffe Hospital Emergency on 17 January 2000 who were concerned with recent episodes of mental illness. He had a long standing history of schizophrenia. He was not admitted but the Hospital saw him and suggested that he consult with the mental health services in the morning. He was then seen at Redcliffe Hospital the next day on 18 January. He was considered by the mental health workers to be mentally unwell and was admitted and then transported to the Mental Health Unit (MHU) at Caboolture Hospital. There was some confusion as to whether he was being regulated as the appropriate paperwork was not completed. In any

event it seems he volunteered to be admitted and a regulation order was not required.

7. Whilst at the MHU he refused to take medication. He was noted to be paranoid and delusional. He reportedly became very agitated. He was uncooperative and verbally aggressive with staff. He would not come back into the unit and take medication. A decision was made that he should be sedated.
8. The evidence obtained from the Hospital file and statements from witnesses indicates that the decision to sedate him was made after consultation with appropriate staff and after consideration of his medical history. There is nothing to suggest that this was not the appropriate clinical decision. He refused to take oral medication and he had to be physically restrained by a number of staff for some 5 to 10 minutes.
9. In the course of being sedated he was given 10mgs of Haloperidol and 10mgs of Midazolam intramuscularly. Haloperidol is a drug which Mr Hauff-Green had expressed concerns about in the past because of reported side effects and as a result his treatment program was changed to another drug. His medical records note he has a "reaction" to Haloperidol.
10. He was then monitored in a High Dependency Unit but within a short time he was seen to be not breathing. Resuscitation commenced but he could not be revived.
11. It was stated by his family that the doctor who gave the Haloperidol was not aware his file noted a reaction to the drug. Considering the circumstances of the death and particularly that he died very soon after the forced administration of a drug which he had a reported past aversion to, this was naturally a matter of considerable concern to the family and became the subject of a coronial investigation.
12. An autopsy examination found that he had systemic sarcoidosis involving the lungs, liver, spleen, lymph nodes and myocardium. This is a disease in which chronic inflammatory granulomatous lesions of lymph nodes and other organs develop.
13. The examination also found he had severe steatosis (a fatty degeneration of the tissue commonly associated with morbid obesity). There was also found a small focus of acute myocardial infarction (heart attack). He was an obese man whose appearance was significantly older than his stated age. All of the noted conditions were very serious but it would seem had not been previously diagnosed by his GP or other treating doctors. Their main concern was his ongoing mental illness.
14. It was opined by the pathologist that the combination of the systemic sarcoidosis, severe steatosis and small focus of acute myocardial infarction were the cause of death. Midazolam and Haloperidol were

found in his blood in therapeutic dosages. The pathologist did not consider the drugs administered caused his death.

15. Medical records and statements were obtained from treating doctors. These have all been considered by the Coroner in making these findings.
16. Two reports were obtained from Dr Culliford who has longstanding medical experience with advanced postgraduate training in forensic medicine, clinical forensic toxicology and coronial matters. A study of the medical records by her could not find any references to an "allergy" to haloperidol. References to "adverse reactions" are found in the medical records. There is a clear medical distinction between and "allergy" and an "adverse reaction." Dr Culliford said that these are "*extrapyramidal reactions*" and "*are not allergic reactions in the true sense of the word and should not be correlated with the dangers of an allergic reaction.*" Adverse reactions are often associated with unpleasant side effects and these can and often are managed. It was opined by Dr Culliford that such side effects do not necessarily prevent the use of the drug in an emergency situation such as occurred here. Furthermore there is no pathological evidence that he in fact suffered an allergic reaction.
17. Dr Culliford critically noted that his medical file was absent any real investigation over many years of his other significant medical status including gross obesity and hypertension. He also had an undiagnosed condition of sarcoidosis. On that basis she considered that Mr Hauff-Green was a person who would have been unsuited to extreme bursts of physical stress and was even at more risk following injected sedation. The injection with Haloperidol itself did not cause his death. He had a significant risk of sudden death in stressful conditions because of the underlying conditions that had developed over some years. These ultimately caused his death in the context of being sedated and a struggle ensuing.
18. Dr Culliford did opine that "*if the unit doctor had been aware of his pulmonary, cardiac and hepatic sarcoidosis, a different management regime may have produced a better result for the patient.*" Nevertheless his management on the night in relation to an acute episode of paranoia and delusions "*appeared to be within the standard guideline.*" Involuntary sedation is an appropriate clinical procedure in such patients and there was no direct evidence that the administration of haloperidol specifically contributed to his death. The exertion expended by him in resisting the sedation was likely to have caused his death for the reasons already stated.
19. There is no question that detailed medical examinations should be considered for mental health patients. In this case he had just been brought to the Unit and an acute episode took place which required attention. No doubt there are questions as to why his GP had not conducted those investigations in the past however these are issues not

specifically related to the Cause of Death. Certainly the treatment of mental health patients has progressed in the last decade and full medical histories are now routinely taken and considered. A copy of these findings will be given to the Department of Health and to the Director of Mental Health Services for their consideration of any other steps that might be taken to ensure that deaths are minimised in similar circumstances.

20. In hindsight if his condition was known some other management plan may have been taken however it was an acute episode and it may have still been the only method of sedation that could have been given. There is no evidence, compelling or otherwise, that the injection of haloperidol itself caused any adverse reaction which contributed to his death. In these circumstances I consider that no further investigation or any formal hearing of evidence take place. I am now in a position to make formal findings.

## **FINDINGS**

I make the following findings –

- (a) The identity of the deceased was Edward Thomas Hauff-Green.
- (b) His date of birth was 25 September 1967.
- (c) His last known address was 72 Shields Street Redcliffe 4020.
- (e) The date of death was 19 January 2000.
- (f) The place of death was the Caboolture Mental Health Hospital.
- (g) The formal cause of death was:
  - 1. Systemic Sarcoidosis
  - 2. Severe Steatosis, Small Focus of Acute Myocardial Infarction.

This court has jurisdiction in appropriate cases to commit for trial any person/s which the evidence shows may be charged with the offences mentioned in section 24 of the *Coroners Act 1958*. There is no evidence at all of the commission of such offences, and I therefore make the formal finding that the evidence is not sufficient to put any person or persons upon any trial. Therefore no person will be committed for trial.

The inquest is now closed.

John Lock  
Brisbane Coroner