



## FINDING OF INQUEST

*An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 23<sup>rd</sup> day of April 2013 and the 17<sup>th</sup> day of April 2014, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of Charles Andrew Tabb.*

*The said Court finds that Charles Andrew Tabb aged 50 years, late of Yatala Labour Prison, Peter Brown Drive, Northfield, South Australia died at the Royal Adelaide Hospital, North Terrace, Adelaide, South Australia on the 23<sup>rd</sup> day of March 2011 as a result of multi-organ failure due to pancreatitis and generalised varicella zoster virus infection due to immunodeficiency due to Non-Hodgkin's Lymphoma. The said Court finds that the circumstances of his death were as follows:*

### **1. Introduction, cause of death and reason for Inquest**

1.1. Charles Andrew Tabb died on 23 March 2011 at the Royal Adelaide Hospital. He was 50 years of age. Mr Tabb's medical records were reviewed by Dr Iain McIntyre of Forensic Science SA and he expressed the opinion that the cause of death was multi-organ failure due to pancreatitis and generalised varicella zoster virus infection, due to immunodeficiency due to non-Hodgkin's lymphoma, and I so find. Mr Tabb's death was a death in custody within the meaning of the Coroners Act 2003, and this Inquest was held as required by section 21(1)(a) of that Act.

### **2. Background**

2.1. At the time of his death Mr Tabb was a prisoner at Mobilong Prison. He was extradited to South Australia on 28 October 2010 from Queensland where he had

been serving a six-year term of imprisonment. He was wanted in South Australia for fraud related crimes.

- 2.2. Mr Tabb had a lengthy criminal history in South Australia dating from 1984. His offending including multiple breaks, dishonesty offending including multiple false pretences charges, receiving stolen goods and an Australian passport falsification offence. He also had lengthy criminal history for similar types of offending in Queensland, New South Wales, Victoria and Western Australia.
- 2.3. At the time of his extradition he had already been diagnosed with non-Hodgkin's lymphoma. This diagnosis was made some 13 years earlier. It had necessitated bone marrow transplants including as recently as 2009. In 2010 Mr Tabb had developed recurrent disease with his lymph glands. The South Australian prison authorities were informed of his full health history. He was initially admitted to Yatala Labour Prison before being moved to Mobilong.
- 2.4. Throughout his time in prison Mr Tabb's health concerns were managed by prison infirmaries. Mr Tabb refused treatment on numerous occasions, the first of these being 24 November 2010. On three occasions his refusal was documented on forms signed by Mr Tabb. There was also an occasion when Mr Tabb refused to take medication. At his own request medical aid was only administered when he felt it was necessary.

### **3. Mr Tabb's health history**

- 3.1. The following is an overview of Mr Tabb's health from his arrival in South Australia until his death.
- 3.2. On 23 November 2010 he was transferred to Mobilong from Yatala. On 5 January 2011 he requested contact with the Leukaemia Foundation and wanted to be assigned a case worker through them. On 24 January 2011 he spoke with a representative of the Leukaemia Foundation, arrangements having been made in accordance with his request.
- 3.3. On 9 February 2011 he spoke to his case manager and stated that he was concerned about recent blood tests that showed his white cell count was reducing. On 17

February 2011 Mr Tabb had a chest infection and was unable to attend court so bail papers were faxed to his solicitor by a Correctional Services officer.

- 3.4. On 3 March 2011 Mr Tabb refused medical treatment. He refused to attend the infirmary for fasting overnight for a medical appointment the following day. He did this because he wanted to go to court on 4 March 2011. He said that he had missed his last two court appearances for health reasons and did not want to do that again. It was explained to him that his decision might be detrimental to his health. He acknowledged that advice and said he understood.
- 3.5. On 8 March 2011 he was admitted to the infirmary to be examined by a doctor. He was complaining of abdominal pain at this time. On 10 March 2011 he was admitted to the Royal Adelaide Hospital for a routine bone marrow biopsy. Upon presentation to the Royal Adelaide Hospital he had severe abdominal pain and, despite an endoscopy being performed, the cause of the abdominal pain was not immediately determined. However, further testing revealed that he had varicella or chicken pox with organ and pancreatic involvement. This was thought to account for the abdominal pain at that time.
- 3.6. On 16 March 2011 at 8:10am he suffered a seizure in the shower and was non-responsive when the MET team arrived. He regained consciousness at around 8:50am. On 17 March 2011 he suffered another seizure in bed and was worked on for about 45 minutes before being transferred to the Intensive Care Unit. He was then transferred back to the ward on 21 March 2011, and on the same day in the evening he had a choking episode. He was retrieved from that.
- 3.7. On 22 March 2011 between 1am and 7:30am he removed his oxygen mask several times. He removed his catheter and his drip lines, all of which were replaced. Upon being given a blood transfusion that morning he also removed his blood transfusion drip line and that resulted in significant blood loss before being rectified. In the early hours of 23 March 2011 he tried to get himself out of bed. He was reported to be very unwell. He died at 11:48am that day.

**4. Conclusion**

4.1. Mr Tabb's death was not an unexpected one given his condition. He had a very serious medical condition. For the short period that he was in the care of the South Australian Prison Health Service all that could be done for him was done, sometimes under protest from Mr Tabb. I am satisfied that his care was appropriate and of the same standard as an ordinary member of the community suffering the same condition.

**5. Recommendations**

5.1. I have no recommendations to make in this matter.

*Key Words: Death in Custody; Natural Causes*

*In witness whereof the said Coroner has hereunto set and subscribed his hand and*

*Seal the 17<sup>th</sup> day of April, 2014.*

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*State Coroner*