



FINDING OF INQUEST

An Inquest taken on behalf of our Sovereign Lady the Queen at Adelaide in the State of South Australia, on the 21st day of May 2010 and the 6th day of October 2010, by the Coroner's Court of the said State, constituted of Mark Frederick Johns, State Coroner, into the death of James William Miller.

The said Court finds that James William Miller aged 68 years, late of Yatala Labour Prison, 1 Peter Brown Drive, Northfield, South Australia died at Mary Potter Hospice, Calvary Hospital, 89 Strangways Terrace, North Adelaide, South Australia on the 22nd day of October 2008 as a result of end stage liver failure due to hepatitis C. The said Court finds that the circumstances of his death were as follows:

1. Cause of death

- 1.1. James William Miller's cause of death was end stage liver failure due to hepatitis C and I so find.

2. Background and circumstances of Mr Miller's death

- 2.1. James William Miller was 68 years of age at the time of his death on 22 October 2008. On that date, and for many years prior, Mr Miller was serving a sentence of life imprisonment imposed on 12 March 1980 following his conviction by a jury of six counts of murder. The murders for which Mr Miller was convicted were committed between December 1976 and February 1977 and were colloquially known as 'The Truro Murders'.
- 2.2. In the year 2000 the Supreme Court of South Australia fixed a non-parole period of 35 years on Mr Miller's sentence, making him eligible for release on 16 November

2013. After taking into account remissions the sentence was further adjusted by the Department of Correctional Services and his release date was set at 31 October 2013. This release date was of course subject to him satisfying the Parole Board of South Australia of his suitability for release.

- 2.3. In 1995 he was diagnosed as having hepatitis C and in 2002 was noted to have elevated prostate-specific antigens. By 2003 he had a mildly enlarged prostate. Over the following years he exhibited abnormal liver function as a result of his hepatitis. In 2007 increasing prostate-specific antigens were noted and prostate biopsies carried out which confirmed prostate cancer. He was treated for this with radical radiotherapy but by 2007 he was suffering ascites, namely accumulation of fluid in the peritoneal cavity. He had abnormal liver function, varices, rectal bleeding and an irregular heartbeat. Chronic liver disease was diagnosed along with an abnormality in the left lung which was later found to be malignant.
- 2.4. Dr Michael Briffa made a statement to police which was admitted as Exhibit C2b. He is currently employed at the Royal Adelaide Hospital Palliative Care Department and his duties include providing palliative care to patients within the Royal Adelaide Hospital and at Mary Potter Hospice. He was the consultant supervising Mr Miller's care during his terminal admission to the Mary Potter Hospice. He first met Mr Miller in mid September 2008 on Ward B6 at the Royal Adelaide Hospital. Mr Miller was deteriorating and confused. His symptoms were caused by a combination of hepatic encephalopathy and hypercalcaemia due to the lung malignancy. His condition improved sufficiently for him to clearly outline his wishes in the event of the inevitable deterioration from these problems. His wish was that his treatment focus on his care and comfort and that life prolonging measures be avoided. He was keen to return to Yatala at that time as he was comfortable in that environment. He was discharged from the Royal Adelaide Hospital on 22 September 2008 on the medications thiamine 100mg daily, frusemide 40mg daily, spironolactone 200mg daily, sotalolol 40mg twice a day, pantoprazole 40mg daily and phenergan 10mg at night. He was independent with no residual confusion at the time of discharge.
- 2.5. Dr Briffa saw him again on 20 October 2008 at the Mary Potter Hospice, North Adelaide having been contacted by the Yatala Labour Prison health centre. He was informed that Mr Miller's condition had deteriorated again and was beyond the care that could be provided at Yatala. He was admitted to the Mary Potter Hospice. Dr Briffa saw him on his day of arrival and noted him to be confused and drowsy but

rousable. It was assessed that his deterioration was most likely due to a combination of hepatic encephalopathy and hypercalcaemia due to the lung malignancy. Having regard to his previously expressed wishes his treatment focussed on care and comfort. He was prescribed his regular oral medications and metoclopramide 10mg every 4 hours if required, haloperidol 0.5 three times per day if required and morphine 2.5mg subcutaneously as required.

- 2.6. The following day Mr Miller's condition had deteriorated but he appeared to be comfortable. He was given small doses of subcutaneous morphine to assist with pain control. On 22 October 2008 there was further deterioration and he was unable to communicate. A small subcutaneous morphine infusion of 5mg over 24 hours was commenced. His oral medications were ceased given his inability to swallow. He was given a combination of morphine and midazolam on two occasions that day for restlessness.
- 2.7. Dr Briffa was notified shortly after Mr Miller's death at approximately 9:20pm on 22 October 2008 and attended at room 159 in Mary Potter Hospice at 9:50pm that same evening and examined Mr Miller to find that there were no spontaneous respirations, no pulses, absent heart sounds and his pupils were fixed and dilated. Dr Briffa pronounced Mr Miller's life extinct. Dr Briffa stated as follows:

'I believe that Mr Miller received appropriate medical care whilst being in custody. Once Mr Miller's cancer was diagnosed, he received the same treatment and options for treatment as any person that would have had the same illness.'¹

In view of Dr Briffa's helpful statement there is no need for me to make any recommendations.

Key Words: Death in Custody; Natural Causes

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

Seal the 6th day of October, 2010.

State Coroner