**Belfast Inquests: January and February 2010**

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| **Name of Deceased**   | **Date of Death**   | **Date of Inquest**   | **Finding**   | **Recommendation**   |
| John Campbell  | 25/06/2007  | 07/01/2010  | On 18th May 2007 the deceased's right toe was amputated at the Royal Victoria Hospital and he was discharged on 7th June.  He was prescribed a wide range of medication including the statin Simvastatin 40 mg at night.  At the time of discharge all blood tests were normal with no evidence of Rhabdomyolysis.  Subsequently he was admitted to Antrim Area Hospital on 16th June 2007 with a 5 day history of generalised muscle weakness.  He died there on 25th June following a respiratory collapse.  A post-mortem examination established that death was due to acute peritonitis caused by a ruptured diverticulum that had allowed intestinal contents to leak into the abdominal cavity.  In addition he had developed Rhabdomyolysis as a consequence of the Simvastatin treatment.  The dose of Simvastatin should not have exceeded 20 mg/day though 40 mg/day was the standard start dose.  As he was receiving Amiodarone, Digoxim and Fusidic Acid an alternative statin should have been used which did not interact with those drugs as they have been reported to increase the risk of statin-induced Rhabdomyolysis.  I have concluded that the conditions of Rhabdomyolysis and dilated Cardiomyopathy should be included in Part II of the forumlation of the cause of death.    | None   |
| David Dean  | 11/12/2008  | 29/01/2010  | On 11 December 2008 David Dean was found dead in his home where there had been a fire. I am satisfied of a balance of probabilities that the fire was started accidentally as a result of the careless handling or disposal of smoking materials. At the time of his death the concentration of alcohol in Mr Dean's blood lay at a level just over three and a half times greater than the legal limit for driving. This was likely to have produced a significant degree of intoxication which may have contributed to actions which started the fire. This degree of intoxication would also have negatively affected his ability to extricate himself from a life threatening situation.   I am satisfied that Mr Dean died from carbon monoxide poisoning caused by smoke inhalation and that a significant condition contributing to his death, but not related to the direct cause of death, was acute alcohol intoxication.                  | None  |
| William John Donnan  | 05/05/2007  | 14/01/2010  | On 5th May 2007 the deceased was a competitor in the Tandragee 100 motor cycle road races. He was an experienced and highly competent competitor. On the fifth lap of the Supersport 600cc race he was following close behind another competitor as they negotiated the Paddock chicane at approximately 100mph. This chicane had been constructed for the races using sand bags and straw bales covered with white plastic with the aim of reducing speed at this point on the course. In the course of negotiating the chicane the knee of the competitor in front clipped one of the bales knocking it out of position and into the path of the deceased who was following closely behind. Both lost control of their motor cycles and travelled on to a grassy area to the left of the chicane where they came off and tumbled along the ground. The competitor who had been in front impacted with a number of protective bales and survived. The deceased's motor cycle was catapulted some twelve feet into the air over a fence crashing into the assembly compound area narrowly missing a number of persons there. The deceased was projected forward impacting violently with the base of a tree sapling. He died at the scene from head and spinal injuries. At the time of the accident the weather was good and the road surface dry. The trunk of the sapling had not been shielded by a protective bale and there was not a continuous line of these bales in front of the fence and hedge on either side. If the deceased had impacted against a protective bale the force of the impact should have been absorbed to some extent and a fatal outcome may have been avoided as it was for the other competitor.  | In accordance with Rule 23(2) of TheCoroners(Practiceand Procedure)Rules(Northern Ireland) 1963, at the conclusion of the Inquest the Senior Coroner reported the circumstances of the death to Nelson McCausland MLA, Minister for Culture, Arts and Leisure as he may have been in a position to initiate action that could prevent the recurrence of similar fatalities.  |
| Gary McCurry  | 23/03/2009  | 28/01/2010  | The deceased, Gary McCurry, had a history of pancreatitis, alcohol dependency, myocardial infarction, addiction to painkillers and solvent abuse.  On 23rd March 2009 he was found dead in his home at 32a Drumart Drive, Lisburn.  He was slumped over on a mattress on the living room floor, his head and arms in contact with a yellow domestic butane gas cylinder.  Life was pronounced extinct at 7.15pm.  A Post mortem examination revealed that he had died as a result of inhalation of butane and had been dead for a number of days (at least 2) prior to being found.    | None  |
| William Robert Crozier Officer  | 19/02/2009  | 05/01/2010  | William Robert Crozier Officer (Date of Birth 6 September 1983) of 7 Rock Cottages, Groomsport, was found dead in Room 6 of Centenary House, Victoria Street, Belfast, where he was staying temporarily, at approximately 8am on Thursday 19th February 2009.  He was found hanging by the neck from a belt attached to the door.  I am satisfied that Mr Officer died by his own act at a time when he was concerned about a paramilitary threat against he and his family.          | None  |
| Mary Catherine Bell  | 28/12/2007  | 19/02/2010  | On 28 December 2007 at approximately 9.10am Mary Catherine Bell was driving her Toyota Starlet along the Saintfield Road, Ballygowan, in the general direction of Ballygowan. Miss Bell was attempting to travel along a straight at the exit of a left hand bend in the carriageway when her car crossed the central medial divide, moved onto the Saintfield bound lane and collided with a Volvo articulated lorry which had been travelling on the opposite side of the road in the direction of Saintfield. There was no evidence that excessive speed was a factor in this collision. Miss Bell had been wearing her seatbelt.  Miss Bell died as a result of the multiple injuries she sustained during the collision. A toxicological analysis confirmed that at the time of her death there was no alcohol or drugs in Miss Bell's system   | None  |
| Mary Denise Margaret Bennett  | 21/03/2009  | 04/02/2010  | Mary Denise Bennett died on 21 March 2009 in the Ulster Hospital as a result of multi-organ failure due to paracetamol toxicity.  I am satisfied on a balance of probabilities that in the weeks preceding her death Ms Bennett consumed over the counter paracetamol in quantities that exceeded the recommended maximum consumption.  Ms Bennett may have been aware that she was exceeding the recommended maximum consumption however I am satisfied that even if she was so aware, she was not aware of the potentially fatal consequences of this consumption.     | None  |
| Scott James Brady  | 20/03/2009  | 08/02/2010  | On 20 March 2009 at approximately 8.30am Scott James Brady was driving his Audi A4 car on Coast Road Larne in the direction of Ballygally at approximately 100 miles per hour when his car moved onto the opposite side of the road mounted a footpath and crashed through a wooden utility pole and metal railings before descending onto rocks below the level of the road. Mr Brady died instantly as a result of head and pelvic injuries. Analysis of a sample of his blood revealed the presence of cocaine in concentrations consistent with his having used cocaine shortly before his death. The presence of cocaine impaired Mr Brady's ability to drive safely. Mr Brady also suffered from mental health difficulties in the years preceding his death. His mental health difficulties were inextricably linked to his abuse of cocaine and he and his family had tried their best in the months and years preceding his death to avail of medical help available in respect of these illnesses. I have concluded that the cause of Mr Brady's death was head and pelvic injuries and that significant conditions contributing to his death but not directly related to the cause of his death were cocaine toxicity and cocaine addiction           | None  |
| Robert Kennedy  | 22/05/2004  | 11/02/2010  | Robert Kennedy died in the Ulster Hospital on 22nd May 2004. He had been admitted to Ards Hospital on 28th March 2004 with a history of back pain and shortness of breath and he was treated there for suspected right heart failure. He had suffered from a number of significant co-morbidities, namely, obesity, treated hypertension and non-insulin dependent diabetes. As his condition failed to improve he was transferred to the Ulster Hospital on 1st April where he was nursed initially on a general ward. His condition improved until the 15th April when he complained of increasing back pain. He was transferred to the hospital's Intensive Care Unit on 17th April with suspected septicaemia following a general deterioration in his condition. There had been a marked deterioration in his level of consciousness and he had become disorientated. In addition he had developed hypotension, anuria, an impaired renal function and he was in pain. A Venflon site on his right forearm was noted to be inflamed and it subsequently tested positive for MRSA.   It was concluded that he required urgent inotropic support which necessitated central venous access.  Because of his obesity it was decided that a femoral intravenous line should be inserted into the groin to infuse inotropes in the form of Adrenalin, Noradrenalin and Vasopressin to support the blood pressure.  On the 19th April a nurse noted an extravasation injury to his left groin and this was recognised as being due to the leakage of inotropes from the Noradrenalin infusion. A large area of dying skin extended over the left flank and thigh and this required extensive surgical debridement on two occasions.  The consequence of this was that he was left with a large open raw area and another portal point for infection.  Unfortunately, he suffered a further episode of generalised sepsis and he developed a Pseudomonas septicaemia as a result of infection of this area of debridement. He died on 22nd April.   A subsequent post-mortem examination established that death was due to the development of multi-organ failure following the onset of Pseudomonas septicaemia. That had developed as a consequence of the area of debridement on his left thigh becoming infected.  The sequence of events which culminated in the death of Mr Kennedy started with the leakage from the Noradrenalin infusion.  The circumstances of the death were reviewed by a number of experts, namely, Dr MJ Glynn, Dr KJ Power, Dr Charles McAllister and Dr JMF Maginness each of whom prepared a report. Subsequently, following a meeting of the experts before the commencement of the inquest a note, signed by each, was produced which encapsulated their agreed opinion as to why Mr Kennedy died, how his death might have been prevented and how they believed the cause of death should be formulated. I am adopting this note in its entirety. It is in the following terms:  "We all agree with the formulation of the cause of death 1(a) to 1(d) but would add 1(e) "Delayed admission to Critical care due to Septicaemia arising from infected peripheral cannula site (subsequently confirmed as MRSA).  All experts agree that the chief criticism of Mr Kennedy's management was the failure to admit to Critical Care on 16th April. By the a.m. of 16th April there was a very definite step wise deterioration in Mr Kennedy's condition. Specifically new signs of sepsis associated with organ failure - hypotension, hypoxia and by lunchtime it was established that Mr Kennedy had worsening renal failure, metabolic acidosis and was drowsy. He had septic shock, organ failure and required resuscitation and treatment in a Critical Care setting.  In the event he was admitted in a peri-arrest, moribund state over 30 hours later. Flowing from this delay the emergency placement of a femoral line was undertaken. Had Mr Kennedy been admitted in a controlled fashion alternative choices for central access (IJ or Subclavian) would have been available and the extravasation injury avoided. Furthermore the delay led to increased inotrope requirement. Mr Kennedy was on target to survive MRSA were it not for the line-related complication."  | None   |