
**FINDINGS of Coroner Simon Cooper following the holding
of an inquest under the *Coroners Act 1995* into the death of:**

LAURENCE BISHOP

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Record of Investigation into Death (With Inquest)

Coroners Act 1995
Coroners Rules 2006
Rule 11

I, Simon Cooper, Coroner, having investigated the death of Laurence Bishop with an inquest held at Hobart in Tasmania make the following findings.

Hearing Dates

5 June 2020

Representation

Counsel Assisting the Coroner: J Ansell

I find pursuant to Section 28(1) of the Coroners Act 1995 that:

- a) The identity of the deceased is Laurence Bishop;
- b) Mr Bishop died in the circumstances set out below;
- c) The cause of Mr Bishop's death was aspiration pneumonia following advanced multifactorial dementia; and
- d) Mr Bishop died on 23 June 2019 at the Roy Fagan Centre, Lenah Valley, Tasmania.

Background

1. Mr Bishop was born in New South Wales on 13 September 1934 and was aged 84 years at the time of his death. A retired lecturer in biology, Mr Bishop had been very ill for some time leading up to his death.
2. He is survived by his partner Ms Fiona Lewis and three adult children.

Health

3. In 2014, Mr Bishop was diagnosed with Alzheimer's disease and vascular dementia.
4. Over the following years, Mr Bishop's health steadily declined. He was diagnosed with Wernicke's Dysphasia¹ and suffered anxiety, confusion and pathological crying. Mr Bishop was

¹ The inability to understand the written or spoken word, see exhibit C9, page 22 of 28.

treated with antidepressant medication. In 2015, he suffered a stroke. His health deteriorated to such an extent that he required ongoing full-time care.

5. In July 2018, Mr Bishop began living at the Bishop Davies Nursing Home in Kingston. He stayed there until November of that year. A further deterioration in his condition meant that it was necessary for him to be relocated and ultimately, on 14 December 2018, he began to reside at the Roy Fagan Centre (RFC). The RFC is a specialised hospital dedicated to the care of older people suffering from either cognitive impairment or psychiatric illness.
6. Upon admission to the RFC Mr Bishop was diagnosed as suffering from advanced dementia. He remained at the RFC, under treatment, for a period of 191 days until he died.
7. Approximately one month prior to his death, Mr Bishop was placed under palliative care. Doctors reduced the amount of medication he was taking as he was losing his ability to swallow.

Circumstances of Death

8. On Wednesday 19 June 2019, Mr Bishop began to gurgle and nursing staff noticed he was losing his swallow reflex.
9. On Saturday 22 June 2019, Mr Bishop was not given any medication as he was unable to swallow, and was expected to pass away that day. Nurses noticed his legs were going blue and getting cold.
10. Around 3.00am on Sunday 23 June 2019, Mr Bishop was bathed. He was last seen alive at 6.30am, and found dead approximately 10 minutes later.

Investigation

11. The fact of Mr Bishop's death was reported pursuant to the *Coroners Act 1995*. His body was formally identified² and then taken to the mortuary at the Royal Hobart Hospital. At the mortuary, highly experienced forensic pathologist, Dr Donald Ritchey, carried out an autopsy. Dr Ritchey expressed the opinion³, which I accept, that the cause of Mr Bishop's death was aspiration pneumonia complicating advanced multifactorial dementia. At autopsy, he found marked cerebrovascular disease and multiple remote brain infarcts (strokes).

² See exhibits C3 and C4.

³ Affidavit of Donald MacGillivray Ritchey sworn 25 July 2019 page 9 of 11, exhibit C5.

12. There was no evidence of violent injury identified at autopsy. Specifically, no scalp contusions, skull fractures or intracranial collections of blood were found and Mr Bishop had no injuries of the chest or abdominal walls.
13. Mr Bishop's medical records were obtained and reviewed. The care afforded to Mr Bishop was reviewed by the Medical Advisor to the Coronial Division, Dr Anthony J Bell. Dr Bell expressed the opinion, which I accept, that the care Mr Bishop received at the RFC was of a high standard, in a difficult situation.

Conclusion

14. I am satisfied on the evidence that Mr Bishop was appropriately cared for whilst at the RFC and received a high standard of medical care. In the circumstances, there is no need for me to make any comments or recommendations.
15. In concluding, I convey my sincere condolences to the family of Mr Bishop.

Dated: Friday 12 June 2020 at Hobart in the State of Tasmania.

Simon Cooper
Coroner