I, Stephen Raymond Carey, Coroner, having investigated the death of William John Sterling

Find that:

(a) The identity of the deceased is William John Sterling (“Mr Sterling”);
(b) Mr Sterling died in the circumstances described in this finding;
(c) Mr Sterling died as a result of complications of chronic lung disease (emphysema, foreign body giant cell reaction, secondary pulmonary hypertension). Significant contributing factors were atherosclerotic cardiovascular disease, anxiety and depression, chronic hepatitis with bridging fibrosis;
(d) Mr Sterling died on 2 October 2013 at Main Road, Montrose;
(e) Mr Sterling was born in Hobart on 6 September 1953 and was aged 60 years at the time of his death;
(f) Mr Sterling was in a de facto relationship and was a disability pensioner; and
(g) No other person contributed to Mr Sterling’s death.

Circumstances Surrounding the Death:

Mr Sterling had previously been in a relationship from which he had two daughters: Melinda and Nicole Sterling, now both adults. He commenced a de facto relationship with Rosemary Balmer approximately 2 years prior to his death. Both Mr Sterling and Ms Balmer were known to be abusers of alcohol and prescription medication.

Mr Sterling was an extremely heavy smoker and had been diagnosed with emphysema. He also had a chronic back condition for which he took morphine- based medication, such medication was issued upon prescription in a controlled manner due to suspicion of inappropriate use. An MRI scan done in 2011 also identified cirrhosis of the liver, which was believed to have been as a result of alcohol abuse. Mr Sterling’s history of health problems was confirmed by his daughter, Melinda Sterling; however, she did note that he appeared to have been in his best health for years over the previous 12 months before his death.

On Tuesday, 1 October 2013, at around 5:00pm Mr Sterling was reported as going to bed as he was feeling unwell, stating that he was suffering “reflux”. He is reported to have fallen
asleep in bed soon after 7:30pm that evening. At some time between 7:00am and 8:00am the next morning, Ms Balmer awoke to find Mr Sterling leaning off the right hand side of the bed with his head towards the ground resting on a plastic container that was situated next to the bed. Ms Balmer states that she believed that Mr Sterling was asleep and that he had his head near a bucket that he used during the night to clear his lungs of phlegm and fluid which built up during the night due to his emphysema. Ms Balmer believed that Mr Sterling was still asleep and states that at approximately 8:15am she attempted to call Melinda Sterling to request that her partner come to the residence to help move Mr Sterling as she had been unable to do so. In any event this call went unanswered and at about 8:25am Ms Balmer has left the residence and attended at the Derwent Park Chemist to obtain her medication. She has then gone to McDonald’s, Glenorchy where she purchased a coffee before returning home, arriving there at approximately 9:00am. Apparently, this time, Ms Balmer has realised that Mr Sterling was not breathing and a telephone call to the ambulance service is recorded at 9:10am. An ambulance arrived at the residence at 9:15am and resuscitation endeavours were not commenced as Mr Sterling was noted to have been deceased for some time.

Police attended the residence and an investigation was conducted. Initial concerns were raised as to the abnormalities in the behaviour of Ms Balmer as the body position of Mr Sterling, and his physical condition, were not consistent with a sleeping position and ought to have raised concerns as to his welfare. Investigation, however, did not determine any suspicious circumstances and the failure of Ms Balmer to react more appropriately upon noting the posture of Mr Sterling on that morning was possibly as a result of her own condition caused by an abuse of prescription drugs. Ms Melinda Sterling describes that Ms Balmer was always “out of it” as a result of her overuse of medication.

A post-mortem examination was conducted of Mr Sterling which confirmed that there were no suspicious circumstances in relation to his death. The pathologist noted that Mr Sterling had marked centriacinar emphysema which had been caused by smoking and also moderate atherosclerotic coronary vascular disease. Microscopic sections of the lung also identified florid foreign body giant cell reaction to presumed microcrystalline cellulose, the usual source of same being intravenous drug abuse; that is injecting of preparations sourced from tablet form medication. He concluded that:

“Regardless of the underlying aetiologies of the lung disease there was secondary pulmonary hypertension (high blood pressure within the vessels providing blood to the lungs) evidenced by thickening of the right ventricular of the heart. This strain put on the heart, in addition to atherosclerotic vascular disease, likely caused death by inducing ischaemia and fatal cardiac arrhythmia.”

The toxicology testing of post-mortem blood did not identify a drug overdose as the cause of death.

**Comments and Recommendations:**

I have decided not to hold a public inquest hearing into this death because my investigations have sufficiently disclosed the identity of Mr Sterling, the date, place, cause of death,
relevant circumstances concerning how his death occurred and the particulars needed to register his death under the *Births, Deaths and Marriages Registration Act 1999*. I do not consider that the holding of a public inquest hearing would elicit any significant information further to that disclosed by the investigations conducted by me.

Before I conclude this matter, I wish to convey my sincere condolences to Mr Sterling's family.

**Dated: 20 March 2015** at Hobart in the state of Tasmania.

Stephen Raymond Carey…
Coroner