



MAGISTRATES COURT of TASMANIA
CORONIAL DIVISION



Record of Investigation into Death (Without Inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

I, Simon Cooper, Coroner, having investigated the death of Sarah Victoria Bishop

Find, pursuant to Section 28(1) of the Coroners Act 1995, that:

- (a) The identity of the deceased is Sarah Victoria Bishop;
- (b) Mrs Bishop died in circumstances described further in this finding;
- (c) The cause of Mrs Bishop's death was multiple injuries sustained in a motor vehicle crash;
- (d) Mrs Bishop died on 27 October 2015 at the Royal Hobart Hospital, Hobart, in Tasmania; and
- (e) Mrs Bishop was born in Melbourne, Victoria on 11 September 1944 and was aged 71 years at the time of her death; she was married and her occupation at the date of death was an educator.

Circumstances Surrounding the Death

At about 4.15pm on Tuesday, 27 October 2015, the 1989 Mazda sports car, being driven by Sarah Victoria Bishop in a southerly direction on the Channel Highway from Huonville towards Cygnet, crossed onto the incorrect side of the road and collided with a vehicle being driven in the other direction.

The vehicle being driven in the other direction, a four-wheel-drive Land Rover, was driven by Mr Philip Lock, and his wife Katherine was the front seat passenger. Mr Lock saw Mrs Bishop's car move onto the incorrect side of the road. The subsequent investigation in relation to the accident showed he steered hard left and braked but as there was an Armco railing running parallel with the western side of the road Mr Lock was unable to avoid colliding with Mrs Bishop's car.

Police and emergency services were on the scene quickly. Mrs Bishop suffered grievous injuries even though she was wearing a seat belt. She was evacuated from the crash scene by the rescue helicopter, but sadly, shortly after arrival at the Royal Hobart Hospital her life was pronounced extinct.

After formal identification of her body, an autopsy was carried out by Dr Donald McGillivray Ritchey, forensic pathologist. Dr Ritchey identified severe contusions, abrasions and abraded contusions of the face and forehead as well as large gaping lacerations of the left cheek and lips. In addition, Mrs Bishop was found to have contusions of the scalp and a significant brain injury of a type that is often fatal and likely occurred as a result of the impact of Mrs Bishop's head with the vehicle's windscreen or steering wheel. She was also found to have multiple rib fractures, fractured sternum and right clavicle, as well as other significant injuries. The injuries were plainly sustained in the crash and were the cause of Mrs Bishop's death in Dr Ritchey's opinion. I accept this opinion.

Samples were taken from Mrs Bishop's body at autopsy and subsequently analysed at the laboratory of Forensic Science Service Tasmania. Significantly, the drug dextromethorphan was identified as having been present in Mrs Bishop's body at the time of the crash in greater than therapeutic levels. Dextromethorphan is a synthetic analogue of codeine often found in cough and cold preparations along with decongestants and antihistamines. It can cause drowsiness, nausea, dizziness and gastrointestinal disturbances when used in therapeutic doses. If administered in greater than recommended therapeutic doses, evidence is that it may result in significant mental status changes with enhanced central nervous system depressant effects as the dose increases.

Mr Lock was the subject of testing for drugs and alcohol. No alcohol was found to have been present in his body at the time of the crash and the only drug present was a prescription drug at a therapeutic level. The evidence was that that drug caused no impact upon his driving capability.

I am satisfied that both drivers were experienced. Mrs Bishop in particular was familiar with the Channel Highway area where the crash occurred, having been a local resident for 13 years. She had owned the vehicle she was driving for a number of years and was familiar both with its handling and controls.

Both vehicles involved were the subject of careful examination and no mechanical defects were identified that caused or contributed to the crash (although Mrs Bishop's vehicle was found to have "bald" tyres on the left side, which I am satisfied did not contribute to the happening of the crash). The road surface was found to be in satisfactory repair. The weather was fine, dry and clear at the time of the crash.

I am satisfied that nothing associated with the road conditions or the weather contributed to the cause of the crash. The investigation carried out by police makes it clear that speed played no role in the happening of the crash either.

Mrs Bishop was seen by a witness to have been driving on the incorrect side of the Channel Highway for a distance of 600 metres prior to the crash.

I am well satisfied that Mr Lock did everything he possibly could to have avoided the crash, and that the cause of the crash was the fact that Mrs Bishop was on the wrong side of the road.

The question why it was Mrs Bishop was on the wrong side of the road in the lead up to and at the time of the crash is a matter that assumed significant importance in this Coronial investigation. The evidence obtained as a result of the investigation indicated that Mrs Bishop was suffering from the effects of a cold in the immediate lead up to her death. She had a cough associated with that cold and as such was taking a cough mixture available "over-the-counter". The active ingredient of that cough mixture - Robitussin - is dextromethorphan.

As has already been noted, the toxicological analysis of samples taken at autopsy showed Mrs Bishop to have a greater than therapeutic level of dextromethorphan in her body at the time of her death. Dr A J Bell MD FRACP FCICM, medical advisor to the Coroners' Office, reviewed the medical aspects relating to Mrs Bishop's death. Dr Bell expressed the opinion, which I accept, that Mrs Bishop's toxicological results show that she was a slow metaboliser of dextromethorphan, a pattern of metabolism reported in 5 to 10% of the Caucasian population. The level of the drug in her system was such that it would, I am satisfied, impair her driving ability, causing inattention, confusion, impaired memory and slow her judgement and reaction speed. In light of all of the evidence I am satisfied that this is the most likely explanation for her driving on the wrong side of the road in the immediate lead up to the crash.

Robitussin is available without prescription. The evidence is that it displays mental warnings on the box and on the bottle to indicate that it may cause driving impairment in some users. There is apparently a leaflet within the box which contains a myriad of information including that the medicine can affect adversely the ability to drive. In my view the warning contained in the leaflet is inadequate given the magnitude of the risk.

Comments and Recommendations

In the circumstances of Mrs Bishop's death I am satisfied that it is appropriate to remind drivers of vehicles of the dangers associated with using cough and/or cold medicine prior to and whilst driving, particularly if they are poor metabolisers of the drug contained in the medicine.

In addition, I **recommend** pursuant to section 28 of the *Coroners Act 1995* that the drug Robitussin carry a warning on both the box and bottle as to the risk of adverse impact upon driving capability.

I convey my sincere condolences to the family and loved ones of Mrs Bishop.

Dated: 17 October 2016 at Hobart in the State of Tasmania.

Simon Cooper
Coroner