Ministry of Justice

VERDICT AT INQUEST

File No.: 2009-0143-0008

An Inquest was held at Campbell River Court, in the municipality of Campbell River

in the Province of British Columbia, on the following dates May 7 - 9, 2012

before Matthew Brown, Presiding Coroner,

into the death of JONES George Alfred 40 ☒ Male ☐ Female
(Last Name, First Name, Middle Name) (Age)

and the following findings were made:

Date and Time of Death: January 19, 2009 at 12:05 hours

Place of Death: St. Joseph's General Hospital Comox, BC
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Fatal cardiac dysrhythmia

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) Seizure disorder, alcohol/drug misuse

DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c) Stressful lifestyle

(2) Other Significant Conditions Contributing to Death:

Classification of Death: ☒ Accidental ☐ Homicide ☐ Natural ☐ Suicide ☐ Undetermined

The above verdict certified by the Jury on the 9th day of May AD, 2012.

Matthew Brown
Presiding Coroner's Printed Name

Presiding Coroner's Signature

JONES	GEORGE ALFRED
SURNAME	GIVEN NAMES

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Matthew Brown
Inquest Counsel: John Orr
Court Reporting/Recording Agency: Verbatim Words West Ltd.
Participants/Counsel: Royal Canadian Mounted Police / David Kwan

The Sheriff took charge of the jury and recorded 9 exhibits. 14 witnesses were duly sworn and testified.

PRESIDING CORONER'S COMMENTS:

The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.

The jury heard evidence that George Alfred Jones lived in the Courtenay area and was 40 years of age when he died at St. Joseph's General Hospital in Comox on January 19, 2009. He had a history of substance abuse as well as a seizure disorder. He was diagnosed with epilepsy and suffered from chronic insomnia and asthma and was prescribed amitriptyline and temazepam (a benzodiazepine) for the latter two conditions. While he was diagnosed with epilepsy, the jury heard that he had not been prescribed any medication for the condition since 2006 and was not on any medications for seizures at the time of his death. He developed epilepsy in his early teen years following an assault by several of his peers.

He was on disability for his entire life and frequently stayed with family while maintaining his own apartment in the area. He was hospitalized in 2007 for a possible overdose of prescription medications. He did not have a history of suicidal ideations or attempts. Mr. Jones had a number of interactions with the police most of which were related to Mr. Jones being found intoxicated in a public place. The jury also heard that police officers, jail guards and hospital staff knew Mr. Jones to fake seizures.

The jury heard evidence that on the evening of January 17, 2009, Mr. Jones stayed with his sister and her family. The following day, Mr. Jones left the home following a dispute with his sister and left quietly which was not out of the ordinary. He left with his backpack and clothes and it was believed that he was going to his apartment. The jury heard that his family heard nothing further from him until they received notification from the hospital that Mr. Jones had passed away.

In the late afternoon of January 18, 2009, the jury heard that the police responded to calls that a male was observed to be in the middle of the road and acting erratically. An RCMP officer testified that upon arrival at the scene, he recognized the male as Mr. Jones as he had a similar encounter with him in August 2008.

The officer testified that Mr. Jones was sitting near the bus stop and was unresponsive. The officer stated that when Mr. Jones did speak, his speech was slurred and he was incoherent. The officer believed he smelled alcohol on his breath and consequently, Mr. Jones was arrested for being drunk in a public place, handcuffed and placed in the back of the police car. A knapsack, plastic bag and pair of gloves belonging to Mr. Jones were placed in the car and a beer can believed to be Mr. Jones', was emptied on the road. While being placed in the back of the car, Mr. Jones kicked the officer and the grate covering the window once the door was closed and he was heard to be yelling and swearing at the officer.

While on route, Mr. Jones appeared to fall asleep in the vehicle as the officer could hear Mr. Jones snoring; however, given the officer's previous involvement and information from other police officers, he wasn't convinced that Mr. Jones was sleeping. Upon arrival, the officer testified that another officer and jail guard assisted with bringing Mr. Jones out of the vehicle and into the holding area for processing. The officer reported that Mr. Jones' clothes were wet (it was raining that day), that he could smell alcohol in the back of the vehicle, was unstable on his feet and did not follow commands. He was brought into the holding area and moved to a bench where he sat down. Mr. Jones continued to not answer questions. He was searched and at 1800 hours eventually placed in a cell allocated for an intoxicated person. Mr. Jones was unable to walk under his own strength and was assisted to the cell.

The jury watched videotape of the entire booking procedure which showed Mr. Jones unstable on his feet and being assisted to his cell by the police and a jail guard.

After Mr. Jones was placed in the cell, the arresting officer conducted a search of Mr. Jones' belongings and found five inhalers and two bottles of pills. It was not known what types of pills were in the bottles though the officer testified it was labeled and a count of the pills was not completed. The officer who assisted in bringing Mr. Jones from the vehicle to the booking area testified that cataloguing of a prisoner's personal items is a 'joint effort" between the police officer and jail guard. She also recalled the inhalers found but didn't recall the name or type of medication nor is it "common practice" to document the type of medication or pill count other than to confirm it is in the name of the prisoner. The officer testified that at the time of Mr. Jones' death, the RCMP policy was that medications were not itemized or counted; however, a new policy initiated in 2012 states that all prisoner effects are to be itemized including the documentation of medications and this information is to be placed on the Prisoner Report known as a C-13.

When Mr. Jones was brought to the detachment, the jail guards on duty were in the midst of a shift rotation resulting in a brief overlap where both guards were assisting with Mr. Jones and the officers. Both guards testified that they were not comfortable in having Mr. Jones in cells and believed that he should have been taken to hospital for assessment and advised the officers of this. The guards testified that Mr. Jones' belongings were itemized including the medications found; however, only one of them saw the medication and he could not recall what type of medication it was and it was not written down. One of the guards had a previous interaction with Mr. Jones where he was brought to cells as a result of public intoxication.

Mr. Jones was observed by both the officer and jail guards on closed circuit television of the cell. He was noted to squirm at times interspersed with periods of minimal movement. At 1820 hours, the prisoner logs noted "Jones faking?? Seizures?" following which a decision was made to call the ambulance. The jury heard that upon arrival and assessment by the paramedics, Mr. Jones had a Glasgow Coma Scale (GCS) score of six (normal would be 15). He had a high heart rate of 140 beats per minute and was not exhibiting signs of seizure-like activity. The paramedics gave him oxygen and an intravenous (IV) was administered. The paramedic was given Mr. Jones' belongings and was verbally advised that Mr. Jones had several inhalers in his possession when arrested; however, the paramedic stated that he was not aware of any other medications. He testified that in general, this information is important for the purposes of assessing patients at the scene and then providing this information to the hospital staff upon arrival.

Upon arrival in hospital, the paramedic testified that he remained at Mr. Jones' side until care was officially transferred. During this time, the paramedic testified that a nurse put sterile water into the IV to determine if Mr. Jones was faking his condition as he was known to do this during previous hospital visits. The paramedic testified that when Mr. Jones exhibited no reaction, the nurse determined that Mr. Jones was not faking a seizure.

The emergency room physician testified that Mr. Jones was brought to hospital after being found unresponsive in his cell. He was advised that Mr. Jones may have been intoxicated and was exhibiting seizure-like activity. The physician reviewed Mr. Jones' previous emergency room visit but did not have access to any of his remaining charts as these are available in hard copy only in hospital storage. Upon arrival, Mr. Jones' condition improved as he was breathing on his own; however, after a short period of time, he had a decrease in his level of consciousness for unknown reasons. Samples drawn upon admission were negative for alcohol but positive for marijuana, amitriptyline and benzodiazepines.

The physician testified that he reviewed Mr. Jones' Pharmanet history which showed that he had filled a prescription of amitriptyline on January 18 for 30 tablets. The physician testified that while there was some suspicion of an overdose, there was no evidence in the blood work to confirm this nor did other test results suggest this. He stated that he was not aware if medications were found on Mr. Jones while in police custody and what the pill counts could have been. He stated that in general, knowledge of medications and/or prescription bottles found on a patient in distress is very important in the assessment and treatment of a patient in such a condition.

Mr. Jones had a very high white blood cell count which the physician testified was the result of an infection but the source was unknown. He was given broad spectrum antibiotics pending further tests and over time, his blood pressure and heart rate stabilized and he was transferred to the intensive care unit (ICU) the following morning. The working diagnosis at the time, according to the physician, was that Mr. Jones suffered from either pneumonia or sepsis. The physician testified that he learned of Mr. Jones' death days after and when asked what Mr. Jones could have died from, the physician testified that he could not determine this. He testified that at the time he was involved in Mr. Jones' care in the emergency department, his condition stabilized.

The jury heard that Mr. Jones' condition appeared stable while in ICU. A computed tomography (CT scan) of his head revealed no trauma or internal bleeding, his vital signs were stable and his heart rate was down to 100. The ICU physician testified that he was aware of the history of epilepsy as well as the treatment received the night before while in the emergency department including the suggestion of a possible overdose of prescription medications. The physician believed that Mr. Jones was suffering from early pneumonia and he was treated with antibiotics. Given Mr. Jones' history of seizures, he was also given prescriptions to treat this as well.

At 1022 hours, Mr. Jones was given a dose of antibiotics and shortly after, went into cardiac arrest. Despite extensive resuscitative measures, Mr. Jones was pronounced dead at 1205 hours. When asked, the ICU physician stated that he reviewed the chart after Mr. Jones' death. Similar to the emergency physician, the ICU physician testified that there was no evidence to suggest a prescription overdose, there were no cardiac abnormalities and he had appeared stable. He testified that people under the age of 40 can have a cardiac dysrhythmia that can go undetected and can cause death. The ICU physician testified that it was possible that when Mr. Jones was found on the road, that he could have been having a seizure and that the high white blood cell count noted upon admission, would be a stress response to a profound seizure.

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The jury heard evidence from the pathologist that upon autopsy, no definitive cause of death was determined; however, after review of the toxicology samples, he determined cause of death to be a fatal cardiac dysrhythmia due to an amitriptyline overdose. The pathologist attributed his finding to lethal levels of the medication found in Mr. Jones' blood. He gave evidence that the specimen tested was very small and that a gel was placed in the tube (as per standard practice) and that the gel absorbs the amitriptyline. The result is what is considered a low level when in fact, the level would be high when the rate of absorption is taken into consideration.

The jury heard evidence from the toxicologist whose opinion differed from the pathologist. The toxicologist testified that while high levels of amitriptyline were found in the samples, the results should be interpreted with caution as the levels can be affected by the post mortem re-distribution of the specimens. Given this, the jury heard that the levels found in Mr. Jones' system were not consistent with an individual who would have taken all of his medications. The toxicologist stated that the results were not conclusive to suggest an amitriptyline overdose.

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Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:

To: Deputy Commissioner Craig Callens
Commanding Officer, RCMP 'E' Division
14200 Green Timbers Way
Surrey BC V3T 6P3

1. That policy 19.3;7.1.4.1 be amended to include that all individuals brought into custody must have all apparent medical containers and medicinal type materials documented on the Prisoner Report (C-13). The list of medications must include a brief description of the contents including pill counts.

   Coroner's comments: *The jury heard evidence that Mr. Jones' belongings were searched and itemized; however, his medications were not. Both the emergency personnel and emergency room physician testified that this information is critical to ensure that proper treatment is provided based on the case presentation.*

2. That policy 19.3 Guarding Prisoners/Personal Effects, include a section entitled "Prisoners taken into custody with meds", and state all individuals in custody who are being transferred by ambulance personnel to hospital, must have all apparent medications and containers placed in a clear, zip-lock type bag and handed directly to ambulance personnel. Furthermore, that the specific documentation of medications including pill counts as per policy 19.3, be provided to the ambulance personnel prior to departure from the detachment.

   Coroner's comments: *Coroner's Comments: The jury heard evidence that emergency personnel were unaware what/if any medications were in Mr. Jones' belongings. The jury heard that while a search was completed, his medications were not thoroughly documented and provided to the emergency personnel who provided treatment.*

To: Hon. Terry Lake
Minister of Health
Province of British Columbia
Room 337 - Parliament Buildings
Victoria BC V8V 1X4

Mr. James Bennett
Chair, Board of Directors
St. Josephs General Hospital
2137 Comox Avenue
Comox BC V9M 1P2

3. That all hospitals in British Columbia as well as St. Joseph's General Hospital in Comox, BC be connected to a BC-wide electronic database that would include admittance and all patient/hospital information.

   Coroner's comments: *The jury heard evidence that St. Joseph's General Hospital is not connected to other hospitals in the Vancouver Island Health Authority nor other health authorities across the province. The jury heard that access to medical records and charting assists physicians in providing timely and informed care plans for their patients.*