



CORONER'S COURT OF WESTERN AUSTRALIA

OUR REF:

YOUR REF: 678850

Dr Jeannine Purdy
Joint Select Committee on End of Life Choices
Parliament House
4 Harvest Terrace
WEST PERTH WA 6005

Dear Dr Purdy

Questions on notice from public hearing

Further to my letter dated 11 April 2018.

Please find *attached* for the information of the Committee a report from the NCIS regarding: Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions in Western Australia from 2012-2017.

Please note, this is an updated version of the previous report CR17-61 and includes cases summaries of 240 cases identified in the previous report. Of the 240 cases 41 did not meet the search criteria i.e. the deceased did not appear to have been diagnosed with a terminal or debilitating condition.

The first report generated was based on a search of the database whereas the updated report has been prepared followed analysis of the data against the search criteria.

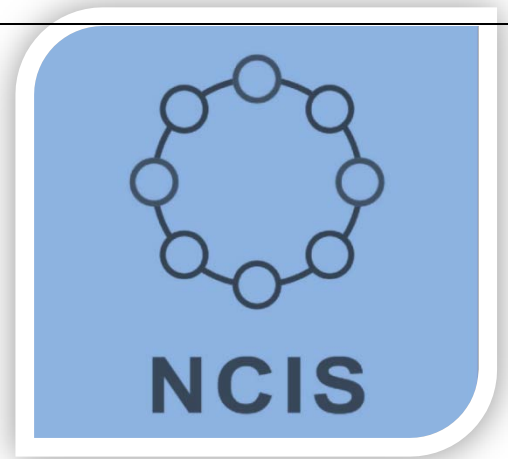
I trust it meets with the Committee's requirements.

Please contact me if I can be of further assistance.

~~Y~~ours faithfully

Gary ~~Cooper~~
PRINCIPAL REGISTRAR

24 May 2018



Coronial Report: CR17-61.1

NATIONAL CORONIAL INFORMATION SYSTEM

Prepared by:
Staff at the NCIS

**Intentional Self-Harm Fatalities of Persons with
Terminal or Debilitating Conditions in Western
Australia**

2012 - 2017

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CR17-61.1 Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions in Western Australia, 2012 - 2017

PURPOSE

The purpose of this report is to provide information about deaths reported to a Western Australian Coroner between 01/01/2012 and 05/11/2017, where the deceased died as a result of an act of intentional self-harm and had been diagnosed with a terminal or debilitating physical condition prior to their death.

Only cases where the coronial investigation had concluded and are closed on the NCIS are included.

Please Note: This report is an updated version of *CR17-61 Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions in Western Australia, 2012 – 2017*. This report includes the addition of case summaries for the **two-hundred and forty (240)** cases identified in the previous report.

INTENDED USE OF DATA

The data in this report is provided by the NCIS for Sue Sansalone, Administrator for the State Coroner at the Coroners Court of Western Australia, on behalf of State Coroner Rosalinda Fogliani. The information provided within this report is requested in order to inform a response to a Joint Select Committee on End of Life Choices.

NCIS DISCLAIMER

This dataset does not claim to be representative of all relevant cases within the time period specified. This may be due to; cases still under coronial investigation, missing data, occasional processing and coding errors. The Department of Justice & Regulation accepts no liability for any loss or damage that may arise from any use of or reliance on the data.

Any data provided is for the stated use of the requesting client only. A copy of this data report must not be published, placed in the public domain, or distributed to any external parties without first obtaining permission from the National Coronial Information System (NCIS). Any data used from this report must be cited as originating from the NCIS.

The data entered into the NCIS is collected from source material such as the police report of death, autopsy reports, toxicology reports and coronial findings from nine jurisdictions. It is acknowledged that quality and consistency of these documents may vary between and within each jurisdiction. There are also differences between jurisdictions as to legislation governing the reporting of a death to a coroner, which can impact on the type, quality and quantity of the information collected and reported by each jurisdiction. These differences will have an impact on the information available in the NCIS. It should also be noted the NCIS is the result of an administrative data set and data collection is the result of operational processes which differ between jurisdictions. Contributing data to the NCIS is not the primary purpose of the operational processes which can result in data limitations.

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METHOD

The data presented in this report was obtained by conducting a search of the National Coronial Information System (NCIS). The NCIS is an electronic database of coronial information containing case details from the coronial files of all Australian states and territories, except Queensland, dating back to 1st July 2000. Queensland data is contained from 1st January 2001. New Zealand data is available for deaths reported from 1st July 2007.

Case Identification

The Query Design Search Screen was used to identify cases of relevance. The method of case identification involved searching for cases where:

- **Date notified** = Between 01/01/2012 and 05/11/2017

Please note: All time ranges in this report refer to **calendar years** unless otherwise indicated.

- **Case status** = Closed
- **Jurisdiction** = Western Australia
- **Intent Type (Completion)** = Intentional Self-Harm

AND

The attached coronial finding contained one or more of the following key terms:

- ABI
- Assisted suicide
- Bi-polar
- Bipolar
- Blastoma
- Brain damage
- Brain injury
- Cancer
- Carcinoma
- Chemotherapy
- Chronic
- Depression
- Depressed
- Disability
- Disabled
- Disorder
- Emphysema
- End stage
- Euthanasia
- Hepatitis
- HIV
- Mania
- Manic
- Metastases
- Metastatic
- Pain
- Personality
- Post-traumatic
- Post traumatic
- PTSD
- Radiotherapy
- Schizophrenia
- Schizophrenic
- Terminal
- Terminal illness
- Tumor
- Tumour

The search was conducted on 06/11/2017.

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Data Collection & Analysis

A manual review was conducted of the attached documentation (coronial findings, police narrative and autopsy report) of cases where one or more of the thirty-seven key terms was identified in order to determine if cases were of relevance. This review was also used to determine if the intentional self-harm death was primarily a result of mental illness, or of a terminal or debilitating physical condition. Cases were included where it was unclear if the origin of the illness or condition was mental or physical in nature (for example, where the deceased suffered from insomnia).

There were a total of **two-hundred and forty (240)** cases identified in this report. There were **one-hundred and ninety-nine (199)** cases of relevance identified where the deceased had been diagnosed with a terminal or debilitating physical condition. Upon further review of the attached documentation of each case, a clerical error was detected by which **forty-one (41)** cases included in this report did not meet the search criteria as outlined in the [Case Identification](#) section, or where the deceased did not appear to have been diagnosed with a terminal or debilitating physical condition. Upon consultation with the Coroners Court of Western Australia, these cases were included in this report in order to demonstrate the variance in circumstances of persons who died as a result of intentional self-harm. Please be aware that the inclusion of these cases has implications for the data presented in *Table 1*, *Table 2* and *Table 3* of this report.

There were **one hundred (100)** cases identified where the deceased was diagnosed with a terminal or debilitating condition and experienced a decline proximate to their death. The deceased was only considered to have experienced a noted decline in their condition if this was specifically mentioned in the attached documentation.

In some cases, the deceased suffered from both mental and physical conditions which may have contributed to their intentional self-harm. In some instances, it was difficult to determine if the mental or the physical condition made a more significant contribution to their intentional self-harm based on the information provided within the attached documentation. This determination was made based on the judgment of the staff member undertaking the manual review, and may impact upon the cases included in this report.

In addition, it should be noted that the inclusion of reference to the deceased's physical condition is not standardised across coronial documentation. As such, in some cases, it was difficult to ascertain the extent to which the deceased's condition influenced their motivation to self-harm. Consequently, this may impact upon the cases included in this report.

Across the **two-hundred and forty (240)** cases identified in this report, a wide variety of terminal or debilitating conditions were identified. There were **sixty-four (64)** cases identified in which the deceased was diagnosed with a cardiovascular condition; **forty-two (42)** involving cancer; **twenty-eight (28)** involving diabetes; **twenty-three (23)** involving arthritis, and; **ten (10)** involving Parkinson's disease. This determination was based on a manual review of the attached case documentation, and is subject to the inclusion of specific terms relating to the deceased's condition in these documents. In many instances, the deceased suffered from multiple physical conditions which may have contributed to their motivation to self-harm.

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LIMITATIONS OF DATA SOURCE

Coded fields are not completed until the closure of a case and the extent of information contained in the attached text reports may vary. There are several other factors which may have influenced the number of cases identified within this dataset, these are outlined below. Given these factors, there is a possibility of under-reporting.

Only Closed Cases Included

Only cases that are closed on the NCIS following coronial investigation are included in this dataset. Therefore it is possible cases of relevance may still be under coronial investigation and not included in this report.

For more information about NCIS case closure statistics, please refer to the NCIS Website (<http://www.ncis.org.au/data-collection-2/operational-statistics/>).

Intent Classification

The determination of the 'intent' of a deceased person is subject to the individual determination of the Coroner investigating each fatality. In some cases, a statement as to intent will not be made by the Coroner. In these instances, only where the mechanism of death (e.g. hanging, car exhaust gassing) is highly indicative of an intentional act, or where a suicide note was present, will the death be coded as "Intentional Self-Harm" on the NCIS. The non-standard nature of intent determination may influence the classification of deaths which are identified in this report.

Keyword Search Case Identification

Relevant deaths were only able to be included in this dataset if the attached documentation contained a keyword that was searched for. Reference to particular items, characteristics and other elements within coronial investigations is not standardised in terms of terminology or whether it will be noted within the documentation. As a result, this may influence the identification of relevant cases.

Availability of Documentation within NCIS Database

The level of attachment of documentation varies within the NCIS database according to the reporting jurisdiction.

Coronial findings in relation to non-inquest cases may not contain details about the circumstances surrounding death. While best efforts are made to obtain reports for all cases on the NCIS (where relevant investigations are conducted), the proportion of report attachment varies across jurisdictions.

For more information about document attachment, please refer to the NCIS Website (<http://www.ncis.org.au/data-collection-2/operational-statistics/>).

Environmental and Social Factors

It must be acknowledged that the environmental and social factors identified in the attached coronial documents were present factors only. This report does not intend to draw a cause and effect relationship between these factors and the intention of the deceased to engage in an act of self-harm. It should be noted that a finding of intentional self-harm does not necessarily indicate the deceased intended to die as a result of their intentional self-harm. Further, it cannot be determined if the identified factors or other stressors were present at the time of the fatal injury,

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and it may be that the coroner did not include them in the finding. The outlined results are therefore limited to the identified factors in the attached coronial documents of each case.

Quality Assessment of Closed Cases

The NCIS Unit conducts a quality assessment of the coding associated with cases that have been closed. While every effort is made to quality review closed cases in a timely manner, there may be a delay between the case being closed and the completion of the quality review. It cannot be guaranteed that all cases included in this report have been quality assessed.

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RESULTS

There were **two-hundred and forty (240)** deaths identified for inclusion in this report, with the date of notification between 01/01/2012 and 05/11/2017 that were reported to a Western Australian Coroner where the deceased died as a result of an act of intentional self-harm. In **one-hundred and ninety-nine (199)** of these cases, the deceased had been diagnosed with a terminal or debilitating physical condition. An additional **forty-one (41)** of these cases did not meet the initial criteria as outlined in the Data Collection & Analysis section.

These **two-hundred and forty (240)** cases represented **13.9%** of all intentional self-harm cases reported to a Western Australian Coroner between 01/01/2012 and 05/11/2017 (**n = 1,720**).

Dashes (-) indicate that no deaths occurred. Figures are rounded to one decimal place.

From 2012 to 2017, there was an average of **forty-one (41.0)** deaths of relevance reported per calendar year.

Tables 1 – 3 of this report refer to the total number of cases identified in this report; *Tables 4 – 6* refer to cases where the deceased was diagnosed with a terminal or debilitating physical condition, experienced a decline proximate to death, and where the condition was considered terminal; *Tables 7 – 9* refer to cases where the deceased was diagnosed with a terminal or debilitating physical condition, experienced a decline proximate to death, and where the condition was not considered terminal.

Please see the Excel spread sheet titled *CR17-61_WA Coroner_Intentional Self-Harm_Case List.xlsx* that lists the cases referenced in this report.

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Table 1. Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions by Year of Notification

Year of Notification	Frequency	Percentage
2012	44	18.3
2013	45	18.8
2014	47	19.6
2015	61	25.4
2016 [^]	43	17.9
Total	240	100

[^] - May be an underestimate of the number of relevant cases due to the number of open cases remaining for this year of data. As of 03/10/2017, **71.8%** of all Western Australian coronial cases were closed on the NCIS. For more information regarding case closure, please see the NCIS Case Closure Statistics: <http://www.ncis.org.au/wp-content/uploads/2017/10/Monthly-Case-Closure-Statistics.pdf>.

Table 2. Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions by Age and Sex of the Deceased

Age Range [Years]	Male	Male [%]	Female	Female [%]	Total	Total [%]
<21	4	2.2	3	5.2	7	2.9
21 - 30	9	4.9	3	5.2	12	5.0
31 - 40	17	9.3	2	3.4	19	7.9
41 - 50	27	14.8	6	10.3	33	13.8
51 - 60	32	17.6	12	20.7	44	18.3
61 - 70	26	14.3	13	22.4	39	16.3
71 - 80	33	18.1	10	17.2	43	17.9
81 - 90	30	16.5	8	13.8	38	15.8
91 and above	4	2.2	1	1.7	5	2.1
Total	182	100	58	100	240	100

Table 3. Intentional Self-Harm Fatalities of Persons with Terminal or Debilitating Conditions by Mechanism of Fatal Injury

Mechanism of Fatal Injury	Frequency	Percentage
Drug Toxicity (Substance for Human Use)	72	30.0
Asphyxiation (Hanging)	70	29.2
Shot by Weapon	24	10.0
Asphyxiation (Plastic Bag)	18	7.5
Cutting/Slashing/Stabbing	13	5.4
Drowning	10	4.2
Drug Toxicity (Not for Human Use)	10	4.2
Asphyxiation (Carbon Monoxide)	9	3.8
Fire-Related	5	2.1
Vehicle Incident	3	1.3
Fall-Related	3	1.3
Asphyxiation (Other)	1	0.4
Train-Related	1	0.4
Other [^]	1	0.4
Total	240	100

[^] - The category of 'Other' here refers to the intentional non-administration of medical care. For more information regarding mechanism of injury coding, please see the NCIS Data Dictionary: <http://www.ncis.org.au/wp-content/uploads/2014/06/DataDictionary-Version3b-revised.pdf>.

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Table 4. Intentional Self-Harm Fatalities of Persons with Conditions Considered Terminal with a Noted Decline Proximate to Death by Year of Notification

Year of Notification	Frequency	Percentage
2012	11	22.9
2013	9	18.8
2014	10	20.8
2015	10	20.8
2016^	8	16.7
Total	48	100

^ - May be an underestimate of the number of relevant cases due to the number of open cases remaining for this year of data. As of 03/10/2017, **71.8%** of all Western Australian coronial cases were closed on the NCIS. For more information regarding case closure, please see the NCIS Case Closure Statistics: <http://www.ncis.org.au/wp-content/uploads/2017/10/Monthly-Case-Closure-Statistics.pdf>.

Table 5. Intentional Self-Harm Fatalities of Persons with Conditions Considered Terminal with a Noted Decline Proximate to Death by Age and Sex of the Deceased

Age Range [Years]	Male	Male [%]	Female	Female [%]	Total	Total [%]
<21	-	-	-	-	-	-
21 - 30	-	-	-	-	-	-
31 - 40	1	2.4	-	-	1	2.1
41 - 50	3	7.3	1	14.3	4	8.3
51 - 60	6	14.6	1	14.3	7	14.6
61 - 70	9	22.0	1	14.3	10	20.8
71 - 80	12	29.3	3	42.9	15	31.3
81 - 90	9	22.0	1	14.3	10	20.8
91 and above	1	2.4	-	0.0	1	2.1
Total	41	100	7	100	48	100

Table 6. Intentional Self-Harm Fatalities of Persons with Conditions Considered Terminal with a Noted Decline Proximate to Death by Mechanism of Fatal Injury

Mechanism of Fatal Injury	Frequency	Percentage
Drug Toxicity (Substance for Human Use)	13	27.1
Asphyxiation (Hanging)	10	20.8
Shot by Weapon	8	16.7
Asphyxiation (Plastic Bag)	7	14.6
Asphyxiation (Carbon Monoxide)	3	6.3
Drug Toxicity (Not for Human Use)	3	6.3
Asphyxiation (Other)	1	2.1
Cutting/Slashing/Stabbing	1	2.1
Drowning	1	2.1
Vehicle Incident	1	2.1
Total	48	100

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Table 7. Intentional Self-Harm Fatalities of Persons with Conditions Not Considered Terminal with a Noted Decline Proximate to Death by Year of Notification

Year of Notification	Frequency	Percentage
2012	5	9.6
2013	12	23.1
2014	11	21.2
2015	15	28.8
2016 [^]	9	17.3
Total	52	100

[^] - May be an underestimate of the number of relevant cases due to the number of open cases remaining for this year of data. As of 03/10/2017, **71.8%** of all Western Australian coronial cases were closed on the NCIS. For more information regarding case closure, please see the NCIS Case Closure Statistics: <http://www.ncis.org.au/wp-content/uploads/2017/10/Monthly-Case-Closure-Statistics.pdf>.

Table 8. Intentional Self-Harm Fatalities of Persons with Conditions Not Considered Terminal with a Noted Decline Proximate to Death by Age and Sex of the Deceased

Age Range [Years]	Male	Male [%]	Female	Female [%]	Total	Total [%]
<21	-	-	-	-	-	-
21 - 30	2	5.4	-	-	2	3.8
31 - 40	3	8.1	-	-	3	5.8
41 - 50	7	18.9	1	6.7	8	15.4
51 - 60	6	16.2	5	33.3	11	21.2
61 - 70	4	10.8	4	26.7	8	15.4
71 - 80	8	21.6	2	13.3	10	19.2
81 - 90	5	13.5	3	20.0	8	15.4
91 and above	2	5.4	-	-	2	3.8
Total	37	100	15	100	52	100

Table 9. Intentional Self-Harm Fatalities of Persons with Conditions Not Considered Terminal with a Noted Decline Proximate to Death by Mechanism of Fatal Injury

Mechanism of Fatal Injury	Frequency	Percentage
Drug Toxicity (Substance for Human Use)	15	28.8
Asphyxiation (Hanging)	12	23.1
Shot by Weapon	4	7.7
Asphyxiation (Plastic Bag)	4	7.7
Asphyxiation (Carbon Monoxide)	5	9.6
Drowning	4	7.7
Drug Toxicity (Not for Human Use)	2	3.8
Cutting/Slashing/Stabbing	3	5.8
Vehicle Incident	1	1.9
Falling/Stumbling/Jumping/Pushed	1	1.9
Other	1	1.9
Total	52	100

[^] - The category of 'Other' here refers to the intentional non-administration of medical care. For more information regarding mechanism of injury coding, please see the NCIS Data Dictionary: <http://www.ncis.org.au/wp-content/uploads/2014/06/DataDictionary-Version3b-revised.pdf>.

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Case Summaries

The précis of coronial findings detailed within this publication have been produced by NCIS staff, with the best efforts made to accurately summarise the circumstances, findings and recommendations made by the Coroner in each case.

Despite this, it should be noted that they are not exact replications of coronial findings.

Where Coronial findings contained insufficient detail, or were not electronically attached on the NCIS, the attached police reports were consulted. Police reports contain information that is collected at the scene of the injury which caused the fatality, and may contain information that is subject to change.

Where manual review of the attached documentation revealed the deceased did not suffer from a terminal or debilitating physical condition, this is noted beneath the summary.

Case 1

WA.2012.1061

Older Adult (65 years and over)

The deceased was an older female who resided with her husband, and died as a result of plastic bag asphyxia. The deceased had a history of bipolar affective disorder and dementia. Her dementia had progressed significantly in recent months, and her management plan had been enhanced accordingly. The deceased was last seen alive by her husband one evening when she went to bed in her own room. She went to bed early following an argument with her husband regarding her medication. The following morning, the deceased's husband went to her room and found her unresponsive. Emergency services were contacted, but the deceased was found to have passed away.

Case 2

WA.2012.1120

Older Adult (65 years and over)

The deceased was an older male who resided alone, and died as a result of self-inflicted knife wounds. He had a history of various chronic illnesses, including diabetes, emphysema, angina, hypertension and glaucoma. Approximately two months prior to his death, the deceased was injured at home when a portion of his ceiling collapsed on him. The deceased suffered a laceration to his leg which required him to make multiple admissions to hospital due to infection. He was again admitted to hospital approximately two weeks prior to his death for treatment of a pulmonary embolus and respiratory tract infection. From the time he sustained the leg injury, the deceased was unable to work in his usual volunteer role, and friends noted he had appeared to become depressed.

The deceased was last known to be alive when he spoke to his friend via telephone one evening. The following day, a hospital home link service member attended the deceased's home, but was unable to locate him. Some time later that day, the deceased was located by his friend in his

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home with knife wounds. Attending ambulance officers confirmed that the deceased had passed away.

Case 3

WA.2012.1129

Middle Aged (45-64 years)

The deceased was a middle aged female who resided in a retirement community, and died as a result of prescription drug toxicity. The deceased had a long history of chronic face and back pain, and had been referred to pain specialists for treatment. She had also been diagnosed with burning mouth/tongue syndrome, osteoarthritis and chronic major depression. The deceased was last known to be alive when she sent a text message to her daughter one morning. Over the following days, her family were unable to contact her. The deceased's son contacted the administrator of the retirement community and requested that a welfare check be conducted. Three days after the deceased texted her daughter, she was found in her bedroom with no signs of life. A number of suicide notes were found in the deceased's home. Toxicological examination revealed that the deceased had consumed a fatal quantity of prescription medications.

Case 4

WA.2012.1169

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He worked on a marine vessel on five-week rotations. The deceased was engaged, and had two children from a previous relationship, who frequently spent time on weekends with the deceased and his partner. On the evening prior to his death, the deceased was noted to become agitated on the vessel. Subsequent investigations revealed that the deceased had been in contact with his ex-wife, who indicated that she intended to move with their children to a location further away from the deceased. The deceased was found hanging the following morning in the engine room. Toxicological examination revealed that the deceased was intoxicated by alcohol at the time of his death. Medications for depression, heartburn and pain relief were found in the deceased's living quarters.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 5

WA.2012.1377

Older Adult (65 years and over)

The deceased was an older male who resided with his wife, and died as a result of drug toxicity. He was last seen alive by his wife when she left their home to stay with relatives after the couple had an argument. The following evening, she returned home and found the deceased slumped over the dining table in their home. Sleep medications and empty alcohol bottles were found

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alongside the deceased, along with a suicide note. Attending ambulance officers confirmed that the deceased had passed away. Toxicological analysis revealed that the deceased died as a result of mixed alcohol and prescription drug toxicity.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 6

WA.2013.1905

Middle Aged (45-64 years)

The deceased was a middle aged male who resided with his partner, and died as a result of thermal injuries. The deceased was described as a generally quiet person, but had appeared quieter in the days leading up to his death. He was not noted to have ever discussed having suicidal thoughts with his partner or medical practitioners. On the day of his death, the deceased returned home from his work shift, by which time his partner had gone to work. When she returned home, the deceased's partner found the deceased alight under the patio of the house. She extinguished the flames and contacted emergency services. When ambulance officers arrived, they noted significant burns to the deceased's body. The deceased told them that he had poured fuel on himself but was unsure how it had ignited. The deceased passed away in hospital the following day.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 7

WA.2013.243

Adult (25-44 years)

The deceased was an adult male who died as a result of drowning. He had been residing in Australia for three years at the time of his death. The deceased had decided to travel interstate in efforts to seek employment and accommodation. It was planned that his fiancé would join him once he was settled. However, during his journey, he had spoken regularly to his fiancé, who indicated that he had seemed depressed. On the day of his death, the deceased was observed to drive his vehicle into a river at speed. He was seen to surface and tread water until the vehicle began to sink, at which point he dived under the water and swam back into the vehicle. Police arrived and retrieved the deceased from the vehicle, at which point ambulance officers attempted resuscitation. He was subsequently transported to hospital, where he passed away a few weeks later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

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Case 8

WA.2013.774

Adult (25-44 years)

The deceased was an adult male who resided with a friend, and died as a result of hanging. On the morning of the incident, the deceased's friend left for work, at which time the deceased appeared to be in a good mood, whilst playing computer games and drinking alcohol. When the deceased's friend returned home, he located the deceased hanging on the veranda of the premises. Toxicological analysis revealed that the deceased was intoxicated by alcohol at the time of his death.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 9

WA.2014.1252

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He frequently spent time helping out a friend at a horse stable. A few weeks prior to his death, the deceased was arrested and charged child sexual offences. The deceased's case was adjourned and he was due to reappear in court on the day of his death. On the day of the incident, the deceased attended the horse stables where he sent messages to friends apologising and requesting that they call police to his location. He also left letters in his car addressed to friends and family. The deceased was found hanging in the stables and resuscitation attempts were commenced. He was conveyed to hospital where he was admitted to intensive care, and subsequently passed away.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 10

WA.2015.1384

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He had been in a relationship with his partner for approximately three years. The couple lived together, and the relationship was believed to be going well until the deceased's partner expressed some doubts approximately three months prior to the deceased's death. During this time, the deceased's behaviour became erratic, and at times he had threatened his partner, and behaved violently and aggressively. Following a significant argument, a restraining order was placed against the deceased. Following this, the deceased indicated that he was having suicidal thoughts. A few days later, the deceased returned to his home as agreed by his partner. Whilst there, the deceased became angry and threatened his partner with a weapon. She left the house, later returning when the deceased did not respond to her messages. Upon her return, she found the deceased

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hanging from the veranda. The deceased was conveyed to hospital where he was admitted to intensive care. He passed away nearly one week later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 11

WA.2015.1838

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. The deceased came to Australia approximately two years prior to his death. One month prior to his death, a close relative of the deceased died by suicide. On the day of the incident, the deceased socialised and consumed alcohol with colleagues. Later that evening, the deceased was found hanging at his workplace by a colleague. He was conveyed to hospital where he passed away three days later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 12

WA.2015.2087

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He was a fly-in, fly-out worker who resided with his partner between periods of working away from home. The deceased's partner noted that he had been unhappy for some time, and suffered from mood swings and increasingly frequent episodes of agitation. The deceased had a history of expressing suicidal ideation and had visited a counsellor on the day of his death. He was last seen alive by his partner when he left the house in his vehicle, carrying a bottle of alcohol. The deceased was found two days later in bushland, by which time he had passed away.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 13

WA.2015.249

Older Adult (65 years and over)

The deceased was an older male who died as a result of pentobarbitone toxicity. The deceased was retired and lived alone. He led a solitary life, and it was not unusual for his neighbours to not see him for weeks at a time. His brother and parents had passed away in the years prior to his death. Police had attended the deceased's residence several months prior to his death after being alerted that he had attempted to buy pentobarbitone illegally. At the time, he denied purchasing

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the drug. The deceased was last seen alive approximately three weeks prior to his neighbour discovering him deceased in his home.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 14

WA.2015.457

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. In the years leading up to his death, the deceased had experienced a number of significant events, including the death of his nephew and grandmother, and the suicide of a friend. The deceased had recently been charged by police with a driving-related matter, and had previously expressed suicidal ideation. The deceased was last seen one morning and was reported missing to police following concerns for his welfare. He was found the next day, hanging in bushland.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 15

WA.2015.791

Child (0-14 years)

The deceased was a female child who died as a result of hanging. She resided with her mother and siblings. The deceased was involved in incidents of anti-social behaviour at school in the year prior to her death, and attended anger management sessions with a school social worker. On the day of the incident, the deceased informed her mother that she would not be attending school, which was not unusual. Later that evening, the deceased was found hanging in the backyard. She was conveyed to hospital where she passed away two weeks later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 16

WA.2016.806

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He resided with his wife, who considered that he suffered from undiagnosed depression. The deceased had previously attempted suicide approximately two years prior to his death. The deceased and his wife had recently moved cities, and both were unsettled in their new environment. One morning, the deceased's wife expressed her intention to return to their home city. Shortly afterward, she

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found the deceased hanging in their backyard. The deceased was conveyed to hospital where he passed away two days later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 17

WA.2016.1705

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of combined drug toxicity. He was unemployed and resided with his family. In the months leading up to his death, the deceased had become withdrawn and reclusive following an incident that resulted in him being charged by police. He appeared worried regarding his upcoming court case. The deceased was last seen alive by his sister. Later that evening, she checked on the deceased in his bedroom, and found him apparently asleep. Three days later, the deceased was found in his bed by his father, and was noted to have passed away. Subsequent toxicological testing revealed fatal levels of codeine and paracetamol in the deceased's blood.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 18

WA.2012.1250

Young Adult (15-24 years)

The deceased was a young adult female who died as a result of hanging. She had been residing in Australia for less than a year at the time of her death. The deceased was on a working holiday, and appeared unhappy to a friend she kept in contact with from another town. She had expressed a desire to return to her home country. One morning, the deceased was found hanging in her residence by a cleaner. She was conveyed to hospital where she passed away approximately one week later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 19

WA.2012.1786

Older Adult (65 years and over)

The deceased was an older male who died as a result of drowning. He was on remand, awaiting sentencing, regarding the euthanasia death of his wife. He had acted as his wife's carer following a stroke that she suffered, and had attempted suicide at the same time that he caused her death. Whilst on remand he resided with his daughter. One evening, the deceased left the house and

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concerns were raised for his welfare after suicide notes were found in his room. The deceased was later found floating in the ocean, and was confirmed to have passed away.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 20

WA.2012.1856

Young Adult (15-24 years)

The deceased was a young adult female who died as a result of hanging. She had recently separated from her partner and was residing with her mother. She had a history of drug dependency and depression, and had previously attempted suicide. A few days prior to her death, the deceased became involved in an argument with her former partner, and police were contacted. The deceased was taken home by her brother, at which time she remained angry and agitated, and had threatened suicide. She also posted on social media that she intended to take her life. Later that afternoon, the deceased's mother arrived home and found her hanging in the garage. She had left a suicide note. The deceased was conveyed to hospital where she passed away a few days later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 21

WA.2012.474

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of a self-inflicted gunshot wound. The deceased resided with a relative and ran his own business. In the period prior to his death, the deceased's business had slowed, and he had accumulated significant debt. The deceased was last seen alive on the morning of his death. When a colleague went to visit him at work, he was found deceased, with a shotgun at the scene. The deceased had written a number of notes which he left at the scene.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 22

WA.2012.522

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He resided alone in a tourist park, and appeared to be under financial stress in the months prior to his death. The deceased visited a doctor two weeks prior to his death, where he complained of being tired and experiencing pains in his body, particularly his back. He expressed concern about a long-standing lump on his head, which he was worried may be cancerous. The doctor reassured the deceased

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that the lump was not a concern, and prescribed him medication for his pain. The deceased continued to express concern regarding the lump to family members. The day before his death, he was noted to be dazed and non-responsive to conversation with others, which was out of character. A few days later, he was found deceased in his cabin.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 23

WA.2012.543

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of a self-inflicted stabbing injury. He was retired, but continued to live alone at his employment accommodation. The deceased's friends considered that he drank alcohol excessively and may have been suffering from depression. He had also been in recent financial difficulty. The deceased was not seen or heard from for approximately two weeks. His associates became concerned, and he was eventually found deceased in his unit.

Case 24

WA.2013.1061

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of smoke inhalation and thermal injuries. He resided with his wife and children, was employed and was known to use cannabis regularly. One month prior to his death, the deceased was asked by police to provide DNA in relation to a historical death investigation. Later analysis showed that the deceased's DNA did not match the sample related to the case. The deceased had appeared cooperative with police and happy to assist. On the day of his death, the deceased called in sick to work. He was later seen sitting in his car when it became engulfed in flames. It was determined that he had intentionally ignited a fire within the vehicle.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 25

WA.2013.1137

Older Adult (65 years and over)

The deceased was an older male who died as a result of pentobarbitone toxicity. The deceased and his wife were members of a euthanasia organisation, and they had previously attempted suicide together, at which time his wife died. During his admission to hospital following this incident, the deceased was diagnosed with Alzheimer's disease. Family subsequently moved into the deceased's residence to care for him. The deceased complained to his doctor of agitation and

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nausea a week prior to his death, and was prescribed medication. On the morning of his death, he was found unresponsive in his room. He had left a number of letters to members of his family.

Case 26

WA.2013.1149

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of immersion and hypothermia. She resided with her husband and children. The deceased had appeared anxious during a recent holiday, and had returned home early. She attended her doctor complaining of chest pain, but test results did not indicate anything of significance. She continued to appear stressed and paranoid. The deceased was last seen alive the evening before her death. The next day, her husband returned home to find her missing, at which time he located several notes written by the deceased. Soon afterwards, the deceased was found floating in the ocean. She was conveyed to hospital where she passed away later that day.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 27

WA.2013.1341

Adult (25-44 years)

The deceased was an adult male who died as a result of a self-inflicted gunshot wound. He resided with his partner and other associates, and had a history of depression and substance abuse. On the morning of his death, the deceased argued with his partner, and went out to the shed, where he consumed alcohol. Later that day, a friend went to check on him, and was confronted by the deceased with a firearm. The friend left without informing the others that the deceased had a weapon. Later on, the deceased entered the house, and was noted to be depressed. He returned to the shed, where he was found deceased the next morning.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 28

WA.2013.1813

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. At the time of his death he was a sentenced prisoner. The deceased suffered a difficult childhood, experiencing sexual abuse, living in foster care, and not finishing school. He had a lengthy criminal history and history of incarceration. During his final prison term, the deceased had disclosed a history of self-harm and previous suicide attempts. He also suffered from depression, drug-induced psychosis and hepatitis C, and experienced musculoskeletal pain and smoking-related issues. The deceased was

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found hanging in his cell by prison officers, and was unable to be revived. The investigating Coroner noted a number of issues in relation to the deceased's prescribed medication and lack of psychiatric review which, if addressed, may have prevented his suicide.

Case 29

WA.2013.1975

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of self-inflicted incised wounds. The deceased was separated from his wife, with whom he had a number of children. Since their separation, he resided with family members. The deceased was last known to be alive at a local train station. A few hours later, he was found with incised razor blade wounds by a passing taxi driver outside the station. He was conveyed to hospital but was unable to be revived.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 30

WA.2013.27

Older Adult (65 years and over)

The deceased was an older male who resided alone and died as a result of hanging. The day prior to his death, the deceased went fishing with his son, and appeared to be in good spirits. The next day, a friend who went to visit the deceased found him hanging in his backyard, along with his dog. Subsequent police investigations revealed that it appeared the deceased's home had been burgled. It was unclear whether the deceased had been aware of the burglary at the time of his death.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 31

WA.2013.995

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He was married, and was described as an athletic person. He worked long hours until shortly before his death, when he lost his job. In the month prior to his death, the deceased and his wife both suffered from the flu on two occasions. The deceased had also attended a medical service complaining of sweats, weight loss, groin pain, abdominal pain and fatigue. The doctor detected no clinical abnormalities. Blood tests were recommended, but the deceased declined. On the day of his death, the deceased's wife returned home to find him missing. She located a suicide note indicating that the deceased thought he was sick, and that he had made his wife sick. The deceased was located hanging in

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bushland the next morning. Subsequent investigations revealed that he had been researching suicide methods and had been preparing to end his life for a few weeks.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 32

WA.2014.1221

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of an insulin overdose. The deceased was an insulin-dependent diabetic who lived an itinerant lifestyle. He had previously attempted suicide. In the months prior to his death, the deceased had been named in a coronial inquest relating to the death of another person. The deceased was aware that a national television show would air in which his alleged involvement in the death would be reported. He claimed to his daughter to not be concerned about the programme. One evening, the deceased was found unresponsive in his bed. He was conveyed to hospital where he was found to have high insulin blood levels. He was admitted to intensive care, where he passed away. The investigating Coroner determined that the deceased took a deliberate overdose of insulin due to his knowledge of the imminent airing of the television programme.

Case 33

WA.2014.1782

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He resided with a housemate, and had a history of drug abuse. He had been experiencing financial problems and had discussed suicide with an ex-partner. In the months prior to his death he complained of back pain, for which he was prescribed medication. Two nights before his death, the deceased socialised with friends, and later sent a text message indicating his intention to end his life. The deceased was seen by a housemate, who thought he appeared fine. He was subsequently found hanging in the garage.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 34

WA.2014.203

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He resided with his partner, and was noted to suffer from stress in the period prior to his death in relation to his work. One afternoon, his partner returned from work to find him hanging in the house. He was unable to be revived. The deceased had left a note to his partner indicating that he had taken his life because he suspected had caused his partner to become infected with HIV due to an affair he

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had had several years prior. No information was available as to whether the deceased had actually contracted HIV.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 35

WA.2014.30

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to methiocarb toxicity. He suffered from hypertension. He was a prisoner at the time of his death, having been charged two years prior with multiple counts of child sexual abuse against his step-children. While in prison, the deceased did not display any mental health or self-harm issues, and was employed in garden production within the prison. Two days prior to his death, the deceased received divorce papers from his wife, the mother of his step-children. He was discovered deceased in his cell by prison guards, along with notes to prison staff and his family, indicating his intent due to his despair at losing his family over his criminal acts. Also discovered in the cell were drink containers containing pesticides he had acquired through his garden work.

Case 36

WA.2014.364

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. He had been in and out of work for six months prior to his death due to a collar bone injury he sustained in a motorcycle accident, and had recently spoken to his ex-partner about his low self-esteem and financial stress. On the day of his death, the deceased was drinking with friends and family at a local venue, and on leaving he sent his sister and ex-partner texts indicating his intention to end his life. He was discovered deceased by his father in his back shed the following morning.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 37

WA.2014.865

Middle Aged (45-64 years)

The deceased was a middle aged male who died from complications of self-inflicted knife wounds. He suffered from ADHD since childhood and had a bad stutter, and found it difficult to speak a full sentence. The deceased used illicit drugs, partly because his stutter would disappear when he was affected. He had a long criminal history, including incarceration, and was released on parole several months before his death. Two months after his release, the deceased and his partner separated. The deceased's parole was cancelled after he tested positive for

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methamphetamine use, which he denied. He returned to speak to his case manager at the reporting centre, who informed him there was nothing she could immediately do to reverse the cancellation of his parole. The deceased yelled that he was not going back to prison, and proceeded to produce a knife and stab himself. While awaiting emergency services, the deceased stated it was better if he died, and that he was not going back to prison. He was conveyed to hospital, where he died two days later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 38

WA.2014.907

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. He had been studying in Australia for a year, and his housemate began to suspect he was becoming depressed due to studying and sitting exams. Ten days before his death, the deceased presented to hospital after inhaling bug spray, but was discharged after being told that the only likely effect would be local irritation. The deceased's housemate believed this was a suicide attempt. The following day, he presented to a doctor complaining of chest pain, fevers and heartburn, for which the doctor prescribed medication. Two days before his death, he complained to a friend of feeling unwell and wanting to return to his home country, and noted he was not fully prepared for his two previous exams. He was discovered deceased in his bedroom, and his mobile phone showed evidence of research into hanging techniques.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 39

WA.2015.1276

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. He had a history of alcohol abuse and illicit drug use, and a recent undiagnosed history of depression. On the night of the incident, the deceased got into arguments at a local venue with both his ex-girlfriend and his mother. His mother called the police, but he convinced them he was not a danger to himself. On returning home, he texted a photo of a noose he had made to his ex-girlfriend, and she called for an ambulance. He was discovered deceased in his parents' carport during a welfare check a short time later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

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Case 40

WA.2015.1707

Young Adult (15-24 years)

The deceased was a young adult female who died as a result of aspiration in the context of combined drug toxicity. Her medical history included low body weight, denial of an eating disorder and denial of anxiety, as well as a history of drug abuse. She attempted suicide two months prior to her death following a relationship issue. The deceased had recently been caught dealing marijuana, and was awaiting her court appearance. The night before the incident, the deceased had an ongoing text argument with her on-again, off-again boyfriend, before waking her mother to ask for Panadol. She was discovered deceased in her bed the following day, having vomited and aspirated following the intentional ingestion of a large quantity of medications, which hastened her death.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 41

WA.2015.2076

Adult (25-44 years)

The deceased was an adult male who died due to plastic bag and irrespirable gas asphyxia. His mother and partner noted he was very sensitive and was deeply affected by things occurring in his life. He found it challenging to talk openly about his feelings as he saw this as a sign of weakness. In the year before his death, the deceased suffered a number of challenges. Two friends suicided, one friend died of cancer, and he was the victim of fraud and lost some money as a result. He became more reliant on drugs, eventually separating with his partner and losing his job, and becoming increasingly withdrawn in the months prior to his death. He was discovered deceased in his room by his housemate, who discovered a note outside his door that caused her concern.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

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Case 42

WA.2015.361

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of acute combined drug toxicity. She had a history of chronic insomnia for which she was prescribed medication. A close friend noted that recent bushfires had had a significant impact upon the deceased. She was discovered deceased in her house, alongside a note indicating her intention and the planning of her death.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 43

WA.2015.888

Adult (25-44 years)

The deceased was an adult male who died as a result of aspiration in the context of propranolol toxicity. He was implicated in the murder of his father overseas as a teenager, and was incarcerated for a number of years before returning to Australia on a prisoner exchange arrangement. On his return, the deceased had difficulty with social interactions and forming close relationships, and began to suffer from migraines. He attempted to engage his personal trainer in a romantic relationship, but she rejected his advances. On the night of the incident, he sent her a message apologising for his behaviour. He was discovered deceased in his bed the following morning, having aspirated while affected by propranolol. A note was discovered indicating his intention.

Case 44

WA.2015.912

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had a long history of gambling addiction which had worsened in the period before his death leading to a large debt. He also had a history of drug dependency and excessive alcohol use, and had been provided with psychiatric referrals. A week before his death, the deceased's wife moved out of their home with the children. Over the following days, the deceased was under scrutiny at work, and his employment was terminated two days prior to his death. He was discovered deceased in his house during a welfare check.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

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Case 45

WA.2016.1688

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had lost friends and an unborn child, which caused him great distress, and he had a long history of heroin and methamphetamine use. The deceased frequently spoke of self-harm and had previous suicide attempts. A week prior to his death, the deceased's partner ended their relationship as a result of problems stemming from the deceased's heroin addiction. Three days later, he sent suicidal texts to his ex-partner and brother. He was discovered hanging in a vacant block, and was conveyed to hospital, where he died four days later.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 46

WA.2016.290

Young Adult (15-24 years)

The deceased was a young adult male who died as a result of hanging. He was known to overthink matters and sometimes appeared overwhelmed by issues, and had changed his university course of study several times. In the months leading up to his death, the deceased underwent rapid weight loss, and reported experiencing poor appetite, poor sleep, anxious social stress, racing heart and occasional blurred vision. He was diagnosed with insomnia and mild anxiety, and discussed techniques to reduce anxiety with his doctor. He was discovered deceased in his garage two weeks after this consultation. A note indicating his intent was discovered on the computer.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

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Case 47

WA.2016.345

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of hanging. She and her husband were both physicians, and she preferred to self-diagnose and self-treat rather than attend a doctor. The deceased was suffering from chronic stomach pains, and was writing her own scripts and filling them at various pharmacies. Her family noted she had problems with alcohol, often drinking from the early morning. The deceased had not spoken with her family about depression or sought treatment, however they noted she was inactive, slept most of the day and was prone to mood swings. She was discovered deceased on the patio of the house. No suicide note was located.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 48

WA.2016.540

Middle Aged (45-64 years)

The deceased was a middle aged male who died of a self-inflicted gunshot wound. He had a history of sleep apnoea and slept with a CPAP machine. In the weeks before his death, the deceased discussed a gambling debt with his father, and spoke to a colleague about his difficulty coping with the stress related to the significant debt. His colleague arranged for the deceased to see a psychologist, but the deceased was guarded and spoke little of his problems. He was discovered deceased in his residence.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 49

WA.2016.817

Middle Aged (45-64 years)

The deceased was a middle aged male who died of a self-inflicted gunshot wound. His childhood was marred by the suicide and attempted suicide of several close family members, and as an adult he complained of feelings of emotional isolation and stress, but was not formally diagnosed with depression or anxiety. He was married, but he and his wife lived in separate towns. He had reportedly experienced high blood pressure and sudden collapses in the years prior to his death. Four years prior to his death, the deceased had left a suicide note at home and disappeared, but later attended a police station to confirm his safety, however he did not return home for many months. The deceased's son visited in the week prior to his death, and it appeared the visit was not going as well as the deceased hoped. He sent a text to his wife stating he was troubled. He

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was discovered deceased on his property, and his wife later received a letter in the mail stating his intent.

Manual review of this case by the NCIS revealed there was no evidence of the deceased being diagnosed with a terminal or debilitating physical condition.

Case 50

WA.2012.1173

Older Adult (65 years and over)

The deceased was an older male who died as a result of a gunshot wound. The deceased was divorced and resided in a self-contained unit on the property where his ex-wife lived. The deceased suffered from a number of health issues, including severe emphysema, osteoporosis and gastro-oesophageal reflux disease, for which he was prescribed numerous medications. Approximately three months prior to his death, the deceased suffered a fall, breaking his hip as a result. He required surgery and rehabilitation, and was reliant on his ex-wife for assistance. He expressed frustration regarding his declining health and reliance upon others. He had commented in the past that he did not wish to return to hospital or live in aged care. On the night of his death, the deceased sent text messages to family indicating that he would soon pass away. He was found deceased in his unit by his ex-wife, with a rifle at the scene.

Case 51

WA.2012.1408

Older Adult (65 years and over)

The deceased was an older male who suffered from depression and hypertension, and died as a result of plastic bag asphyxiation. The deceased resided with his wife of many years, from whom he was rarely separated. The couple had made it clear to family members that they would ensure their deaths occurred simultaneously so that they would not need to live apart from one another. On the day of his death, the deceased called a friend and advised that his wife was deceased. He requested that the friend contact ambulance and police services. The friend contacted her husband, who immediately went to the property. He entered the house and found both the deceased and his wife unresponsive. Emergency services were contacted, however attending paramedics were unable to revive the deceased.

Case 52

WA.2012.1428

Middle Aged (45-64 years)

The deceased was a middle aged male who resided alone and died as a result of drug toxicity. He had a history of chronic pain following a vehicle incident some years earlier. In addition, the deceased suffered from major depressive disorder, and had a history of suicidal ideation and suicide attempts. The deceased was last known to be alive when he sent a number of text messages one evening. The next day, a friend visiting the deceased's property found a suicide

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note. She located the deceased in his bedroom, unresponsive, and contacted emergency services. The deceased was unable to be revived. A number of medications were found at the scene, and subsequent toxicological analysis found that the deceased had passed away as a result of toxicity to morphine, with a number of other prescription substances detected.

Case 53

WA.2012.1460

Middle Aged (45-64 years)

The deceased was a middle aged male who was separated from his wife and died as a result of burn injuries. The deceased had a history of depression and previous suicide attempts. He had suffered significant injuries to his arms as a result of two workplace accidents. The deceased complained of constant pain since the first incident, and the second incident led to him becoming more depressed. The deceased had previously resisted seeking professional help for his depression, however sought help following his separation from his wife. In addition to his previous suicide attempts, the deceased had previously threatened to set himself alight after pouring petrol inside his vehicle. The day before his death, the deceased was found having suffered significant burns after dousing himself and his car in petrol and setting the fuel alight. The deceased was conveyed to hospital where he passed away the following day.

Case 54

WA.2012.1483

Older Adult (65 years and over)

The deceased was an older male who lived alone and died as a result of multiple chemical toxicity. He had a history of epilepsy, chronic leg and lower back pain, hypertension and a hip replacement. The deceased had previously attempted suicide and self-harm secondary to chronic alcohol abuse, and was known to mental health services. Over a week prior to his death, the deceased was admitted to hospital following a seizure, non-compliance with medication and increased alcohol intake. At this time, he was noted to have low mood and suicidal ideation. He was last known to be alive when he spoke to a friend by telephone, at which time he sounded cheerful. Two days later, a friend went to check on the deceased and found him unresponsive in his home. Subsequent investigations revealed that the deceased had died as a result of the ingestion of moth balls, eucalyptus oil and kerosene. He had previously told his sister that he would attempt suicide using these substances.

Case 55

WA.2012.1564

Older Adult (65 years and over)

The deceased was an older male who died as a result of complications associated with plastic bag asphyxia. The deceased had an extensive medical history, including emphysema, pulmonary hypertension, chronic obstructive pulmonary disease, congestive cardiac failure, ischaemic heart disease, diabetes and depression. The deceased had previously resided in a retirement village

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with his wife, but had been transferred to a care facility approximately three months prior to his death due to his deteriorating health and need for further assistance. The deceased had previously attempted self-harm, and had expressed that he felt he was a burden to his family. The deceased was found unresponsive in his bedroom one evening by nursing staff. Resuscitation was commenced and he was conveyed to hospital. The deceased's condition initially improved, however he suffered later complications and passed away over a week after the incident.

Case 56

WA.2012.161

Adult (25-44 years)

The deceased was an adult male who died as a result of drug toxicity. He resided alone on his ex-partner's mother's property and was unemployed. The deceased had an extensive medical history, including kidney removal following his birth, a hip replacement, type 2 diabetes and abnormal liver function associated with alcoholic hepatitis. He also had a history of drug and alcohol abuse, as well as self-harm. Shortly before his death, the deceased learned that his remaining kidney was beginning to fail. The deceased was last seen alive by his ex-partner and children. Four days later, the ex-partner visited his address and found him unresponsive. Paramedics attended and confirmed that he had passed away. Subsequent toxicological analysis revealed that the deceased died as a result of toxicity to alcohol, amitriptyline and diazepam.

Case 57

WA.2012.1616

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of plastic bag asphyxia. The deceased lived alone and was reclusive, only occasionally being seen or heard from by neighbours. The deceased was discovered by a neighbour inside his property. He had last been seen alive a few weeks prior. Subsequent investigations revealed that the deceased had poor health, suffering from multiple ulcerated skin lesions consistent with basal cell carcinoma. However, he had no known medical records.

Case 58

WA.2012.1653

Adult (25-44 years)

The deceased was an adult female who died as a result of self-inflicted incised wounds. She resided with her husband and children. When she was younger, the deceased had given birth to a child prematurely, and the child later passed away. This had an ongoing impact on the deceased's mental health. The deceased was also a tobacco smoker and an asthmatic, and may have had emphysema. One morning, the deceased was discovered on the bathroom floor with multiple knife wounds, and was found to have passed away.

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Case 59

WA.2012.1804

Older Adult (65 years and over)

The deceased was an older female who died as a result of plastic bag and helium asphyxia. She was retired and lived alone in a unit, and was known to attend euthanasia meetings. One year prior to her death, the deceased had been diagnosed with bowel cancer, and had commenced chemotherapy and radiotherapy. It was later found that this treatment had been unsuccessful and the cancer had progressed. Approximately two weeks prior to her death, the deceased indicated to her surgeon that she was contemplating suicide rather than undertaking radical surgery which was unlikely to be successful. The deceased was last seen alive by a friend who visited her home, at which time she seemed happy. The next day, the deceased was found unresponsive in her bedroom.

Case 60

WA.2012.1814

Older Adult (65 years and over)

The deceased was an older adult male who died as a result of insulin overdose. He had type 2 diabetes and was insulin-dependent. The deceased required insulin injections during the day and night, which he self-administered. The deceased had also been previously operated on for bowel cancer, and had chronic urinary problems and chronic renal failure. Two weeks prior to his death, the deceased had undergone a scan which indicated he had further aggressive cancers in his lungs, liver and lymph nodes. One evening, the deceased and his wife retired to bed. A while later the deceased indicated that he would go to sleep in the lounge. The next morning, the deceased's wife found him frothing at the mouth. A suicide note was located at the scene. The deceased was conveyed to hospital where he was found to have suffered a severe brain injury as a result of insulin overdose. He passed away two days later.

Case 61

WA.2012.1831

Middle Aged (45-64 years)

The deceased was a middle aged female who resided alone and died as a result of plastic bag and irrespirable gas asphyxia. The deceased was diagnosed with multiple sclerosis several years prior to her death, and progressively lost her mobility and dexterity as a result. She had also been diagnosed with depression, for which she refused to take her prescribed medication. In the months prior to her death, she suffered from blurred vision and was losing her ability to speak. She experienced pain when seated and had difficulty mobilising. The deceased spent most of her days confined to her bed, and received daily living support from disability services. One afternoon, the deceased requested that her carer leave earlier than usual. The following day, a carer arrived at the deceased's home and found her unresponsive, with a helium gas bottle at the scene. Attending paramedics confirmed that she had passed away.

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Case 62

WA.2012.187

Adult (25-44 years)

The deceased was an adult male who resided alone and died as a result of hanging. The deceased suffered an accident several years prior to his death in which he sustained profound brain injuries. As a result, the deceased experienced a lack of brain function, along with auditory and speech disabilities. He also had a history of drug and alcohol abuse. The deceased was regularly seen by a disability carer, who noticed a change in the deceased's behaviour in the days prior to his death. His periods of depression appeared to last longer, and he consumed alcohol on a nightly basis. The deceased expressed concern regarding the upcoming anniversary of the accident that caused his disabilities, and made comments indicative of having suicidal thoughts. The deceased spent an evening at a local bar with his carer before returning home alone. He was found the next day by passers-by in the garage of his property. Attending ambulance officers confirmed that he had passed away.

Case 63

WA.2012.190

Older Adult (65 years and over)

The deceased was an older male who died as a result of a self-inflicted gunshot wound. The deceased was a widower and resided alone. He had been diagnosed with prostate cancer several years prior to his death, for which he had received radiotherapy. Approximately six months prior to his death, the deceased's condition worsened, and he was diagnosed with metastatic prostate cancer. He refused offers of chemotherapy and radiotherapy treatment. He had spoken to his family on numerous occasions regarding his wish to remain at home, and to not live in a nursing home. On the day of his death, the deceased was visited by a friend, who was concerned about his state of mind, and requested that the deceased's son check on him. The deceased's son visited his property, where he located a suicide note that referenced the deceased's ill health. He found the deceased in the garden and contacted emergency services. The deceased was unable to be revived.

Case 64

WA.2012.1915

Older Adult (65 years and over)

The deceased was an older female who died as a result of multiple drug toxicity. She had a long history of chronic neck and back pain, and had undergone cervical and lumbar spine laminectomies many years prior to her death in an attempt to ease her pain. She had also had a total left hip replacement and arthrodesis of both feet. She had been under the care of a pain specialist for a number of years, and regularly saw her doctor. She was prescribed narcotic analgesia for her pain and to help her sleep. The deceased was last seen alive on the afternoon of her death. The next morning, her neighbour became concerned for her welfare, at which time she was found deceased in her home. Toxicological analysis revealed that she consumed a large

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number of prescription medications, including propoxyphene, oxycodone, oxazepam and aminonitrazepam, along with alcohol, which led to her death.

Case 65

WA.2012.217

Middle Aged (45-64 years)

The deceased was a middle aged male whose cause of death was unascertained, although was suspected to be a result of carbon monoxide poisoning. Prior to his death, the deceased had been travelling around Australia visiting friends and family. He suffered from multiple skin cancers and was on a hospital waiting list for surgery. He also suffered from gastro-oesophageal reflux disease and hypertension. Over a period of a few days, the deceased transferred money to his son's bank account, wrote a suicide note addressed to his son, and sent a letter to his ex-wife regarding his intention to end his life. His ex-wife subsequently reported him missing to police. The deceased was found nearly a week after his death in his motor vehicle. Due to the delay between the deceased's death and discovery, toxicological samples were unable to be obtained, and a definitive cause of death unable to be provided. However, the investigating Coroner concluded that the deceased had diverted the exhaust from his vehicle into the interior of the vehicle and died as a result of inhaling the fumes.

Case 66

WA.2012.282

Older Adult (65 years and over)

The deceased was an older female who died as a result of drug toxicity. She resided with her husband in a retirement home. The deceased suffered from advanced spinal degeneration and chronic lower back pain. These conditions affected her mobility, which caused her frustration. The deceased was known to be a strong believer in voluntary euthanasia, and had attempted suicide several weeks prior to her death. In the weeks leading up to her death, the deceased complained of being unable to sleep. On the day of her death, the deceased did not accompany her husband to lunch. When he returned to their home, he found her unresponsive. Ambulance personnel attended, but were directed not to resuscitate the deceased. Subsequent toxicological analysis found a fatal level of pentobarbitone in the deceased's blood. Investigations revealed that the deceased had purchased the drug online two years prior to her death.

Case 67

WA.2012.357

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. The deceased had a history of drug and alcohol abuse, and had previously attempted suicide on a number of occasions. The deceased's general health was noted to deteriorate due to his illicit drug use, specifically due to his use of amphetamines. In the months prior to his death, the deceased suffered from a foot infection and an inability to sleep, the latter being related to the relationship issues he was

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experiencing with his current partner. On the day of his death, the deceased consumed alcohol, amphetamines and cannabis. He became involved in an argument with friends, and was not seen for a short time. He was subsequently found hanging outside his friend's house. The deceased was unable to be revived.

Case 68

WA.2012.362

Adult (25-44 years)

The deceased was an adult male who died as a result of complications of combined drug effect. The deceased was unemployed and resided with his mother. He suffered from poor health, including haemophilia, HIV, and drug and alcohol abuse. He was known to experience depression, disrupted sleep, lack of motivation and occasional suicidal thoughts. He had previously been hospitalised in relation to his mental health. On the day of his death, the deceased was found lying in the bath by his mother, who noted that he was snoring. She subsequently left the house for work, and upon her return several hours later, found the deceased in the same position. He was unresponsive, and was confirmed to have passed away by attending ambulance personnel. Subsequent investigations revealed that the deceased died as a result of bronchopneumonia complicating the combined effect of a number of illicit and prescription drugs.

Case 69

WA.2012.364

Older Adult (65 years and over)

The deceased was an older male who died as a result of drowning. The deceased resided alone, and suffered from continual pain, the cause of which had never been diagnosed. Two months prior to his death, the deceased suffered a fall and was conveyed to hospital. During his admission, he complained of occipital headache, neck pain and dizziness. No etiological or clinical diagnosis was established to explain his symptoms. He was diagnosed with depression, and expressed anxiety about returning home without a diagnosis or treatment for his symptoms. Following his discharge, the deceased again attended hospital suffering from a repeat of his earlier symptoms. On the day of his death, the deceased was found, by his daughter, floating in his backyard pool. He was confirmed to have died as a result of drowning, with a likely contribution from the effect of alcohol and a number of prescription medications.

Case 70

WA.2012.393

Older Adult (65 years and over)

The deceased was an older male who died as a result of a self-inflicted gunshot wound. The deceased was a widower who resided alone since the death of his wife. Prior to his wife's death, the deceased had been diagnosed with prostate cancer. The cancer went into remission for a period of time, however it reappeared in the months prior to his death. The cancer was noted to have become more widespread, and was considered terminal. The deceased suffered constant

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pain as a result of the cancer and a past back injury. The deceased had previously made comments to his friends indicating that he may end his life. During the last months of his life, the deceased spent time putting his house in order and returning gifts given to him by friends. The deceased was found lying on his veranda, unresponsive, by a friend who came to check on him. Attending paramedics confirmed that he had passed away.

Case 71

WA.2012.415

Older Adult (65 years and over)

The deceased was an older female who died due to drug toxicity in her own home. The deceased suffered from breast cancer, secondary bone cancer, urinary infections and had difficulty swallowing. The deceased had told her doctor and acquaintances on numerous occasions that she wanted to die and she was a member of a euthanasia society. A year prior to her death the deceased tried to take her life but was rescued by a neighbour. The deceased was located on her bed with empty packets of propoxyphene and oxazepam found in the bin. A book was also located on the bed with information on how to suicide using the drugs, and 'do not resuscitate' cards.

Case 72

WA.2012.431

Middle Aged (45-64 years)

The deceased was a middle aged male who died by hanging in his own home. The deceased had been diagnosed with Friedreich's Ataxia many years earlier and had used a wheelchair for mobility for two decades. His health declined over the years and he was cared for by his mother. His health had notably deteriorated in the past year and he had expressed suicidal ideation several times. The life expectancy for those with Friedrich's Ataxia was noted to be 40 years. The deceased was found dead in his bedroom from hanging. The coroner noted that the deceased was suffering from depression and frustration with his illness.

Case 73

WA.2012.514

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to a self-inflicted shotgun injury. The deceased had been diagnosed with stomach cancer and early onset of Parkinson's disease. The deceased was a private person who rarely spoke about personal or health matters, but had spoken to his children briefly about significant health problems the day before his death. He had been giving away his possessions and making a will and funeral plan over the six months prior to his death. On the morning of his death, he sent a message to his wife indicating he intended to take his life, before driving to a friend's property, where he was found deceased. A note was found with the deceased indicating which funeral company to use.

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Case 74

WA.2012.563

Middle Aged (45-64 years)

The deceased was a middle aged male who died of mixed drug toxicity in his own home. The deceased had been diagnosed with throat cancer eight years earlier and lumps had been located on his neck one month prior to his death. The coroner noted that he suffered from depression as a result of his cancer. Notes were found at the scene indicating the deceased's intention to take his life and instructions for the care of his dog. Toxicology analysis found a high blood alcohol level and toxic levels of mirtazapine and quetiapine, among other prescription drugs.

Case 75

WA.2012.600

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. The deceased had a history of chronic back pain, chronic fatigue syndrome and depression. He had previously undergone spinal decompression and fusion, but this did not resolve his pain issues. The deceased had visited his doctor the day before his death with significant back pain. The deceased's wife found him in the shed the next morning.

Case 76

WA.2012.625

Older Adult (65 years and over)

The deceased was an older female who died as a result of combined acute drug effect in her own home. The deceased had a history of depression and epilepsy, and had been suffering back pain from a small fracture sustained in a fall in the months prior to her death. The deceased had told a friend in the month before her death that she wanted to end her life. Toxicological analysis found a combination of the deceased's medications that have sedative effects and may have caused coma leading to death.

Case 77

WA.2012.706

Older Adult (65 years and over)

The deceased was an older male who died as a result of multiple drug toxicity. The deceased had a history of hypertension and lower back pain over several decades, having undergone several surgical procedures attempting to resolve the issue. In the year prior to his death the deceased attended appointments relating to pain and was referred for pain management medication. The deceased was located non-responsive at home on his bed, and was conveyed to hospital, where he died the next day. A will, funeral plan and suicide note indicating that the deceased intended to take his life due to the pain he was suffering were found in his home. Toxicological analysis found the cause of death to be complications of multiple drug toxicity, predominantly oxycodone.

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Case 78

WA.2012.748

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to drowning. The deceased had a history of hypertension. A couple of weeks prior to his death, the deceased went to hospital suffering from chest pain, and underwent several angiographies for an inferior ST segment elevation myocardial infarct, with stents placed in his heart. The deceased was described as angry and depressed over being unwell the morning of his death, then sent a text message in the evening implying his intention to take his life and the intended location. The deceased was located by police divers in the ocean having chained himself to a weight, with a suicide note in his pocket.

Case 79

WA.2012.761

Older Adult (65 years and over)

The deceased was an older male who died of a self-inflicted gunshot wound on his home property. The deceased had been a victim of an industrial accident when he was young and had his leg amputated, with continuing pain from his injuries through his life that had been increasingly difficult to bear in recent years. He had also undergone open heart surgery the year before, had back issues and suffered from depression. His wife noted he had become quieter in the weeks before his death.

Case 80

WA.2012.80

Middle Aged (45-64 years)

The deceased was a middle aged male who died of combined effects of bronchopneumonia, prescription drug effect and inhalation of toxic fumes in his vehicle on a dirt track. A couple of years before his death, the deceased was diagnosed with sporadic cerebellar degeneration and multiple system atrophy, a progressive neurodegenerative condition which is untreatable. The deceased had ceased working around this time due to his health issues. On the day of his death, the deceased was noted to look unwell and having trouble breathing and talking before he left in his car. A note stating his intention to take his life was found on his computer. The Coroner noted that the deceased was suffering an untreatable disease and was enduring a gradual deterioration in quality of life. Toxicological analysis found a high level of carbon monoxide in his blood, due to the inhalation of motor vehicle exhaust fumes.

Case 81

WA.2012.817

Young Adult (15-24 years)

The deceased was a young adult male who died of traumatic head injury after deliberately driving his car into a concrete bridge support. The deceased had a history of chronic back pain following

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an off-road motorcycle accident three years earlier. He had undergone a number of procedures and been prescribed multiple medications but continued to suffer pain. The deceased had previously attempted self-harm on several occasions and had spoken of taking his own life to his partner earlier that day.

Case 82

WA.2012.821

Middle Aged (45-64 years)

The deceased was a middle aged male who died of carbon monoxide toxicity on his home property. The deceased had a history of Parkinson's disease, Crohn's disease and depression. He had previously attempted self-harm a number of years ago and spoke often to his family of suicide. In the months prior to his death the deceased's Parkinson's symptoms were becoming more advanced and he was hospitalised briefly, with an improvement in physical health but relapse of mental state. Notes written by the deceased were located indicating intention to end his life.

Case 83

WA.2013.1229

Older Adult (65 years and over)

The deceased was an older male who died of pentobarbitone toxicity in his own home. The deceased had a history of severe end stage chronic obstructive pulmonary disease, bronchiectasis, prostate cancer, Parkinson's disease, atrial fibrillation and hypertension. In the months prior to his death the deceased had been admitted to hospital several times for treatment of his diseases, and was advised that his condition would not improve, remaining at risk of fatal complications of respiratory infections. The deceased researched voluntary euthanasia after being discharged from hospital and purchased pentobarbitone from the internet. The deceased left a video on his computer confirming intention to take his life due to his deteriorating health.

Case 84

WA.2013.1293

Middle Aged (45-64 years)

The deceased was a middle aged female who died by hanging on her home property. The deceased had been experiencing dental problems and associated pain in the months prior to her death. The deceased had attended dental specialists multiple times before her death, suffering from tooth pain, and underwent several procedures (including teeth removal), but she continued to experience pain that gave her difficulty with sleeping and eating. The deceased left notes indicating her intention to take her life due to the debilitating effect of her dental problems, and research she had done into the condition. An investigation into her death suggested that the deceased's onset of pain was likely to have been triggered by routine dental procedures and developed into painful traumatic trigeminal neuropathy. The Coroner determined that the

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deceased took her life as a result of suffering from chronic pain that significantly affected her quality of life.

Case 85

WA.2013.1315

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging on his home property. The deceased had a medical history including benign prostatic hypertrophy with a long-term indwelling catheter, chronic renal failure, chronic anaemia, hypertension and peptic ulcer disease. Two days before his death, the deceased was admitted to hospital with a blocked catheter and abdominal pain, before being discharged. He was subsequently found deceased by a friend.

Case 86

WA.2013.1329

Middle Aged (45-64 years)

The deceased was a middle aged male who died from combined drug toxicity. The deceased had been diagnosed with incomplete spastic quadriplegia following a cervical spine injury many years prior to his death, with numerous other co-morbid conditions, morbid obesity, obstructive sleep apnoea, asthma, type 2 diabetes, a coronary stent and depression. He had attempted suicide by overdosing on medication a year earlier. The deceased left a suicide note with his empty medication packets. The deceased was found unresponsive at home, and was taken to hospital, where he later died.

Case 87

WA.2013.1370

Older Adult (65 years and over)

The deceased was an older female who died of aspiration pneumonia. The deceased lived independently, but in the year prior to her death had become unsteady on her feet and suffered two falls while on her own. The week before her death, she had another fall and went to the doctor with significant pain in her elbow. The doctor referred her for an x-ray but this did not seem to occur. The deceased lived in a granny flat at the rear of her grandson's property and was found deceased there. A suicide note found in her house stated that the deceased was in significant pain that she could not handle anymore, and indicated she had intentionally taken large amounts of paracetamol. Toxicological analysis found only therapeutic levels of medication, with the cause of death being aspiration. The investigation indicated that the deceased possibly consumed scouring powder, however this could not be tested for by toxicology.

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Case 88

WA.2013.1410

Middle Aged (45-64 years)

The deceased was a middle aged male who died of combined drug effect in his own home. The deceased had been an active person before suffering a back injury while working on a mine site. He had undergone surgery but continued to suffer chronic pain syndrome in his back, neck and right shoulder for which he took pain medication. Ongoing pain meant he was unable to work and he developed depression. The deceased also drank alcohol excessively, which negatively impacted his health and relationships. He had a medical history of hypertension and type 2 diabetes. His mental state was noted to deteriorate prior to his death, with concerns he was experiencing suicidal thoughts. A few days prior to his death, the deceased requested a will kit from his ex-partner and visited a friend to witness his will. A photograph was located on the deceased's phone showing medication and a note indicating his intention to take his own life. The deceased had been in a long-term relationship but had recently separated from his partner. He had a strained relationship with his child and was noted to have financial issues.

Case 89

WA.2013.1429

Older Adult (65 years and over)

The deceased was an older male who died of early bronchopneumonia with atherosclerotic cardiovascular disease and possible temazepam effect. The deceased had a history of heart disease, stroke, periods of depression and more recently obstructive sleep apnoea. The deceased had previously overdosed on temazepam in an attempt to take his life a year prior, leaving a suicide note in this instance. In recent months the deceased had experienced coughing and choking fits, and had become prone to falls. He had been asked to limit his regular sporting activities due to safety concerns, which he found upsetting. After becoming angry at the suggestion he go to hospital, the deceased left home and was later found unconscious in bushland. He could not be revived. Toxicological analysis found presence of multiple drugs, with temazepam noted to be above therapeutic levels.

Case 90

WA.2013.1474

Older Adult (65 years and over)

The deceased was an older male who died of plastic bag asphyxia in his own home. The deceased was diagnosed with renal impairment four years prior, and then rectal cancer the next year, which was treated surgically. The deceased decided not to continue chemotherapy and radiotherapy, with the bowel cancer returning two years prior to his death. A few weeks prior to his death, further masses were found in his lung and liver and the deceased was given a life expectancy of four weeks, however he was still living after eight weeks.

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Case 91

WA.2013.1483

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging on his property. The deceased was diagnosed with syphilis a year before his death, and had experienced deteriorating eyesight and hearing despite treatment, with concerns he may have also developed neurosyphilis. The deceased was noted to have been experiencing financial, relationship and personal stress in the months before his death. He had also separated from his wife the week before his death, consequently moving out of the home, and exchanged emails with her the day before about ending the relationship. The deceased had a violent argument with his wife while intoxicated at their property, after which he left the house. He was found hanging in the garage. Toxicological analysis indicated the deceased had a high blood alcohol level, and amphetamines and methylamphetamines were detected.

Case 92

WA.2013.1544

Older Adult (65 years and over)

The deceased was an older male who died as a result of a self-inflicted gunshot wound. The deceased had progressive terminal cancer and was in constant pain and discomfort. He lived alone in a makeshift residence. He was found deceased by people who came to visit him and a note was located indicating intention to take his life.

Case 93

WA.2013.1599

Older Adult (65 years and over)

The deceased was an older male who died of plastic bag asphyxia in his own home. The deceased had a medical history of Parkinson's disease, crush fracture of the lumbar spine, arthritis, haematuria, chronic pain, osteoporosis and chemical hypersensitivities. It was noted that the deceased became depressed with his conditions. A few months prior to his death the deceased bought a suicide guidebook from a euthanasia society, before purchasing a compressed nitrogen cylinder. The deceased was found with a plastic bag over his head with a tube running to the cylinder.

Case 94

WA.2013.16

Older Adult (65 years and over)

The deceased was an older male who died of acute tramadol toxicity in his own home. The deceased suffered from glaucoma, peptic ulcer disease, hypertension, ischaemic heart disease and neck pain. The deceased's wife had passed away in the last few months and he was noted to be despondent and depressed with grief. He declined to go on holiday with family in the days

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preceding his death, complaining of feeling unwell. He was found deceased upon the family's return.

Case 95

WA.2013.1657

Adult (25-44 years)

The deceased was an adult male who died of multiple injuries following a jump from a bridge. The deceased had a history of insulin dependent diabetes mellitus but was not always compliant with management of the condition. The deceased had been active in sporting activities. A few months prior to his death the deceased developed a 'Frozen Shoulder', which is related to diabetes and may cause sleeplessness. He was noted to be very concerned at the pain involved with treatment and the duration of the condition, and had discussed the effect his shoulder was having on his life with his mother.

Case 96

WA.2013.1671

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging on his home property. The deceased was diagnosed eight months prior to death with basal cell carcinoma and depression. He had a large ulcer on his face and doctors advised him that the lesions would progressively become more disfiguring, invasive and would result in death unless treated. The deceased consistently refused surgery. He had recently separated from his partner at the time of his death.

Case 97

WA.2013.1690

Middle Aged (45-64 years)

The deceased was a middle aged female who died of plastic bag asphyxia and multiple drug effect. The deceased was diagnosed with Parkinson's disease five years before her death, and her quality of life had declined over recent years. She was assisted by a carer for daily activities. The deceased also had a history of anxiety disorder which had worsened over recent years, and had been taken to hospital for an overdose the year prior to her death. The deceased received treatment for another overdose a couple of weeks before her death, and was reviewed by a psychiatrist following this event, with adjustments made to her medication. Following suicidal ideation the deceased was admitted to a mental health ward, however her demands to be placed on a medical ward for treatment of physical symptoms were not met and the deceased discharged herself a few days later against medical advice. She searched euthanasia websites the night before her death, and noted to her doctor the next day she had negative thoughts and was not coping at home. The deceased left a note in her home, where she was found deceased.

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Case 98

WA.2013.17

Older Adult (65 years and over)

The deceased was an older female and died of combined drug effect in her own home. The deceased was diagnosed with onset of motor neuron disease a year prior to her death, and her health began to deteriorate. The deceased's husband suffered from dementia and they had planned for euthanasia in the event they became unable to care for themselves, with both being members of euthanasia societies. Suicide notes were located in her home when the deceased was discovered. The deceased was found dead, with her husband found unconscious. Pentobarbitone was found at the scene, as well as documents indicating the two had been planning their own deaths for many years.

Case 99

WA.2013.1728

Middle Aged (45-64 years)

The deceased was a middle aged male who died of multiple injuries after driving his motorcycle directly into the path of a truck on a road. He was not wearing a helmet. The deceased had a medical history of Hodgkin's lymphoma which had gone into remission four years earlier. He had been told that if the disease returned it would likely be terminal. In the months before his death, the deceased had noted pains similar to those of the disease, and feared the disease had returned. The deceased also had a history of amphetamine use that had led to a degree of paranoia. The day before his death, the deceased suffered setbacks with his car breaking down and having to change his flight back to his fly-in fly-out work. This was noted to upset and frustrated him. It was thought the deceased had not slept for the two days preceding his death. The toxicology report indicated that amphetamines and methylamphetamines were detected.

Case 100

WA.2013.1812

Middle Aged (45-64 years)

The deceased was a middle aged female who died of combined drug and alcohol toxicity in her own home. The deceased suffered serious injuries after falling from a horse as a teenager, including a brain injury. She continued to experience chronic back pain and suffer from seizures for the rest of her life. The deceased also had a history of anxiety disorder and bipolar disorder, being admitted to psychiatric facilities for treatment multiple times, and had overdosed on drugs two years prior to her death. Her clinical obesity was noted to contribute to respiratory and gastro oesophageal conditions. The deceased was an alcoholic and was known to mix her medications with alcohol. The deceased lived with a carer. On the night of her death, the deceased drank two bottles of alcohol and became upset, making suicidal comments. The deceased's carer later found her unresponsive in bed with several other empty alcohol bottles. Toxicology showed toxic to fatal levels of quetiapine and doxylamine, as well as other drugs being detected, along with a high blood alcohol level.

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Case 101

WA.2013.183

Middle Aged (45-64 years)

The deceased was a middle aged female who died of multiple drug toxicity in her own home. The deceased had a history of multiple sclerosis for many years, and had experienced progressively worsening symptoms over this time. Three years prior to her death, the deceased had purchased a bottle of nembutal. It was noted that the deceased had been admitted to hospital following an overdose of prescription medication three years earlier. In the months before her death, the deceased had become bedbound and was cared for by her son and support workers. The deceased was known to be a strong advocate of euthanasia, being a member of a euthanasia society and active in lobbying for pro-euthanasia legislation. The deceased sent an email to family and friends indicating she had consumed the nembutal with intent to take her life. Suicide notes and funeral plans were found in her home. Toxicological analysis detected tramadol and pentobarbitone at toxic/fatal levels.

Case 102

WA.2013.1870

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging on his farm property. The deceased lived alone on his property and ran cattle with assistance from his son each day. The deceased had been a heavy drinker but quit drinking the year before his death due to concerns about his liver function. He had been diagnosed with diverticulosis several years earlier. A few months before his death the deceased had been kicked by a bull and sustained an ankle fracture which was surgically repaired, but he experienced slow rehabilitation, with ongoing pain and mobility problems. The deceased expressed on multiple occasions his frustration over his physical inability due to his ankle, often appearing anxious. He had trouble sleeping and mentioned thoughts of suicide. Two days before his death he sought advice about his will.

Case 103

WA.2013.1912

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging on his property. The deceased had a history of acute myocardial infarction, and had received treatment for ischaemic heart disease and chronic obstructive airways disease. He had suffered two previous heart attacks, with the last occurring a few months prior to his death. The deceased had stated to his wife that the previous experience was very humiliating and he had no desire to go through it again. A suicide note was found in his home.

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Case 104

WA.2013.195

Middle Aged (45-64 years)

The deceased was a middle aged male who died by drowning in the ocean. The deceased had been unwell for several months and was diagnosed with high grade glandular dysplasia from a gastroesophageal tumour following a gastroscopy a month before his death. A few days before his death, the deceased was advised by his doctor that without any medical treatment his life expectancy was six months, with treatment up to eighteen months. The deceased began his first round of chemotherapy the day before his death. The deceased left home and then called his wife, advising of his intent to end his life. He subsequently walked into the water at a beach and drowned. It was noted the deceased could not swim.

Case 105

WA.2013.1950

Middle Aged (45-64 years)

The deceased was a middle aged male who died from insulin overdose in conjunction with his existing co-morbidities in bushland. The deceased had diabetes with associated peripheral vascular disease and diabetic foot ulcers. This had led to amputation of some extremities. The deceased was in end stage renal failure and received regular dialysis, in addition to experiencing fevers during dialysis in the weeks before his death. The deceased also reported depression, anger management and low mood, having previously expressed thoughts of self-harm including taking overdose of insulin. The day before his death, the deceased expressed his intention to take his life via insulin overdose on the phone to a suicide counsellor and then later to a suicide prevention program, however he had left his home and could not be located by police. He was found the next day near his vehicle with a note indicating intent to take his life. Forensic pathologists found that the cause of death was consistent with ischaemic heart disease in a man with insulin dependent type 2 diabetes mellitus.

Case 106

WA.2013.1965

Older Adult (65 years and over)

The deceased was an older male who died after ingesting toxic amounts of pentobarbitone. He had a history of prosthetic aortic valve replacement, hypertension, hypercholesterolaemia and Parkinson's disease. In the year leading up to his death, his Parkinson's had progressed to a point that he could no longer drive, and required the assistance of carers and speech and occupational therapists. The deceased began to research ways in which he could end his life, and told his wife he would take his life when he was unable to care for himself. He was discovered deceased in his lounge room by his wife.

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Case 107

WA.2013.1992

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He was on a disability pension for long-term arthritis, and tended to stay home and used cannabis regularly. He became paranoid and intensely jealous in relation to his partner, and threatened to hang himself after they argued. The relationship broke down after an overseas trip and the partner moved out of the house. The deceased was discovered hanging in his back shed, alongside a note indicating his intent.

Case 108

WA.2013.1995

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. His medical history included high cholesterol, high blood pressure and borderline diabetes, but he was generally well. Three years prior to his death, the deceased's wife of many years passed away. In the month before his death, the deceased called his daughter and informed her of his low mood. He was discovered deceased in his unit at his retirement village.

Case 109

WA.2013.2031

Older Adult (65 years and over)

The deceased was an older male who died as a result of an incised wound. He was diagnosed with asbestosis with fibrotic disease of the lungs and their pleural lining, and suffered from recurrent chest infections and cor pulmonale. The deceased was on oxygen therapy, and in the year before his death his respiratory difficulty increased to the state where he required continuous oxygen. The deceased was discovered by his wife bleeding and looking pale, before he became unresponsive. He was unable to be revived.

Case 110

WA.2013.232

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He was diagnosed with stomach cancer four years prior to his death, and had undergone treatment. Since his initial diagnosis, the deceased had repeated admissions to hospital for cancer related problems and chemotherapy. In the month before his death, the deceased's condition had deteriorated, and he was diagnosed with advanced metastatic carcinoma of the stomach. His cancer was terminal and there was no prospect of a cure. He was discovered deceased at his home. Although a suicide note was not located, the deceased had mentioned to his friend that he was sick of his condition and at times wanted to end his life.

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Case 111

WA.2013.324

Older Adult (65 years and over)

The deceased was an older male who died in circumstances consistent with immersion. He had a history of ischaemic heart disease, hypertension and peripheral vascular disease, and his health had been declining more rapidly in the six months prior to his death. The deceased's wife had passed away six months prior, and the deceased had been living alone since then. On the day of his death, the deceased spoke to a neighbour, expressing disappointment about his visit to inspect a retirement village that morning. He was discovered in his bathtub the following morning.

Case 112

WA.2013.421

Adult (25-44 years)

The deceased was an adult male who died as a result of diabetic ketoacidosis. He had a lengthy history of type 1 diabetes and required insulin four times a day. The deceased had recently separated from his wife and child, and had taken extended leave from his workplace. He had presented to hospital the week before his death, as he had stopped taking his insulin and was suffering from nausea and vomiting. He was discharged after seeing a diabetic instructor, and was well aware of the need to take insulin if he wanted to live. His mother was concerned he may be suicidal, and requested a welfare check, and police discovered him to be well. A week later, he was discovered deceased at his house during a second welfare check.

Case 113

WA.2013.425

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He suffered from pancreatitis, septic arthritis, diabetes and foot abscesses. The deceased presented to hospital with chest and upper gastric pain, and after being treated and discharged, he went home to socialise with friends and relatives. During the course of the evening, he mentioned to a friend that he was going to hang himself. He was subsequently discovered deceased in the yard.

Case 114

WA.2013.450

Middle Aged (45-64 years)

The deceased was a middle aged female who died from multi-organ failure as a result of acute drug toxicity, namely alprazolam. She had a history of ischaemic heart disease, hypertension, gastro-oesophageal reflux, chronic back pain, anxiety disorder and depression, and took medications to alleviate some of these illnesses. The deceased had recently expressed that she no

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longer wished to live. She was discovered unresponsive in her bed surrounded by pills, and was conveyed to hospital, where she passed away a week later.

Case 115

WA.2013.754

Older Adult (65 years and over)

The deceased was an older female who died from amitriptyline and nortriptyline toxicity. She had a history of chronic pain due to rheumatoid arthritis and costochondritis, and had difficulty walking. In the year prior to her death, the deceased had started talking to her daughter about suicide. She was discovered deceased in her bed along with notes indicating her intention.

Case 116

WA.2013.924

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He suffered from Grave's disease, and had a number of eye surgeries in the three years leading up to his death. He was discovered deceased in his car port.

Case 117

WA.2014.1002

Middle Aged (45-64 years)

The deceased was a middle aged male who died after ingesting toxic amounts of tramadol. He had a medical history of degenerative arthritis, diabetes, high blood pressure, and POEMS syndrome, and was prescribed tramadol for the pain. The deceased became reclusive and reluctant to accept assistance, and his mobility deteriorated to the point that he required an electric wheelchair. The deceased had sent a letter to his daughter indicating his intent to end his life, and was discovered deceased in his home.

Case 118

WA.2014.1055

Middle Aged (45-64 years)

The deceased was a middle aged male who died of a self-inflicted gunshot wound. He had a history of a liver transplant due to hepatitis C infection, emphysema, surgically treated lung cancer, palindromic rheumatism and depression. He was referred to a pain specialist for his escalating opioid use for his pain management. The deceased lived with his partner and her three grandchildren, however they had been removed by child protection services the previous month, and he was reportedly very upset by this. He was located deceased in a paddock, along with a note indicating his intention.

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Case 119

WA.2014.1135

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had a history of cervical spine fusion, migraine and cervicogenic headache, and had been injured in a work-related accident and a motor vehicle accident in previous years. He had attempted suicide by overdose in the past, and the deceased's partner had previously discovered a noose in their shed. The deceased's relationship had recently broken down, and he was noted to be acting out of character in the week prior to his death. He was discovered hanging in the shed, and was conveyed to hospital, where he passed away the following day.

Case 120

WA.2014.1153

Older Adult (65 years and over)

The deceased was an older female who died after ingesting toxic amounts of pentobarbitone. She was in relatively good health until shortly before her death, when she suffered from arthritis and had issues with bowel dysfunction. She was a member of two euthanasia groups, and was a former nurse. The deceased presented to her doctor with palpitations, and was diagnosed with mild tachycardia. She was discovered deceased in her home some days later, along with diary entries indicating her thoughts about her death. The Coroner was satisfied that her nursing knowledge and her mechanism of death indicated a clear intent.

Case 121

WA.2014.1220

Older Adult (65 years and over)

The deceased was an older male who died due to oxycodone toxicity in his own home. The deceased suffered from chronic severe back pain and hypertension. The day prior to his death, the deceased's wife died following a long battle with terminal cancer. A suicide note for the deceased's son was located at the scene, informing him he could not live without his wife.

Case 122

WA.2014.1269

Older Adult (65 years and over)

The deceased was an older male who died due to an intentionally inflicted gunshot wound sustained in his own home. The deceased also attempted to shoot his wife prior to taking his own life. The deceased was an ex-smoker and had a history of chronic obstructive pulmonary disease, type 2 diabetes mellitus and ongoing lower back pain. Almost two years prior to his death, the deceased was diagnosed with rectal cancer and subsequently received chemotherapy and radiotherapy. Three days before his death, the deceased was informed he was an unfit candidate for surgery or further radiotherapy, and was referred for palliative care.

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Case 123

WA.2014.128

Older Adult (65 years and over)

The deceased was an older female who died following intentional ingestion of oven cleaner in the home she shared with her daughter and son-in-law. The deceased had a medical history of schizo-affective disorder, with depression and complex end stage congenital heart disease. The deceased also had a history of ventricular septal defects, pulmonary stenosis, a pulmonary valvotomy, residual moderate pulmonary regurgitation and tricuspid regurgitation. She did not wish to undergo invasive surgery to deal with her heart disease and her cardiac specialists did not recommend it. Three days prior to her death, the deceased and her family met with the deceased's doctor and the deceased clearly expressed her intention for no further medical intervention.

Case 124

WA.2014.1337

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to hanging in his own home. The deceased was diagnosed with emphysema many years prior to his death, and was a heavy smoker for many years, only recently quitting. Almost two months before his death, the deceased was diagnosed with depression and prescribed antidepressants, however he did not report any suicidal thoughts. Post mortem toxicological analysis detected alcohol, antidepressants and opioids.

Case 125

WA.2014.144

Older Adult (65 years and over)

The deceased was an older male who died due to a self-inflicted gunshot wound sustained in his vehicle whilst parked at the local church car park. The deceased contracted polio in his youth, leaving him with serious permanent disabilities and muscle wasting. He also suffered from chronic fatigue syndrome and had become increasingly frail in the period before his death. Notes written by the deceased declaring his intention to end his life were found in the vehicle.

Case 126

WA.2014.1456

Older Adult (65 years and over)

The deceased was an older female who died due to a self-inflicted sharp force injury sustained in her own home. The deceased suffered from chronic heart disease, leg ulcers and osteoarthritis which resulted in a total hip replacement. She required assistance from community carers and nurses multiple times a week. A suicide note and a diary entry were found which highlighted the constant pain and discomfort the deceased was suffering.

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Case 127

WA.2014.1463

Adult (25 - 44 years)

The deceased was an adult male who died due to hanging in the house he lived with his parents. The deceased had a disrupted childhood and was diagnosed with ADHD, which was treated with medication. Two years prior to his death, the deceased sustained serious injuries in an assault and subsequently lost his employment. Due to ongoing pain from his injuries, the deceased could not find a stable job and began abusing drugs and alcohol on an increasing basis. In the few months prior to his death, the relationship between the deceased and his parents deteriorated and the deceased responded by self-harming. The deceased denied further suicidal intent and was prescribed antidepressants. The day prior to his death, the deceased and his father had a dispute and the father informed the deceased he would have to find somewhere else to live if his behaviour continued. Post mortem toxicological analysis detected alcohol, citalopram and amphetamines.

Case 128

WA.2014.1582

Older Adult (65 years and over)

The deceased was an older male who died due to a self-inflicted gunshot wound. The deceased's medical history included rosacea, diabetic peripheral vascular disease, and gangrene in his toes, which was causing increasing pain. The deceased and his wife had recently moved to an aged care facility to enable his wife to receive an increased level of care. Prior to this arrangement, the deceased was his wife's primary carer. Whilst the deceased remained independent, he was upset about having to live in the aged care facility, where he and his wife resided in side-by-side rooms. On the night of the incident, the deceased and his wife were located by care staff deceased in his wife's room. A letter written on behalf of the deceased indicated the couple's intention to end their lives. The Coroner found the deceased died by way of suicide, and the deceased's wife died by way of unlawful homicide.

Case 129

WA.2014.1587

Older Adult (65 years and over)

The deceased was an older female who died due to mixed drug toxicity in the retirement village where she resided with her husband. The deceased was bedridden and suffered from long-term depression and chronic fatigue syndrome. The deceased's primary carer was her husband, however, due to his own deteriorating health he became less able to care for her. The couple had been experiencing financial difficulties and were both deeply affected by the intentional deaths of their daughter and granddaughter within the previous decade. The deceased and her husband attended a pro-euthanasia seminar together and the deceased recently shared with a close friend the couple's intention to end their lives. The day prior to her death, the deceased's husband died by way of suicide. Police located a note in the deceased's house, indicating her intention to end

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her life in light of her husband's death and the difficulty they had been suffering due to their illnesses. The deceased overdosed on old prescription medication.

Case 130

WA.2014.159

Older Adult (65 years and over)

The deceased was an older male who died due to carbon monoxide toxicity in his truck in the garage of his home. The deceased had recently suffered a heart attack for which he refused medical treatment. The pathologist also found evidence of ischaemic heart disease and according to the deceased's wife, since the heart attack, the deceased had been smoking and consuming alcohol in greater quantities. The evening prior to his death, the deceased discussed the deaths of close friends and family which had occurred in recent years. The Coroner noted that the most likely explanation for the actions of the deceased was his concern for his ongoing health issues for which he refused medical assistance.

Case 131

WA.2014.161

Older Adult (65 years and over)

The deceased was an older female who died due to acute pentobarbitone toxicity in her own home. The deceased's medical history included rheumatoid arthritis, dissection of aortic aneurysm, hypertension, heart disease and depression, following the death of her husband. Before the death of the deceased's husband three years prior, the couple discussed joining a euthanasia organisation. The deceased's husband did not support the idea, but soon after his death from bowel cancer, the deceased became a member and attended a meeting. The deceased frequently told her daughter of her intentions to suicide and advised her that she had a bottle of pentobarbitone in her possession for when she needed it. On the day prior to her death, the deceased told her daughter that she intended to die by suicide the following day. The following day, whilst the daughter was with the deceased at her house, the deceased collapsed and became unresponsive in her bedroom. Next to the deceased was a euthanasia organisation folder, a bottle of pentobarbitone and notes written by the deceased indicating her intention to end her life.

Case 132

WA.2014.1612

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to an intentionally inflicted gunshot wound sustained in his own home. Almost a year prior to his death, the deceased developed a growth on his forehead and began to experience what he described as unbearable headaches and a "ringing" sensation in his ears. The deceased's family noted a change in his demeanour. The deceased left the growth untreated for six months before undergoing surgery to remove it. Despite treatment, it appears the deceased's headaches persisted and the deceased complained

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to his wife of unbearable pain. The deceased's son located a suicide note in a jacket pocket the following day.

Case 133

WA.2014.1750

Older Adult (65 years and over)

The deceased was an older male who died when he intentionally overdosed on his insulin medication in his own home. The deceased had a history of hypertension, hypothyroid-Hashimoto's disease and was an insulin dependent diabetic, injecting twice a day. The day prior to his death, the deceased was interviewed in relation to alleged historic criminal offences. The deceased denied all the allegations against him but was subsequently charged by police. On the day of his death, the deceased met with his lawyer before returning home. His wife discovered him unresponsive in bed shortly after.

Case 134

WA.2014.1780

Adult (25-44 years)

The deceased was an adult male who died due to hanging in his own home. The deceased suffered from a number of medical conditions, including bowel cancer, which had been surgically treated earlier that year. In the weeks prior to his death, the deceased was suffering pain following recent colon surgery, which involved the removal of a colostomy bag. His treatment involved daily medications, including Fentanyl patches and oral analgesia to manage pain, but the deceased remained anxious and depressed about his symptoms. On past occasions, the deceased had expressed suicidal ideations to his family, but not in the days leading up to his death.

Case 135

WA.2014.1804

Older Adult (65 years and over)

The deceased was an older male who died due to carbon monoxide toxicity in his vehicle in the rear yard of his home. The deceased suffered from a number of age-related illnesses but was relatively fit and well for his age. In the month prior to his death, the deceased was diagnosed with pneumonia which was successfully treated with antibiotics in hospital. During this treatment, the deceased began experiencing pain in his stomach from an undiagnosed medical issue. Despite analgesia, the deceased's pain increased and he had difficulty eating, lost weight and experienced increased anxiety about the cause of the pain. The night prior to this death, the deceased stayed up all night watching television due to the pain in his stomach. Multiple suicide notes were found at the scene, outlining the deceased's distress and intention to end his life.

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Case 136

WA.2014.1880

Older Adult (65 years and over)

The deceased was an older male who died due to hanging in his own home. The deceased had a history of metastatic breast cancer with disseminated bone secondaries. The cancer was incurable and the deceased was prescribed medication to slow the cancer down and relieve pain. The deceased's wife passed away several years earlier and following this, he became a recluse, only maintaining contact with his immediate family. A year prior to his death, the deceased attempted suicide by hanging. A suicide note was located at the scene which referenced the deceased's health as a motivating factor for his action.

Case 137

WA.2014.19

Older Adult (65 years and over)

The deceased was an older male who died due to intentionally inflicted incised wounds in his own home. Six months prior to his death, the deceased was diagnosed with an aggressive form of cancer in his oesophagus which had spread to his liver and lungs. His cancer was incurable and his chemotherapy treatment was for palliative care only. The deceased became very weak and fatigued and suffered rapid weight loss due to an inability to eat. Whilst he could walk short distances independently, he was unable to get to his feet without assistance. The day prior to his death, the deceased told his wife he could no longer live in this state.

Case 138

WA.2014.191

Young Adult (15-24 years)

The deceased was a young adult female who died due to injuries sustained when she jumped from the roof of a building. The deceased was diagnosed with Rasmussen's encephalitis, refractory epilepsy, cognitive impairment, obesity and organic personality disorder. She suffered seizures and pseudo seizures for most of her life, trialling numerous anti-epileptics and antidepressants to treat her conditions without much success. The deceased exhibited self-harming behaviour and threats of suicide, which escalated over time. The deceased had frequent contact with emergency and mental health services in relation to accommodation, support services and previous suicide attempts. As the deceased was not considered to be suffering from a treatable mental illness, she could not be detained under the mental health act.

Case 139

WA.2014.1971

Older Adult (65 years and over)

The deceased was an older female who died due to carbon monoxide toxicity using barbeque beads inside her vehicle. Three years prior to her death, the deceased was diagnosed with

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terminal metastatic ovarian cancer. The deceased's treatment involved chemotherapy, hysterectomy and large bowel removal. The deceased ceased chemotherapy in favour of alternative medicines, however the alternative treatments were unsuccessful the malignancy continued to spread. Despite doctor's advice, the deceased refused to recommence chemotherapy. Suicide notes were located in the vehicle and at camping ground, indicating the deceased's intention to end her life and instructions for arranging her funeral.

Case 140

WA.2014.2004

Adult (25-44 years)

The deceased was an adult female who died due to hanging in her own home. The deceased had a history of supraventricular tachycardia, insomnia and alcohol dependency. Following the death of a close friend a few months prior, it appears the deceased suffered from undiagnosed depression. The night prior to her death, the deceased argued with her father over dinner and the deceased threatened to take her own life. Post mortem toxicological analysis detected a high level of alcohol.

Case 141

WA.2014.2032

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to hanging at a lookout tower in a public park. The deceased had a history of chronic pain due to severe osteoarthritis, drug dependency, diabetes, schizoaffective disorder, asthma/emphysema and insomnia. The day prior to his death, the deceased attended his doctor, but his movements following this were unknown until he was discovered.

Case 142

WA.2014.2039

Older Adult (65 years and over)

The deceased was an older male who died due to carbon monoxide toxicity with alcohol effect in his vehicle parked in bushland. The deceased had a history of ischaemic heart disease, paroxysmal atrial fibrillation, high blood pressure and high cholesterol. He was receiving medication and treatments for these conditions. The deceased was also known to frequently consume significant amounts of alcohol. The deceased's was said to be depressed and anxious about a future court hearing. A notebook located at the scene included a list of telephone numbers to be contacted in the event of the deceased's death. Post mortem toxicological analysis detected alcohol in the deceased's system. The pathologist noted that the deceased's heart condition also contributed to his death.

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Case 143

WA.2014.2067

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to mixed drug toxicity in his own home. The deceased mobilised with a wheelchair and had a history of spinal fusion surgery, depression, intravenous drug use, cannabis use and long term bladder problems associated with self-catheterisation and possible urinary tract infection. The deceased experienced fusion pain and had been attending a pain specialist due to complex regional pain syndrome. A week prior to his death, the deceased presented to hospital complaining of cloudy discharge from his catheter and running out of pain medication. A farewell letter, indicating the deceased's unhappiness at having to wait for treatment for depression, as well as several handwritten notes relating to the deceased's illness and medical treatment were located. Investigating police officers learned that the deceased had family law problems and court orders were also located in the deceased's home. Post mortem toxicological analysis detected a fatal level of paracetamol in the deceased's system.

Case 144

WA.2014.369

Older Adult (65 years and over)

The deceased was an older male who died due to pentobarbitone and alcohol toxicity whilst on his sailing boat out at sea. Many years ago, the deceased was injured in a motor vehicle incident and became a partial paraplegic with ongoing chronic back pain. The deceased also suffered from hypertension and type 2 diabetes mellitus. Post-mortem examination revealed significant coronary arteriosclerosis which would have contributed to death. The deceased was an experienced sailor and recently recommenced sailing on his own. On the day of the incident, the deceased had trouble launching his boat and was assisted by passers-by. Just prior to setting sail, the deceased asked the passers-by to put his wallet and phone in his unlocked car nearby. The following day, the deceased's boat was located by police. The deceased showed no signs of life, lying on his back on the trampoline and wearing a diver's belt with weights. Post-mortem toxicological analysis detected alcohol in the blood, which is known to increase the toxicity of pentobarbitone and in combination, produce a sedating effect.

Case 145

WA.2014.426

Older Adult (65 years and over)

The deceased was an older male who died when he intentionally ingested pentobarbitone in his own home. A few months prior to this death, the deceased suffered a non-ST elevated myocardial infarction, after which his mental state declined progressively and he began experiencing severe pain in his head. This pain was unable to be managed with analgesics or acupuncture and as a result, the deceased lost the ability to use his gopher and live independently. In the month prior to his death, the deceased expressed a desire to end his life and was known to be in possession of

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a euthanasia pill he had obtained whilst travelling overseas many years earlier. The deceased was located unresponsive by his neighbour, alongside a note indicating his intention to end his life. Three days later, he passed away in hospital as a result of bronchopneumonia in the setting of combined drug toxicity.

Case 146

WA.2014.464

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to carbon monoxide toxicity in his vehicle parked on his own property. The deceased's medical history included hypertension and ischaemic heart disease. Two years prior to his death, the deceased was diagnosed with terminal cancer of the tongue but despite aggressive treatment, the deceased relapsed the following year. In the months prior to this death, the deceased declined further surgery and was placed on palliative treatment. Investigations revealed that the deceased had indicated to family and friends that he would rather take his own life, preferably by gassing, than face ongoing medical procedures due to his cancer. On the day of his death, the deceased met his accountant, signed his will, and emailed his sister referencing medication and how planned to use this in his suicide.

Case 147

WA.2014.518

Older Adult (65 years and over)

The deceased was an older male who died after ingesting pentobarbitone in his own home. Four years prior to his death, the deceased was diagnosed with terminal anal canal melanoma. Despite multiple surgeries, the deceased's prognosis was poor. The deceased underwent palliative treatment with antibodies, but this was unsuccessful. In the months prior to his death, the deceased spoke about voluntary euthanasia, engaged in media interviews on the subject of euthanasia, and posted videos on social media appealing for assistance in obtaining pentobarbitone. The deceased referenced the disease and how its uncontrollable progression meant his quality of life was declining rapidly. Sometime after his social media appeal, the deceased received a parcel from overseas which contained pentobarbitone. On the day of his death, the deceased sent an email to a radio presenter indicating that it would be the last email that they would receive from the deceased. Shortly after, the deceased was discovered unresponsive by his wife.

Case 148

WA.2014.554

Older Adult (65 years and over)

The deceased was an older male who died when he intentionally ingested pentobarbitone in his own home. The deceased had a history of joint pain, skin cancers and prostate enlargement. The deceased had complained of pain to his son, and recently experienced shortness of breath and mobility problems. The deceased had previously told his son he was a member of a euthanasia

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organisation, but due to the deceased's religious views, the son did not believe he would attempt suicide. On the day of his death, the deceased's son reported the deceased was in high spirits and they made plans for the following day. A note was located alongside the deceased, indicating his intention to take his life to his son. Police also located instructions for consuming pentobarbitone in the rubbish bin. Shortly prior to his death, the deceased had been given notice to vacate his home.

Case 149

WA.2014.573

Middle Aged (45-64 years)

The deceased was a middle aged female who died due to hanging in her own home. In the year prior to her death, the deceased was diagnosed with a high grade endometrial adenocarcinoma. The deceased underwent chemotherapy and radiotherapy following hysterectomy surgery, which proved only partially successful. The aggressive treatment caused the deceased to suffer pain, lose weight and become frail, depressed and reclusive. In the months prior to her death, the deceased attempted suicide by overdosing on her medications, and was treated in hospital before being discharged after assessment by a psychiatrist. On the day of her death, the deceased asked her husband to collect food at the local shops and when he returned a short while later, he located the deceased hanging. A week later, the deceased died in hospital from hypoxic brain injury.

Case 150

WA.2014.58

Older Adult (65 years and over)

The deceased was an older male who died after inhaling helium with the aid of a plastic bag in his own home. Towards the end of his life, the deceased was suffering from partial blindness, profound hearing loss and increasing difficulty walking. A post-mortem examination also revealed scarring over the surface of the left lung, coronary artery atherosclerosis and kidney cysts and scarring. The deceased and his wife were members of organisations advocating euthanasia and throughout his life, the deceased had openly discussed his intention to take his own life if he became infirm or terminally ill. In light of his current condition, the deceased expressed a desire to his wife to end his life. She dissuaded him on the basis they had family visiting soon. A few weeks later, the deceased suffered an apparent seizure from an unknown cause and was diagnosed with dementia and paranoia with psychotic tendencies. Over the coming weeks, the deceased's mental state continued to deteriorate, catalysing tension between various sides of the deceased's family over who should care for the deceased. Eventually, a psychiatrist found no evidence of psychosis and dementia, determining the deceased competent of making his own life decisions. The psychiatrist considered that the deceased's recent symptoms were post-ictal delirium. After this assessment, the deceased expressed a desire to return home with his wife. The following week, the deceased's wife located him unresponsive on the floor of his bedroom.

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Case 151

WA.2014.621

Older Adult (65 years and over)

The deceased was an older male who died after ingesting pentobarbitone in his own home. The deceased was formally diagnosed with Parkinson's disease two years prior to his death, following several years of worsening symptoms. The deceased discussed euthanasia options with his wife if his Parkinson's disease left him unable to care for himself. A year prior to his death, the deceased and his wife became members of a euthanasia organisation where they met a person who assisted them in obtaining pentobarbitone from overseas. Shortly after receiving the package, police intervened and confiscated the substance from the deceased and his wife; however, the deceased had secretly retained some of the substance, which he eventually disclosed to his wife. The following day, the deceased's wife went to wake him at lunchtime and found him unresponsive. A note implying his intention to end his life and instructions of how to self-administer the substance were located nearby.

Case 152

WA.2014.629

Older Adult (65 years and over)

The deceased was an older male who died of acute drug toxicity (predominately tramadol) when he intentionally ingested a number of medications. The deceased was suffering from several illnesses, including a heart condition, cancer of the kidneys, lung disease, cholecystectomy, hypertension, high cholesterol and a history of smoking. Post-mortem examination also revealed an abdominal mass which likely represented a tumour in the abdomen. The deceased was unable to walk very far however was still independent and, since his wife's passing three years prior, lived alone. The day prior to his death, the deceased expressed to his friend that he was fed up, and asked her to visit him the following day. When she arrived, she located him lying on the floor, conscious but in a weak state. The deceased was conveyed to hospital where he disclosed he had consumed a quantity of pain medication given to him by his sister from overseas. The medication contained dipyrone and was banned in Australia. The deceased's condition deteriorated and following authority from the deceased's family overseas, it was agreed he would not be resuscitated if required. Investigations revealed the deceased was prescribed numerous medications including one containing tramadol. Police discovered a dictaphone and a cassette tape which appeared to contain a message to his friend apologising for his actions and explaining that he did not wish to live in a nursing home and requested she look after his wife. The dates of the tape could not be verified, but the evidence suggested they pre-dated the death of his wife. The anniversary of the deceased's wife death was the following week.

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Case 153

WA.2014.707

Older Adult (65 years and over)

The deceased was an older male who died when he ingested a fatal amount of benzodiazepine medication in his own home. The deceased suffered from chronic obstructive pulmonary disease, hypothyroidism, ischaemic heart disease and diastolic cardiac dysfunction. Prior to his death, the deceased contracted a chest infection which caused his condition to deteriorate. He became reliant on home oxygen and could not walk more than a few metres at a time. In the week prior to his death, the deceased told his son that he was fed up with his condition and did not wish to go to hospital. The deceased was located by his neighbour, deceased in his bed. Police located an empty medicine bottle and temazepam tablets at the scene.

Case 154

WA.2014.72

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to carbon monoxide toxicity in his vehicle parked on the side of the road. The deceased suffered from hypothyroidism and had a long history of intermittent low back pain involving surgery many years ago, and the occasional use of oxycontin. In recent times, the deceased experienced lethargy with increasing headaches. Extensive investigations revealed no significant result but it was suspected he may have fibromyalgia. The deceased was commenced on antidepressants as treatment. The deceased was not known to have shown any signs of depression or self-harm in the period leading up to his death.

Case 155

WA.2014.925

Older Adult (65 years and over)

The deceased was an older male who died due to a self-inflicted gunshot wound sustained in his own home. The deceased and his wife were known as a loving and caring couple who were fiercely independent. The deceased suffered from Parkinson's disease, had a pronounced tremor, and shook when at rest. The deceased was his wife's primary carer as she suffered from multiple sclerosis which affected her mobility and balance. However, due to the deceased's own age and health, he was unable to pick her up when she fell. In the past, the deceased and his wife had both separately mentioned their support of euthanasia to their doctor and family, and the deceased had also stated to his son that he would shoot himself before going into a care facility. Then night prior to their deaths, the deceased's family celebrated the deceased's birthday and the deceased and his wife were reported to be happier than usual. The couple were discovered deceased in their bedroom a few days later with a note indicating their intentions to end their lives. Investigations revealed further notes written by the deceased indicating his plans, as well as a copy of a euthanasia handbook. The Coroner found the deceased died by way of suicide, and the deceased's wife died by way of unlawful homicide.

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Case 156

WA.2015.1014

Older Adult (65 years and over)

The deceased was an older male who died due to a self-inflicted gunshot wound sustained in his own home. A month prior to his death, the deceased was diagnosed with inoperable metastatic cancer with a prognosis of three months to live. Upon post-mortem examination, the pathologist found evidence of underlying disseminated malignancy in the lungs, lymph nodes of the chest, liver, kidneys, adrenal gland and possibly within the ribs and spinal column, as well as coronary arteriosclerosis. The day prior to his death, the deceased discharged himself from hospital following a week of palliative care, as he no longer wanted medical treatment. The following day, the deceased was described as grumpy and not interested in conversation before being located in his workshop by a palliative care nurse.

Case 157

WA.2015.1034

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to a self-inflicted gunshot wound sustained in his own home. In the days prior to his death, the deceased presented to his doctor with concerns that he was having difficulty gathering and remembering his words while speaking and had experienced some memory loss over the previous months. A brain scan showed a probable meningioma (brain tumour) and the deceased was referred for specialist neurosurgical management. In a post-mortem examination, the pathologist identified the tumour as a Grade 1 Meningioma with compression of the underlying frontal cortex. The deceased's firearm licence was cancelled a few years prior, and he had surrendered his registered rifles but retained the unregistered, modified pistol. No suicide note was located and correspondence between the deceased and his long-term and long-distance partner showed no indication of suicidal intent. The Coroner found that the deceased's concern over his quality of his life being affected by the tumour was the reason he took his life.

Case 158

WA.2015.1051

Older Adult (65 years and over)

The deceased was an older male who died due to plastic bag asphyxia at his own home. The deceased suffered from a number of age related illnesses, including anxiety, depression and arthritic pain, which affected his quality of life. The deceased became increasingly withdrawn, as many of his close friends had passed away in recent years. In the year prior to his death, the deceased had a large squamous cell carcinoma surgically removed from the right temple area of his scalp, with reconstruction of the area with a split thickness skin graft. During his recovery the deceased suffered significant pain and discomfort and the cancer soon redeveloped, causing further pain. The deceased was scheduled to undergo further surgery at the time of his death.

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Case 159

WA.2015.1093

Older Adult (65 years and over)

The deceased was an older male who died due to carbon monoxide toxicity in his vehicle parked in his own home. The deceased suffered from a number of age related illnesses, including coronary artery disease and depression. The deceased had been living alone since his wife was admitted to a nursing home due to deteriorating physical and mental health related to her dementia. The deceased visited his wife daily. He expressed unhappiness over the living arrangements and spoke to his family about suicide.

Case 160

WA.2015.1199

Middle Aged (45-64 years)

The deceased was a middle aged male who died following ingesting a fatal amount of amlodipine medication in the home he lived in with his parents. The deceased suffered from cystic lung disease, hypertension, vitamin D deficiency, subclinical hypothyroidism and anaemia. When he was a child, the deceased was diagnosed with Usher's syndrome, a genetic disorder characterised by progressive loss of hearing, vision and balance and speech difficulty. He experienced depression associated with his disability and had previously attempted suicide by overdose several years earlier. Following this suicide attempt, the deceased's parents supervised the deceased's medication intake, including securing his medication in a locked cabinet. However, in the months prior to his death, this supervision had waned. The day prior to his death, the deceased was unwell and eventually transferred to hospital. An overdose of antihypertensive medication was confirmed at post mortem examination.

Case 161

WA.2015.121

Older Adult (65 years and over)

The deceased was an older male who died when he intentionally set himself alight at a building site near to his house. The deceased suffered from chronic pain due to arthritis and this pain had caused him to mention suicidal thoughts on a couple of occasions. Prior to marrying his wife several years earlier, the deceased had served a term of imprisonment following conviction of sexual offences against a young girl. The deceased was alleged to have attempted suicide by hanging around this time. In the weeks prior to his death, the deceased's wife became aware of allegations that the deceased had assaulted his step-daughter and biological daughters when they were younger. The deceased initially denied the allegations but following his admission, the deceased began living in the front room of the house with limited contact with his family. Without the knowledge of the deceased or his wife, the deceased's step-daughter informed police of the allegations and an investigation commenced. On the day of the incident, the deceased became aware of the investigation and was later found at a nearby building site with

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obvious burns to his body. Police believe the deceased doused himself in flammable liquid before igniting the vapours. Despite treatment, the deceased died in hospital a few days later.

Case 162

WA.2015.1270

Older Adult (65 years and over)

The deceased was an older male who died after ingesting weed killer in his own home. The deceased suffered from hypertension, gout, leg cramps and shoulder pain, which was treated with cortisone injections. Several years earlier, the deceased was surgically treated for bowel cancer. In recent years, the deceased started to lose weight but was adamant he did not have a return of the cancer. The deceased's pain resulted in a poor quality of life, and he had reported to his family that his pain was unbearable and the treatment was not giving him any relief. The deceased had previously mentioned suicide by jumping off a jetty, but the deceased's family did not believe his intentions were serious. On the day of the incident, the deceased's wife discovered him lying in the shed having consumed weed killer, with cut wounds, and stating he wanted to die. Despite treatment, the deceased died in hospital a couple of days later. A suicide note referred to the deceased's ongoing pain.

Case 163

WA.2015.13

Middle Aged (45-64 years)

The deceased was a middle aged male who died when he ingested a fatal amount of methadone with prescription medications in his own home. The deceased medical history included chronic obstructive airways disease/emphysema, ongoing back pain, chronic Hepatitis C, hypercholesterolaemia, depression, and alcohol and substance abuse. The deceased was currently unemployed and had previously attempted suicide. The deceased was discovered unresponsive by his de-facto partner, with the combination of substances and pre-existing chronic obstructive airways causing his death.

Case 164

WA.2015.1310

Older Adult (65 years and over)

The deceased was an older male who died as a result of a self-inflicted gunshot wound to the head. He had been diagnosed with bone cancer approximately three months prior to his death, and was advised that without treatment, he had approximately six months to live. The night before the incident, the deceased suffered a momentary loss of movement in his arm, and was unable to bathe without assistance, which upset him. The following day, at the rear of their property, his wife observed him shoot himself non-fatally, before reloading and inflicting the fatal wound.

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Case 165

WA.2015.1350

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He had severe diabetes, which resulted in both legs being amputated below the knee two years prior. He was fitted with prosthetic legs and walked with a frame. The deceased had a history of self-harm and at least one suicide attempt. The deceased was awaiting the local bus with family outside their house, but the bus was full and the deceased was asked to wait until it returned shortly. He was discovered deceased in the same place when the bus returned for him.

Case 166

WA.2015.1378

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He was a smoker and suffered from a number of age-related illnesses, including chronic lymphocytic leukaemia, chronic obstructive lung disease and chronic pain. His mobility was becoming limited. He was reluctant to engage with medical professionals and did not want medical treatment other than analgesia for chronic pain. The deceased had attempted suicide by overdose two years prior, and again two weeks before his death. He was hospitalised and assessed as suffering from major depressive disorder, but denied the overdose was deliberate and denied any suicidal thoughts. He was discovered deceased in his hospital bathroom.

Case 167

WA.2015.1455

Middle Aged (45-64 years)

The deceased was a middle aged female who died due to incised wounds to the wrist and neck. She suffered from heavy periods and anaemia for seven years, and had a hysterectomy and dilation and curettage of her uterus three years prior. In the two months prior to her death, the deceased experienced a recurrence of upper abdominal pain. Due to the pain, she consulted with two doctors and attended hospital numerous times. The cause of her pain remained unclear, and she had limited response to medications. The deceased was discovered by a friend at her house, drowsy and holding a knife to her throat. She admitted to her friend that she wished to suicide, and was conveyed to hospital. The deceased expressed frustration at her inability to eat or sleep due to her medical problems, and at the inability to explain the cause of these problems. She indicated she may self-harm if she was discharged from hospital, but was nevertheless discharged. She was discovered deceased in her home by her husband a week later.

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Case 168

WA.2015.1509

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. His family believed he had a long history of back pain, and he had recently told his sister he had been losing weight and suffering from pain emanating from his whole body. The deceased had stopped attending his church, and his fellow parishioners were beginning to become concerned for his welfare. He was discovered deceased in his house, with evidence of having inflicted multiple suicidal injuries, including via drug overdose and incised wounds.

Case 169

WA.2015.1510

Older Adult (65 years and over)

The deceased was an older female who died due to plastic bag asphyxia. She had a medical history of type 2 diabetes mellitus, glaucoma, hypothyroidism, osteoarthritis, and she had a dual chamber pacemaker inserted. She was reluctant to take prescription medication, instead opting for alternative treatments and medications. The deceased had a long history of talking about euthanasia with her family, and for ten years was an active follower of a pro-euthanasia group. She had begun to talk more frequently about suicide. Several days before her death, the deceased talked to her husband about taking her life and what he should do when he found her. She was discovered deceased in her home by her husband, alongside a note indicating her intention.

Case 170

WA.2015.1517

Older Adult (65 years and over)

The deceased was an older male who died by hanging. He had a history of hypertension, hypercholesterolemia, dyspepsia and gout. He had immigrated to Australia eight years prior to his death, and did not speak English. He had lived in a small community in his home country, and his family believed he was lonely and culturally isolated in Australia. He was discovered deceased in the garage, after having placed his clothing and personal belongings in the rubbish bin for collection.

Case 171

WA.2015.1584

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging in a shed on his property. He suffered from hyperlipidaemia, Paget's (bone) disease, abnormal prostate, increased blood sugar levels and osteoporosis. He had begun to lose vision in one of his eyes, and suffered significant prostate pain. He was not taking any medication, and refused to discuss his medical conditions

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with his family, who also suspected he was depressed. The deceased was the primary carer for his wife, who suffered numerous illnesses. Over the past few years the deceased had struggled to manage the property he resided on whilst taking care of his wife. The deceased and his family subsequently uprooted some trees on the property, and the deceased saw their destruction as a failure of his ability to provide for his family. The deceased had scheduled a follow-up appointment with his eye specialist to discuss the progress of his eyesight, but he was discovered deceased on the day of the appointment.

Case 172

WA.2015.1626

Older Adult (65 years and over)

The deceased was an older male who died due to blood loss from multiple wrist lacerations. He was diagnosed with terminal lung cancer and prostate cancer, and suffered from emphysema, hypertension, and gastro oesophageal reflux disease. He had undergone radiotherapy to treat metastases in the T1 vertebral body two months prior to his death. The deceased was on a number of medications for his illnesses, and required a walking frame to aid his mobility. The deceased was discovered in an empty unit in his aged care facility. A suicide note was found at the scene.

Case 173

WA.2015.1633

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He had a history of depression, migraines and chronic pain from a degenerative lumbar disc disease. He had surgery on his back which gave him relief for about twelve months, but the chronic pain returned. A week prior to his death, the deceased was charged with significant fraud offences, and was due to appear in court in a month's time. He was discovered deceased at his home address by his wife. Suicide notes apologising to his wife were located on the scene.

Case 174

WA.2015.1653

Older Adult (65 years and over)

The deceased was an older male who died as a result hanging. He had a history of emphysema, diverticular disease of the colon, atrial fibrillation, heart failure, mitral regurgitation, coronary artery stent, pulmonary nodules and incarcerated right femoral hernia. The deceased's family noted his health had been declining for two years prior to his death, and he occasionally intimated his intention to end his life, which his family did not take seriously. In the two months prior to his death, the deceased began to suffer changes in his health, and had a number of visits to the hospital. Three days after surgery for a urinary tract procedure, he was discovered deceased at his property.

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Case 175

WA.2015.1699

Middle Aged (45-64 years)

The deceased was a middle aged female who died after ingesting toxic quantities of amitriptyline. She had a history of depression, migraines, cluster headaches and epilepsy. She had been unable to work for many years due to chronic pain associated with the migraines and cluster headaches. She was prescribed amitriptyline. The deceased's chronic pain also interfered with her ability to function at home, and had put strain on her relationship with her husband, who had recently informed her of his intention to separate formally. The deceased overdosed on diazepam two months before her death, and was treated for major depressive disorder. On discharge, she had an improved mood, but was still preoccupied with relationship problems, and expressed feelings of hopelessness and helplessness. Three weeks later, she was found deceased.

Case 176

WA.2015.1706

Middle Aged (45-64 years)

The deceased was a middle aged male who died due after ingesting toxic amounts of oxycodone, alprazolam and metoprolol. He had a history of diabetes, chronic pain and hypertension, for which he was prescribed a number of medications. He had been a gifted artist in his youth but had become involved with drug and alcohol use, which affected his lifestyle and ability to work. The deceased resided in a house owned by family, but had recently been asked by his brother to move out, which he was reluctant to do. He was discovered in the house having left notes for family members indicating his intention to end his life. Autopsy results revealed chronic lung disease, evidence of hepatitis C and chronic kidney changes.

Case 177

WA.2015.1729

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to drowning. His medical history included insulin dependent diabetes mellitus, ischaemic heart disease, osteomyelitis, septic arthritis and gangrene left great toe, which was recently amputated. Two weeks prior to his death, the deceased was arrested for possession of child exploitation material, and was given a court date. On the day of the court appearance, the deceased left two envelopes at his sister's address, and was later found in a river near a recreational park.

Case 178

WA.2015.1780

Middle Aged (45-64 years)

The deceased was a middle aged male who died of a shotgun wound to the head. He had issues with leg pain and was being treated for hypertension. He was not known to have any mental

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health issues and had never made any mention of self-harm. He was found deceased by the friend he was staying with in a shed on the property.

Case 179

WA.2015.1812

Older Adult (65 years and over)

The deceased was an older female who died due to plastic bag asphyxia and nitrogen inhalation. Her medical history included current smoking, severe emphysema, gastro-oesophageal reflux disease, coronary artery disease with myocardial infarctions, hypertension and previous transient ischemic attack. She was under the care of a respiratory physician, to whom she expressed suicidal thoughts in the days prior to her death. The physician assessed the deceased to be depressed, but the deceased refused further treatment and left the hospital. The deceased had attended a euthanasia seminar, yet it was unknown when this occurred. She was discovered deceased at her home address, and had left notes indicating her intention to end her life.

Case 180

WA.2015.1839

Middle Aged (45-64 years)

The deceased was a middle aged male who died as a result of hanging. He was diagnosed with chronic fatigue syndrome, panic disorder, bipolar disorder, fibromyalgia, chronic spinal pain, moderate-severe obstructive sleep apnoea, nocturnal bruxism and chronic anxiety. The deceased had been treated by numerous specialists and took a variety of medications, both prescribed and not prescribed. The deceased had been involved in a number of motor vehicle accidents due to daytime sleepiness, and often ceased contact with his psychiatrist. The deceased had attempted self-harm by overdosing on medication twice in the past, and often spoke about suicide. He was discovered deceased at his home address.

Case 181

WA.2015.1843

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He suffered from recurrent back pain, but was otherwise healthy. On the day of the incident, the deceased had consumed alcohol at a party, and had an argument with his wife. The deceased threatened to hang himself and locked himself in the shed on their property. His wife and children tried to speak to him, but they were ignored. After a short time, it became apparent that the deceased had acted on his threat. He was pronounced deceased at hospital later that night.

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Case 182

WA.2015.1851

Older Adult (65 years and over)

The deceased was an older male who died after ingesting toxic amounts of pentobarbitone. He was diagnosed with gastric cancer three years prior to his death, and underwent a sub-total gastrectomy and reconstruction of his stomach. His post-operative period was difficult, and he refused chemotherapy against advice. The deceased spent the following years getting his affairs in order, and spoke of joining an organisation advocating euthanasia, as he wanted to manage his death if he became incapacitated due to poor health. During the year prior to his death, the deceased began to experience recurring abnormal liver function and ascending cholangitis. A week prior to his death, the deceased underwent a gastroscopy with double balloon enteroscopy and reconstruction, however the procedure was only partially successful, and the deceased was suffering post-operative pain and difficulty sleeping. A repeat of the procedure was scheduled, however he was found deceased at his home address three days prior. Notes were discovered that indicated his intention to end his life.

Case 183

WA.2015.1933

Older Adult (65 years and over)

The deceased was an older male who died due to drowning. He had a medical history of moderate obstructive sleep apnoea and atrial fibrillation, and recent surgery to his feet. The deceased's employment contract had recently ended, and he unsuccessfully continued to seek new employment while also caring for his wife, who had mobility issues. They were experiencing financial difficulties, and the deceased's wife suspected he was becoming worn out and disheartened from repeatedly having employment applications rejected. During the two weeks prior to his death, the deceased's hearing noticeably deteriorated, and he was losing weight. On the day of the incident, the deceased left the house and attended a local park, where he entered a pond. He was unable to swim, and subsequently drowned. Police discovered a note in his car indicating his intention to end his life.

Case 184

WA.2015.1961

Older Adult (65 years and over)

The deceased was an older female who died due to combined drug effect and plastic bag asphyxia. She had been experiencing back pain for three months prior due to osteoporosis and four broken vertebrae in her back. The deceased's family had discussed her moving closer to them so she could be better taken care of, but she was reluctant to move, and mentioned that it would be easier on the family if she were not around. The deceased was discovered at her home address, along with a suicide note, with a plastic bag over her head and having ingested various prescription medications. She was transported to hospital, where she passed away four days later.

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Case 185

WA.2015.1980

Adult (25-44 years)

The deceased was an adult female who died by hanging. She had a medical history of Crohn's disease, depression, hernia repair, had contracted several sexually transmitted diseases, and had recently terminated a pregnancy. Following the termination, the deceased attempted to overdose on paracetamol and alcohol, and reported being very upset about the termination. The deceased and her partner, to whom she fell pregnant, separated a week prior to her death, and she him sent texts threatening self-harm. Three days later, the deceased sent photos of herself self-harming to her mother, who requested a welfare check. Police discovered her hanging at her home address, and she was transported to hospital, where she passed away three days later.

Case 186

WA.2015.2027

Middle Aged (45-64 years)

The deceased was a middle aged female who died in unascertained circumstances suggestive of an insulin overdose. She had been an insulin dependent diabetic for many years, and had suffered a number of hypoglycaemia attacks. In the year prior to her death, the deceased's dog was diagnosed with terminal bladder cancer. The deceased had indicated to her neighbour that when her dog died, she wished to die also, and had mentioned a number of times that she would one day suicide by overdosing on insulin. After her dog died, the deceased appeared to be getting her affairs in order. After her friends were unable to contact her, the deceased was discovered at her home address along with two insulin syringes and a long acting insulin pen. A definite cause of death was unable to be determined due to post-mortem changes, however the Coroner was satisfied that the circumstances indicated an intentional insulin overdose.

Case 187

WA.2015.2090

Older Adult (65 years and over)

The deceased was an older male who died after ingesting toxic amounts of pentobarbitone. He was a long-time supporter of euthanasia and was a member of euthanasia societies for many years. Several months prior to his death, the deceased was involved in a mountain biking accident, which resulted in incomplete tetraplegia. He could move his hands, but required nursing care in his home. The deceased often expressed his thoughts of suicide and spoke about euthanasia to his nurses and carers. He was found deceased at his home address by his rostered nurse.

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Case 188

WA.2015.212

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had been the victim of a serious assault during which he was “king hit”, and also fell from a balcony and suffered head injuries. Due to these incidents, the deceased sustained brain damage which had an ongoing effect on him. On the night of the incident, the deceased was drinking with friends, and left in a normal mood. After receiving a text indicating his intention to end his life, the friends discovered him deceased in a school playground near the friends’ address. The deceased was conveyed to hospital where he passed away two days later.

Case 189

WA.2015.2165

Older Adult (65 years and over)

The deceased was an older female who died as a result of incised wounds to the limbs. The deceased was the primary carer for her husband, who suffered from dementia. She had a number of age-related illnesses, particularly pain in her left knee and both hips. The deceased had discussed a knee replacement with an orthopaedic surgeon due to her reduced quality of life, however she indicated she was happy to live with the symptoms for the time being. The deceased regularly saw her doctor for pain medication, and after a request for stronger pain medication, the doctor suggested reconsidering the knee replacement. On the day of the appointment, she was discovered deceased at her home address. A note was located indicating her intentions.

Case 190

WA.2015.32

Older Adult (65 years and over)

The deceased was an older female who died after ingesting toxic amounts of pentobarbitone. She had a history of hypertension, osteoarthritis, radiculopathy/neuropathy and diverticular disease. The deceased’s husband had passed away several weeks earlier, and she was still grieving his death. The day before her death, the deceased’s daughter visited, and noted that she was in physical pain and emotionally distressed. She was discovered deceased the following morning at her home address, with various letters indicating her intention, her physical pain and her sadness about her husband’s passing.

Case 191

WA.2015.323

Middle Aged (45-64 years)

The deceased was a middle aged female who died after ingesting toxic amounts of oxycodone. She had a number of health issues and was prescribed a number of medications, including oxycodone, for pain relief. The deceased was divorced and had three children, two of whom had

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passed away, one due to suicide. The deceased travelled to visit his grave on the date of his birthday, and stated to a cousin that she wished to be cremated, which her cousin dismissed. She was discovered deceased the next morning.

Case 192

WA.2015.346

Middle Aged (45-64 years)

The deceased was a middle aged female who died from multiple injuries after being struck by a train. She had a medical history of hypertension, headaches, degenerative disease of the spine and occipital neuralgia. The deceased and her husband had been married for many years and were very devoted to each other. The husband was suffering from advanced prostate cancer, and the deceased was very distressed about his condition. In the year leading up to her death, the deceased became convinced she suffered from cancer, although her doctors found no evidence to support this. She refused to engage with the possibility that her symptoms were psychological, and remained convinced that she suffered from a physical illness. On the night of the incident, the deceased left a note for her husband indicating her intention, and travelled to a nearby train station, where she entered the tracks and was subsequently struck by an oncoming train.

Case 193

WA.2015.38

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. His medical history included type 2 diabetes, hyperlipidaemia, hypertension and ischaemic heart disease with angina. He also drank alcohol heavily and smoked cigarettes. The deceased's family believed him to be suffering from undiagnosed depression following the recent deaths of close family members, including his eldest brother with whom he was very close. During a family function at his ex-wife's house, the deceased consumed a large amount of alcohol, and stayed at this address when everyone else left. He was discovered deceased later that day.

Case 194

WA.2015.392

Older Adult (65 years and over)

The deceased was an older male who died by hanging. He suffered from Stage 4 lung cancer with severe back pain, type 2 diabetes mellitus, cholelithiasis, Stage 2 chronic kidney disease, emphysema, hypercholesterolemia and fatty liver with hepatomegaly. The deceased's respiratory physician recommended the deceased be referred to a radiation oncologist for palliative care but he did not attend his scheduled appointment. The following day, he was discovered deceased in the bushland behind his residential caravan park, and a note indicating his intention was found inside his caravan. Autopsy revealed a necrotic, haemorrhagic lesion in the right upper lobe of the lung and coronary artery atherosclerosis.

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Case 195

WA.2015.44

Middle Aged (45-64 years)

The deceased was a middle aged female who died after ingesting toxic amounts of tramadol and near toxic amounts of venlafaxine. Several years prior to her death, the deceased suffered a workplace accident and was subsequently diagnosed with a large L5/S1 right aracentral disc protrusion, which was surgically treated. However, due to the condition and delay in definitive treatment, the deceased suffered Cauda Equina Syndrome, which caused permanent impairment of bowel and bladder function, and a severe chronic pain syndrome. Two years prior to her death, she was diagnosed with a pre-cancerous lesion in her groin, which she declined to have excised. The following month, she attempted suicide by overdosing on her medication, and was diagnosed with having experienced a major depressive episode. The deceased presented with symptoms of depression in the months prior to her death, and was seeing a counsellor. She was discovered deceased at her home address by her daughter.

Case 196

WA.2015.475

Young Adult (15-24 years)

The deceased was a young adult male who died from multiple injuries and incineration following a motor vehicle incident. He had been diagnosed with motor neuron disease three years prior, and was very affected by this diagnosis. He attempted suicide four months prior to his death, and was diagnosed with depression, with an increase in symptoms since his motor neuron disease diagnosis. The deceased also had a recent relationship breakdown. He indicated to a friend that he did not want to become a burden to anyone as his illness progressed, and that he could consider suicide if he lost the use of his legs and became wheelchair bound. In the month leading up to his death, the deceased's mobility had begun to decrease, and he withdrew from contact with others. He intentionally drove his car into a tree off a highway, and the burning car was discovered by a member of the public soon after.

Case 197

WA.2015.483

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of hanging. Her medical history included hypertension and high cholesterol, and she had a family history of lung conditions. She had suffered from shortness of breath and a cough for three years, and after undergoing various unsuccessful treatments, she was diagnosed with diffused parenchymal lung disease the year prior to her death. She underwent a course of chemotherapy and steroid treatment, however she did not display any improvement. The deceased then entered into an oral and intravenous treatment program, which resulted in some improvement. Two months prior to her death, the deceased was prescribed with home oxygen to assist her breathing, and was spoken to about a double lung transplant, however she needed to improve her health and fitness before surgery

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could be conducted. Her condition deteriorated in the following weeks, and she struggled to sleep and complete daily activities. She was discovered deceased at her home address. While no suicide note was located, she had commented to her husband that she did not want to end up like her mother, who suffered from chronic lung disease, was wheelchair bound, and relied on an oxygen tank to breathe.

Case 198

WA.2015.53

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He had a medical history of hypertension, prostate cancer, atypical pneumonia, cystoscopy and asthma. The deceased had experienced a recent decline in his eyesight which rendered him unable to watch television or see telephone numbers, and he had recently handed in his driving licence. He had previously mentioned to a friend that he would end his life by overdosing on his medication, and that he would do it out the front of the house so he would be found. He had said goodbye to this friend, and was discovered deceased on his porch two days later.

Case 199

WA.2015.59

Older Adult (65 years and over)

The deceased was an older male who died of a self-inflicted gunshot wound. He suffered from severe chronic right hip pain due to osteoarthritis, had difficulty walking, and had been on the hospital waiting list for hip surgery for some time. The delay had caused him to be frustrated, depressed and irritable at times, but he had declined treatment for his pain and mood. The deceased's wife suffered from a terminal illness, and they often argued. On the night of the incident, they argued, and the deceased stormed off. After hearing a bang, his wife discovered him deceased in the rear room. Toxicological analysis revealed a high level of alcohol.

Case 200

WA.2015.644

Older Adult (65 years and over)

The deceased was an older male who died of a self-inflicted gunshot wound. He had a past history of depression for which he was treated, and the year prior to his death he was diagnosed with early motor neuron disease. In the months leading up to his death, the deceased had increasing problems with small tasks. On the day of the incident, the deceased's wife left for church alone, and the deceased left her a note indicating his disease had progressed and he did not wish to be a burden on her. He proceeded to travel to a national park, where he called police and informed them of his intention to take his life using a firearm, and provided his location and requested they seize the weapon before it was located by others. He was discovered deceased by police as described, where they located a copy of the note left for his wife.

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Case 201

WA.2015.785

Older Adult (65 years and over)

The deceased was an older female who died after ingesting toxic amounts of pentobarbitone. She had a medical history of palpitations and osteoarthritis, and while she had no evidence of mental health issues, her family thought she had never recovered from the loss of her husband many years earlier. The deceased was a member of a euthanasia organisation, and often tried to talk about her membership with her family. In the year leading up to her death, the deceased's arthritis was getting worse, and she experienced difficulties doing her usual hobbies. The family was aware she was afraid of becoming incapable of doing her usual activities and unable to make her own choices. Two months prior to her death, the deceased informed family members that she had organised her own funeral. On the night of the incident, she emailed a cousin indicating her intentions, and gave the cousin instructions to call police on entering her home. She was discovered deceased by police, along with letters, personal documents, and a note stating she had ended her life by taking pentobarbitone.

Case 202

WA.2015.867

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He was diagnosed with kidney cancer three years prior to his death, and later terminal pancreatic cancer. For these he received aggressive treatment and suffered serious infections requiring hospitalisation. He was prescribed anti-depressant medication for his anxiety. The deceased became incontinent in the last six months of his life, and attempted suicide twice, as he stated he hated being a burden. The deceased's wife fractured her hip, and he expressed concern that his health would impede his ability to help with her recovery. Two weeks prior to his death, the deceased travelled to receive medical treatment, and stayed with his daughter, who noticed he had stopped taking his medication for his pancreatic and kidney cancer. He stated he had had enough of his treatments. His daughter discovered him deceased in her home. Autopsy revealed a tumour in the liver, probable benign tumours in the stomach, enlargement of the heart with a pacemaker present, and probable emphysema.

Case 203

WA.2015.871

Older Adult (65 years and over)

The deceased was an older male who died as a result of a self-inflicted incised wound. His medical history included ischaemic heart disease, Type 1 diabetes, anaemia and depression, and he had recently been concerned by his wife's deteriorating health. The deceased had recently been the subject of serious allegations regarding indecent contact with his granddaughter, which resulted in him no longer being welcome in the family home. Family members noted he was sad and not coping well with the allegations. He had presented to hospital a week before his death with a

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wound that he claimed was accidental, however family believe this was a suicide attempt. He was discovered deceased in his car by passers-by.

Case 204

WA.2015.918

Older Adult (65 years and over)

The deceased was an older male who died due to plastic bag asphyxia. He was diagnosed with throat cancer over a year before his death, had refused treatment and had been given a prognosis of two years life expectancy. On returning home after a day out, the deceased's wife discovered a note indicating his intention to end his life due to his increased pain levels. He was located deceased in the shed on their property. Also located was a euthanasia text book, and the Coroner identified that the deceased followed the protocol set out in this book.

Case 205

WA.2016.1011

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to a head injury in the context of hanging. His medical history included depression, chronic alcoholism, end-stage alcoholic liver disease and Zieve's syndrome. He had a history of suicidal thoughts, numerous hospital admissions and was well known to mental health services. Two days before his death, the deceased was evicted from his home due to his excessive alcohol consumption, and was conveyed to hospital after ambulance officers responded to a mental health care alert. While in hospital, the deceased attempted suicide by hanging, leaving a note indicating his intention, and suffered a head injury in the process. He subsequently passed away from intracranial bleeding as a result of the head injury.

Case 206

WA.2016.1048

Middle Aged (45-64 years)

The deceased was a middle aged male who died after ingesting toxic amounts of amitriptyline, in addition to diazepam. He had been diagnosed with depression seven years prior, and had experienced issues with psoriasis, palpitations and obstructive sleep apnoea. He had attempted suicide two years prior, and he and his wife had recently decided to divorce. He was discovered deceased in a hotel room with notes indicating his intention.

Case 207

WA.2016.1106

Older Adult (65 years and over)

The deceased was an older female who died due to insulin toxicity. She suffered from long term diabetes mellitus and required daily injections of insulin. The deceased had no history of

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depression or self-harm, however she had been distressed over the recent death of a family member and was reportedly not coping with the death. She was discovered unresponsive in her bed surrounded by empty insulin packets, and her will on display. She was conveyed to hospital, where she passed away two weeks later.

Case 208

WA.2016.1297

Older Adult (65 years and over)

The deceased was an older female who died due to drowning in the context of incised wounds to the wrist and oxycodone effect. She was diagnosed with throat and tongue cancer six years prior, and underwent surgery that subsequently affected her speech. The year before her death she was diagnosed with chronic lung disease associated with long term heavy smoking, and autopsy also revealed emphysema. She also suffered from osteoarthritis and degenerative disc disease, and began to experience severe back pain after suffering a fall. The deceased's marriage had deteriorated, and she suffered depression from the combination of the constant pain and her marriage difficulties. The month before her death, the deceased had indicated to her husband her intention to end her life in the bathtub. She repeated these intentions two days before her death. She was discovered deceased in her bathtub having succumbed to drowning. The pathologist opined that blood loss from incised wounds on her wrist and the levels of oxycodone would have caused the deceased to lose consciousness and subsequently drown.

Case 209

WA.2016.1343

Older Adult (65 years and over)

The deceased was an older female who died due to acute combined drug toxicity, including diazepam, oxazepam, temazepam and duloxetine. She had suffered a stroke seven years prior, which lowered her standard of life significantly. As a result she suffered from complex movement disorder, chronic pain to her left arm, asthma, constipation, heart disease and many other complications. The deceased resided in an aged care facility as a result of her condition. She was discovered unresponsive in her room, with a note indicating she could no longer live with the pain she was in. She was conveyed to hospital where she passed away later that evening.

Case 210

WA.2016.1472

Older Adult (65 years and over)

The deceased was an older male who died due to multiple drug effect in the context of heart disease. He had a number of age-related illnesses, including hypertensive heart disease. His wife had passed away a month prior, and the deceased appeared depressed and appeared to have given up on life. He spoke with his neighbour about euthanasia, and told the phlebotomist who regularly saw him that he may not be there next time she visited. In the weeks before his death, the deceased got rid of his possessions and arranged a pre-paid funeral for himself. He was

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discovered deceased in his residential unit in a tourist park by his phlebotomist, along with a note indicating his intention, and the wills of both he and his wife. Toxicology revealed the presence of zolpidem, oxycodone and alcohol. The pathologist opined that the central nervous system and respiratory depressant effect of these drugs would have combined with the deceased's pre-existing heart disease to cause his death.

Case 211

WA.2016.1478

Older Adult (65 years and over)

The deceased was an older male who died as a result of carbon monoxide toxicity. He was being treated for depression and Parkinson's disease, complicated with a variety of less significant ailments. He was described as socially self-isolated, expressing despondency and a lack of purpose, and appeared aware that his age and ill health were resulting in a decline in his mobility and his ability to care for himself. The deceased was also grieving the recent death of his daughter. Family commitments saw the deceased's wife absent from the home at the time of his death, and she requested friends to do a welfare check on him. He was subsequently discovered deceased in his car in the garage, along with his dog, also deceased, and his last will and testament.

Case 212

WA.2016.1507

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to combined drug toxicity, including codeine and paracetamol. He suffered from hypertension, asthma, impaired glucose intolerance and diverticulitis, and was diagnosed with major depression four years prior, for which he took medication. On the day of the incident, the deceased's wife was concerned about his health and rang an ambulance, and the deceased admitted to having taken a quantity of her medication, including antidepressant medication and sleeping tablets, as a suicide attempt. He was conveyed to hospital, where he deteriorated and died of multi-organ failure four days later.

Case 213

WA.2016.161

Older Adult (65 years and over)

The deceased was an older male who died of a self-inflicted knife wound. He had a medical history of hypertension, diabetes, bilateral cataracts and prostate cancer, and his wife suffered from dementia. In the month before his death, the deceased attended an appointment with a consultant ophthalmologist, and after his return he began to speak negatively about his age-related deterioration. The deceased was discovered by his son in the shower with a knife protruding from his body, and a note indicating his intention taped to the door. A second note addressed to his wife was discovered in the bedroom.

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Case 214

WA.2016.1638

Older Adult (65 years and over)

The deceased was an older female who died from complications following likely acute drug toxicity, namely benzodiazepines. She was prescribed medication to help her sleep and for gastrointestinal issues, and had been diagnosed with a large squamous cell carcinoma of her scalp, for which she had declined invasive treatment. After her husband's death several years prior, the deceased had struggled to cope with his loss and often spoke to her daughter about wishing she could join him. She attempted suicide in the year before her death, and upon discharge from hospital, continued to complain that she was still living. The deceased was discovered looking unwell by her daughter, along with a suicide note and empty packets of medication. She was conveyed to hospital where she died of complications three days later.

Case 215

WA.2016.1672

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had medical history including sinusitis, lumbar back pain and long term heavy methamphetamine use. The deceased generally worked seven days a week from dawn until dusk at the business he owned, and was experiencing a breakdown in his relationship with his partner. He was unable to cope with this breakdown and started to threaten suicide. He rang his partner to inform her that the next time someone drove down his driveway, he would hang himself, and the partner contacted emergency services. When the police arrived, they witnessed the deceased enact his own hanging. They conveyed him to hospital where he died the following day.

Case 216

WA.2016.1690

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. His medical history included anxiety, smoking, tooth and back pain, and heavy alcohol and illicit drug use. He was on a Suboxone program, and had attempted suicide in the past. The deceased was having some difficulties with his fiancée, they were undergoing counselling, and he was also receiving anger management counselling. When his fiancée left the family house with their daughters to give them some space, the deceased stated his suicide intention on social media. Police conducted a welfare check and discovered him alive with no concerns. The following morning he was discovered deceased by a neighbour in his back yard. A note indicating his intention was discovered inside along with drug paraphernalia.

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Case 217

WA.2016.1704

Older Adult (65 years and over)

The deceased was an older male who died as a result of mixed drug toxicity, including tramadol and codeine. His medical history included heavy smoking, heavy past alcohol use, congestive cardiac failure, B12 deficiency, anaemia, gout, perforated epigastric hernia, obesity and chronic renal failure. He used a walking frame and a wheelchair around the house, and a motorised wheelchair around the local area. The deceased was prescribed numerous medications with which he was compliant. Three months before his death, he presented to his doctor with shortness of breath, and tests showed bronchitic changes. His doctor suggested the deceased stop smoking, reduce his girth and exercise to maintain fitness. In the following months the deceased appeared to be slowing down because of his shortness of breath and lack of energy. He was discovered deceased in his house after ingesting fatal quantities of his prescribed medications. The pathologist opined that the drug toxicity on the background of ischaemic heart disease, cardiac amyloidosis and chronic obstructive pulmonary disease caused his death.

Case 218

WA.2016.1723

Adult (25-44 years)

The deceased was an adult male who died as a result of hanging. He had suffered pain for seven years and his mobility was restricted, and his wife reported that they were under significant financial stress prior to the incident. The deceased was also on medication for depression, but there was no known history of self-harm. He was discovered deceased at his home address by his family.

Case 219

WA.2016.1743

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of alcohol and drug toxicity. She had a medical history including recurrent squamous cell carcinoma of the tongue which had been successfully treated, as well as diabetes mellitus, hypothyroidism and hypertension. She was also known to suffer from significant mood swings. On the night of the incident, the deceased was intoxicated and had an argument with her daughter, and while her husband was trying to separate them to avoid further arguments, she slipped and struck her head on the wall. The deceased was checked for injuries, of which there were none, then retired to bed. She was discovered deceased in bed the following morning with several empty packets of medication nearby. The Coroner was satisfied that she ingested toxic levels of prescription and over-the-counter medication while intoxicated.

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Case 220

WA.2016.1745

Older Adult (65 years and over)

The deceased was an older male who died from the effects of fire. His medical history included bilateral hip replacement, atrial fibrillation and previous diagnoses of bowel cancer and hairy cell leukaemia, both cancers of which were successfully treated. He had no diagnosed mental health issues, however he was known to react extremely angrily to minor annoyances, leading to aggression and violence. Two weeks prior to his death, the deceased called his ex-wife to complain of severe pain in his hips and feet, meaning he could no longer play golf, which was a favourite hobby. He told his ex-wife he was thinking of ending his life, and asked her to be the executor of his will. He was discovered in his car, which was aflame, and He died at the scene. A suicide note addressed to his ex-wife was located in his home.

Case 221

WA.2016.1765

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of hanging. She was diagnosed with Parkinson's disease the previous year, and struggled to come to terms with her diagnosis and the implications it had on her life. Due to her condition, she was unable to continue to work, so she retired earlier than she intended. The deceased also had a history of generalised anxiety disorder, major depressive disorder, and Cluster C and B personality traits. She regularly saw a psychiatrist and a psychologist, was taking prescribed medication, and had indicated her thoughts of self-harm. The night before the incident, while out for dinner, the deceased became upset when she dribbled food on her dress. When she and her partner got home, the deceased broke a favourite household item when she dropped it due to her condition. She was located deceased in the back yard by her partner the following day. A note addressed to her partner was located in the house.

Case 222

WA.2016.177

Older Adult (65 years and over)

The deceased was an older male who died as a result of combined alcohol, drug and carbon monoxide effect. He was a long-term smoker and suffered from associated chronic obstructive pulmonary disease. The deceased was encouraged to stop smoking, but told his doctor that his daily consumption of cigarettes and alcohol was his only joy in life. In the month before his death, he was diagnosed with end stage chronic obstructive pulmonary disease. Following this, the deceased's daughter and friends observed he was becoming increasingly disinterested and low. He had recently arranged his funeral and given his daughter instructions for when he passed away. He was discovered deceased by his neighbours in his car in the garage with the engine running. The pathologist opined that the combination of alcohol, drugs and carbon monoxide on the background of chronic obstructive pulmonary disease caused his death. A suicide letter to his daughter was located at the address.

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Case 223

WA.2016.178

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. He had a significant medical history including anxiety and depression, for which he was medicated, right eye disease and arthritis. He eventually lost vision in his eye and developed hearing loss, and had begun to abuse alcohol regularly. Six months prior to his death, the deceased had his driver's licence revoked, and was reportedly upset about losing his independence. He continued to drive short trips, and a week before his death, he reversed into a parked car. The owner approached the deceased to pay for the damages. He was discovered deceased at his home address by his son, after saying goodbye to his wife.

Case 224

WA.2016.1813

Older Adult (65 years and over)

The deceased was an older male who died as a result of hanging. His medical history included insulin-dependent diabetes, hypertension, coronary artery disease, abdominal aortic aneurysm and chronic obstructive pulmonary disease. The deceased had no known history of mental health issues or self-harm, although his wife believed he may have been suffering from undiagnosed depression. The deceased and his wife had recently returned from overseas, where he contracted a flu-like illness, for which he was prescribed antibiotics and an inhaler to assist his breathing. On the night of the incident, the deceased complained that he couldn't breathe, and left the bedroom. He was discovered deceased by his wife the following morning in the stables in the rear yard.

Case 225

WA.2016.236

Older Adult (65 years and over)

The deceased was an older male who died as a result of asphyxiation due to inhalation of non-respirable gas. He had been suffering from ongoing health issues for some time, which required him to resign from his job four months prior to his death. The deceased suffered from recurrent urinary tract infections due to urinary retention caused by an enlarged prostate gland, and for this required an indwelling catheter for some which made him feel unhappy and uncomfortable. He underwent transurethral resection of the prostate to relieve the symptoms, but suffered complications. The deceased had told a friend several times that he did not wish to continue living in this manner. The deceased had dinner with this friend at which time he seemed depressed, and an argument ensued when the friend suggested he seek help. He was discovered deceased by the friend in his residential caravan two days later, with a gas mask over his face connected to an argon gas cylinder.

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Case 226

WA.2016.253

Middle Aged (45-64 years)

The deceased was a middle aged male who died by ligature compression of the neck. Two years prior to his death, he suffered a workplace accident and was subsequently diagnosed with severe mobile cervical dystonia. From that time he was unable to work, was under the care of numerous specialists and suffered ongoing pain. Three months prior to his death, the deceased's dystonia was surgically treated, and was scheduled for further surgical treatment around the time of his death. In the meantime he was generally bed bound due to his discomfort and pain. He admitted his difficulties coping with his physical limitations to his wife, and was often agitated, however denied suicidal ideation. He was found deceased in his bedroom by his wife with a cable tie around his neck.

Case 227

WA.2016.314

Older Adult (65 years and over)

The deceased was an older male who died as a result of asphyxia in association with a non-respirable gas and an acute drug effect. His medical history included rheumatoid and osteoarthritis with chronic pain, previous stroke, hypertension, diverticular disease and chronic lymphocytic leukaemia. He had experienced an ongoing pressure sensation in his head yet a cause remained unidentified. Two weeks prior to his death, the deceased noted to a friend that he was tired of experiencing all his aches and pains. In the following days, he updated his will, subscribed to an online euthanasia handbook, searched information on a euthanasia organisation and for information concerning the use of carbon dioxide. He was discovered deceased in a cupboard in his house with an empty fire extinguisher nearby. Letters to his daughters indicating his intent were found in the house. The pathologist noted the presence of fatal levels of tramadol, and found that death occurred due to a combination of tramadol toxicity and breathing the carbon dioxide from the fire extinguisher in an enclosed space.

Case 228

WA.2016.349

Older Adult (65 years and over)

The deceased was an older male who died due to plastic bag asphyxia. Two years prior, he was diagnosed with myelodysplastic syndrome, for which he was originally treated with Azacitidine, however after a year he refused to continue with the therapy. Shortly afterwards, the deceased was admitted to hospital for treatment of Crohn's disease, and underwent ileo-colic resection surgery. While in hospital, it was recommended that he recommence the Azacitidine treatment, as he was suffering a very high risk form of myelodysplastic syndrome and his prognosis was poor without treatment. He continued to alternate between accepting and refusing treatment over some months, before presenting to hospital just prior to his death with a week-long history of severe headache and sinusitis-like symptoms. Two days later, he discharged himself from the

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hospital, returned home and told his wife he was in pain. She left the house and discovered him deceased in his car on her return.

Case 229

WA.2016.40

Middle Aged (45-64 years)

The deceased was a middle aged man who died of a self-inflicted gunshot injury. He had been suffering chronic pain from a degenerative spinal condition for a number of years for which he took medication. The deceased had indicated to his wife a number of times that he was not intending to grow old with all the pain he was enduring. On the morning of the incident, the deceased and his wife had an argument before she went to work. Upon returning home, she discovered a suicide note and the deceased in the bedroom.

Case 230

WA.2016.478

Middle Aged (45-64 years)

The deceased was a middle aged female who died after ingesting toxic amounts of pentobarbitone. Her medical history included chronic depression, panic attacks, bulimia and personality issues. She had sustained a back injury in a motor vehicle accident many years ago, and had several times been hospitalised for prescription drug overdoses and suicidal ideation. She was also diagnosed with gastro-oesophageal reflux disease, dry eyes, osteoarthritis and multiple sclerosis, which caused her severe on-going chronic pain. The deceased had often spoken with her partner about a euthanasia organisation, from which she purchased two doses of pentobarbitone. On the day of the incident, the deceased sent texts to her children, and called a helpline, but did not speak to the operator. She was discovered deceased in her bedroom by her partner.

Case 231

WA.2016.62

Older Adult (65 years and over)

The deceased was an older female who died from complications of multiple drug toxicity. Her medical history included hypertension, hyperlipidaemia, osteoarthritis, oesophageal candidiasis, Morton's neuroma in her right foot, gastroesophageal reflux disease, gastritis and degenerative cervical spine. In the last years of her life she suffered from severe depression with anxiety and panic. The deceased's husband had passed away five years prior, and following his death she remained living in her home alone. She was discovered unresponsive in her bed by her son, and was conveyed to hospital, where she admitted to intentionally ingesting an overdose of opiates and antidepressants. She passed away in hospital a week later.

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Case 232

WA.2016.683

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of multiple drug toxicity and likely suffocating gas effect. She had a medical history of chronic obstructive pulmonary disease, osteoarthritis, osteoporosis, obstructive sleep apnoea and chronic headaches. She had a difficult childhood, including sexual abuse, and had a long history of depression, generalised anxiety disorder and dependent personality trait. The deceased had previously suffered from anorexia nervosa and alcoholism, but had overcome both. She had ongoing issues with overuse of her prescribed medications. In the year before her death, the deceased went on a trip to her home country to visit family, who she had not seen for many years. In the lead-up to the trip, she became depressed with increasing anxiety. Her mental health worsened upon her return, as the trip had brought back memories of past trauma. She was discovered deceased in her unit, along with a suicide note, with all the kitchen gas appliances turned on.

Case 233

WA.2016.708

Adult (25-44 years)

The deceased was an adult male who died from fentanyl toxicity. His medical history included chronic back pain due to a herniated lumbar disc, for which he was treated by a pain specialist, and prescribed pregabalin, fentanyl patches and duloxetine. The deceased had gone through previous periods of drug abuse and homelessness. He was discovered deceased in his residential caravan by a neighbour, along with letters indicating his intention.

Case 234

WA.2016.718

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to plastic bag asphyxia with a non-respirable gas. His medical history included depression, squamous cell carcinoma, sleep apnoea, insomnia, renal impairment, back ache and asthma. Leading up to his death, the deceased's workload had been reducing, and he was concerned about future employment prospects and was experiencing significant financial pressure. The Coroner drew a correlation between the deceased's employment situation and an exacerbation of his depression. He was discovered deceased by his wife in the cabin of the boat in their driveway.

Case 235

WA.2016.732

Older Adult (65 years and over)

The deceased was an older male who died of a self-inflicted gunshot wound. His medical history included end stage chronic obstructive pulmonary disease, hypertension, heart failure, diabetes,

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acute vertebral insufficiency fracture due to age-related osteoporosis, and depression, and he used home oxygen therapy. He was having difficulty coping with being so grossly incapacitated. He was discovered deceased in his home.

Case 236

WA.2016.75

Older Adult (65 years and over)

The deceased was an older female who died after ingesting toxic amounts of amitriptyline. The deceased's husband took a large number of prescription medications for neuropathic pain, which the deceased assisted him in preparing. She herself had not attended a doctor in many years as she was generally well, but had begun to suffer incontinence and difficulty walking in her later years, and she was forced to use a walking frame. Her husband noted she was unhappy about her health problems, as she started to drink alcohol on a nightly basis, with consequential behavioural changes, and refused assistance from doctors or her husband. She was discovered deceased in bed by her husband.

Case 237

WA.2016.805

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to atenolol toxicity in the setting of focally severe coronary atherosclerosis. His medical history included intracerebral haemorrhage, ischaemic heart disease, inguinal hernia, dermatitis and multiple attacks of chest pain that were possible unstable angina attacks. He was discovered deceased by neighbours in his flat. A note addressed to the Coroner was discovered, indicating his intent and his fear of potential early Alzheimer's disease.

Case 238

WA.2016.86

Middle Aged (45-64 years)

The deceased was a middle aged female who died as a result of hanging. She had a history of ischaemic heart disease, poorly controlled diabetes, airways disease and restless legs. She also had a history of depression, for which she was prescribed medication, and had been admitted to a psychiatric ward two years prior following a suicide attempt. A month before her death, the family dog was put down, which the deceased was deeply upset by. The night before her death, the deceased took an excess quantity of sleeping tablets. The following morning, she noted to her husband that the attempted overdose had not had the intended outcome, and suggested she should hang herself, but her husband did not think she was serious. She was discovered hanging in the shed later that day, and was conveyed to hospital, but was unable to be revived. Notes were found on her electronic device indicating her intention.

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Case 239

WA.2016.922

Middle Aged (45-64 years)

The deceased was a middle aged male who died due to plastic bag asphyxia. He was described by his family to have significant eye problems all his life, but was otherwise well. In the year before his death, the deceased underwent eye surgery and received intraocular lens replacements on both eyes. In the following months, he complained of ongoing eye pain, together with diminishing eyesight. He was discovered deceased in his rear shed. A note located on his computer indicated his intention to end his life, citing his health issues. The pathologist noted the presence of severe coronary artery atherosclerosis which, while not directly related to the cause of death, may have potentially accelerated the process of dying in a hypoxic setting.

Case 240

WA.2016.951

Middle Aged (45-64 years)











The deceased was a middle aged male who died due to plastic bag asphyxia. He suffered from chronic lower back pain due to a degenerative disc disease, which forced him to retire early. He was diagnosed with bowel cancer the previous year, which was in remission after treatment, however a lump had just been found in a lymph node. The deceased was on medication for pain, and while he had not been treated for mental health issues, he had attempted suicide five years prior. He was discovered deceased in his residential cabin, alongside a note outlining how unhappy he was.

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DATA SOURCES

Data on the NCIS has been provided by each State and Territory Coroner's Office around Australia and New Zealand. Additional codes are provided by the Australian Bureau of Statistics (ABS) and Safe Work Australia.

 <p>ACT Coroner's Court</p>	 <p>Coroner's Court of New South Wales</p>
 <p>NORTHERN TERRITORY OF AUSTRALIA <i>Office of the Coroner</i></p>	 <p>QUEENSLAND COURTS</p>
	 <p>MAGISTRATES COURT <i>of</i> TASMANIA</p> <p>CORONIAL DIVISION</p> 
 <p>Coroners Court of Victoria</p>	 <p>Coroner's Court of Western Australia</p>
 <p>CORONIAL SERVICES OF NEW ZEALAND <i>Purongo O te Ao Kakarauri</i></p>	

NOTE: In some States/Territories the Coroner's Office is part of the Magistrate's Court.

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- Each State and Territory Justice/Attorney-General's Department
- Australian Department of Health
- Australian Institute of Criminology
- Safe Work Australia
- Australian Competition and Consumer Commission
- Australian Department of Infrastructure and Regional Development
- The New Zealand Ministry of Justice