



**Report to the Minister of Justice
and Attorney General
Public Fatality Inquiry**

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the _____ Court House
in the _____ City _____ of _____ Red Deer _____, in the Province of Alberta,
(City, Town or Village) (Name of City, Town, Village)
on the _____ 20, 23 and 24 _____ day of _____ April _____, _____ 2009 _____, (and by adjournment
year
on the _____ 26th _____ day of _____ May _____, _____ 2009 _____),
year
before _____ W. Albert Skinner _____, a Provincial Court Judge,
into the death of _____ Boris Leon Marianych _____ 51 _____
(Name in Full) (Age)
of _____ 213, 5100 – 60th Street, Red Deer, AB _____ and the following findings were made:
(Residence)

Date and Time of Death: _____ February 20, 2007 at 1029hrs _____

Place: _____ Red Deer Remand Centre, Red Deer, AB _____

Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – The Fatality Inquiries Act, Section 1(d)).

Methanol Toxicity

Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – The Fatality Inquiries Act, Section 1(h)).

Unclassifiable

Circumstances under which Death occurred:

See attached schedule

Recommendations for the prevention of similar deaths:

See attached schedule

DATED June 19, 2009 ,

at Red Deer , Alberta.

Original signed by

The Honourable Judge W. Albert Skinner
A Judge of the Provincial Court of Alberta

FATALITY INQUIRY- BORIS LEON MARIANYCH

Summary of Events

On February 19, 2007, at approximately 1700hrs, Boris Marianych was arrested on outstanding warrants and taken into RCMP custody. Mr Marianych was transferred to the Red Deer Remand Centre at approximately 2200hrs. While at the Centre he was observed to be exhibiting odd behaviour and was secured in a cell that had an easier observation capacity. Mr.Marianych was observed over the course of the night by a 15 minute observation pattern by the Remand staff to ensure his safety pending the arrival of medical staff at 0730hrs. On February 20, 2007, at approximately 0845hrs, Mr. Marianych was assessed by Remand Centre medical staff and a decision was made to send him to the hospital for further assessment. Mr. Marianych's behaviour, although described as odd and of a nature requiring a medical review, was not deemed to be of a nature requiring immediate or emergency attention. At 1012hrs, while efforts were being made for the transportation of Mr. Marianych to the hospital for further assessment, he was found unresponsive in his cell. Attempts at resuscitation were not successful. At 1029hrs Mr. Marianych was pronounced deceased. Cause of death was later established as methanol toxicity.

Circumstances under which Death Occurred

At the time of the arrest of Mr. Marianych by the RCMP, he was found sitting on a stool in a friend's apartment with the friend being present. He appeared to be healthy and responsive and no signs of alcohol impairment were displayed. Specifically, the arresting officer testified that:

- 1) speech was clear, without slurring or pauses,
- 2) balance was sure,
- 3) there was no smell of alcohol,
- 4) he was alert and responded appropriately to directions,
- 5) his answers to questions were short, concise, and appropriate.

Further, that throughout the officer's dealings with Mr.Marianych there were no changes of attitude or any medical complaints. Mr. Marianych's friend, in her testimony, corroborated the officer's observations and described Mr. Marianych's behaviour as normal and without signs of impairment.

Due to the fact that there were no reportable issues regarding Mr. Marianych, the prisoner form used for reporting on the condition of an inmate was left blank. (It is to be noted that this policy has now been changed by the RCMP. This portion of the report is to be filled out whether or not there are observable issues.)

Other officers dealing with Mr. Marianych described some instances of confusion by him in regards to his right to counsel and the use of the RCMP telephone, but that this is not uncommon and as such were not mentioned to the arresting officer.

While in RCMP custody at the detachment, a guard observed Mr. Marianych from 1908hrs to 2203hrs until he was transported to the Remand Centre. While in the detachment cells no problems were observed by the guard nor were any problems voiced by the inmate. No signs of intoxication were observed by the guard. Mr. Marianych was given a blanket, received food, and was observed to primarily sleep until he was removed for fingerprinting and transportation to the Remand Centre.

At 2210hrs Mr. Marianych was booked into the Red Deer Remand Centre by the Remand staff. At that time Mr. Marianych was described as being lucid and made eye contact with the guards. When Mr. Marianych was specifically asked as to whether he had consumed any alcohol or drugs he replied “Not today”. No odour of alcohol was noted on the inmate’s breath and there were no indicia of impairment. He neither displayed nor complained about any physical discomfort. He was able to follow directions, albeit at times slowly, and he displayed on occasion a flat affect. As well, he showed light sensitivity when he was being photographed, although his eyes were not dilated. A mandatory suicide prevention form was completed by the Remand staff and Mr. Marianych was referred for a routine health care assessment for the following morning with a nurse and to a psychologist for possible mental health concerns. In addition, due to Mr. Marianych’s affect and signs of confusion, at times, by slowly responding to questions, Mr. Marianych was given a blood sugar test to rule out diabetes as a possible cause for the confusion. He was later assigned to a cell in Remand South to allow for continued observation. This was based upon mental health rather than physical health concerns and because Mr. Marianych was deemed to be “a little off”.

During the course of the night, Mr. Marianych was escorted from his cell to use a washroom 2 or 3 times and did not require assistance. As well he ate a meal provided by the Remand Staff. Mr. Marianych was routinely observed every 15 minutes while in the cell and did not show any signs of distress. At approximately 0530hrs, after sleeping, the guards noted that Mr. Marianych appeared to be more alert as he was joking with the staff and initiating conversation.

At 0720hrs, when being escorted from his cell, it was noted that there was vomit in his cell and Mr. Marianych for the first time complained about vision problems. Mr. Marianych was noted to be walking with his hands out in front of him but was able to walk in a straight line and grasp a corner of a wall to make a turn. As such, the guard at that time believed that he could still see but that he had a visual impairment problem possibly requiring glasses. Mr. Marianych still continued to respond to verbal cues and was able to walk to and from his cell.

At 0755hrs, Mr. Marianych was attempted to be assessed by the Remand Centre psychologist, but not being satisfied with his responses and his complaint about visual problems, the psychologist recommended that Mr. Marianych be transported to the hospital for assessment.

At 0830hrs, after being placed back into cells, Mr. Marianych made a request to the guard to see a nurse and displayed abdominal pain. At 0845hrs, a Remand Centre nurse

attended and made a health care assessment. The nurse reported that Mr. Marianych's pulse and oxygen levels were fine, that he was not in pain and did not have problems breathing, but that his blood pressure was high and that he complained that he could not see and "that everything was dark". As well the nurse testified that Mr. Marianych was very confused and was not answering questions correctly. As a result she also determined that Mr. Marianych should have a more thorough assessment at the hospital and conveyed her concerns to a physician who was expected and who arrived at 0925hrs for his rounds at the Remand Centre. The physician, upon receipt of the nurse's report, concurred with her and notified the Remand Centre staff to arrange conveyance of Mr. Marianych to the hospital.

At 0930hrs extra staff was called in by the Remand Centre to enable Mr. Marianych's transport. Fifteen minute observations of Mr. Marianych continued.

At 1000hrs Mr. Marianych was observed to be lying down and to take a deep gasp of air followed by several steady breaths. The guard testified that this was equivalent to sleep apnea.

At 1012hrs Mr. Marianych was observed not to be responsive and that his face was discoloured. The cell door was immediately opened and an emergency code was implemented along with the calling of 911. Efforts were made to resuscitate Mr. Marianych but without success.

At 1029hrs Mr. Marianych was pronounced deceased by the Remand Centre physician.

Cause of death was determined to be methanol toxicity.

Dr. Peter Singer, deputy chief toxicologist for the Alberta Medical Examiner's Office, testified that deaths resulting from the ingestion of methanol alcohol are rare, but on average 6 such deaths occur in Alberta annually. Further, that once methanol is ingested it enters the liver and forms into formic acid, a substance that cannot be metabolised by the human body. That it accumulates and becomes toxic, raising the pH level of a patient. In addition, that as little as 50 to 100ml of methanol (less than ½ cup) can cause death and that the effects of ingesting methanol can be delayed from 6 to 36 hours.

In regards to symptoms, Dr. Singer testified that only if there is a significant amount of methanol ingested that the usual symptoms associated with ethanol alcohol would be displayed. As such when a low amount of methanol is consumed there can be little or no symptoms of alcohol impairment. Typical early symptoms of methanol ingestion could include confusion, headache, abdominal pains and vomiting and as such can mimic diabetes.

Other symptoms that arise do so very suddenly and include rapid breathing and blindness. Further, that when these symptoms are displayed, death can occur shortly thereafter (within 1 hour) unless treated, and that effective treatment at this stage, even in a hospital setting, is less than 50%.

Dr. Singer testified that medical training is needed to detect methanol poisoning and that even in hospitals it is hard to detect. A blood test is required along with a laboratory analysis to establish the ph level of a patient and then an informed diagnosis. Such testing and diagnosis could take 1 ½ hours and as such, if methanol poisoning is suspected, treatment must be administered pending the actual results. Such testing cannot be done at the Red Deer Remand Centre nor can effective treatment be administered.

Dr. Singer compared the ingestion of methanol as a bomb with a long fuse as there may be no emergent symptoms associated with methanol poisoning until near the end stage and once displayed, a patient's health would go downhill rapidly. As such the lack of symptoms testified to by the RCMP and the Remand Staff was consistent with what could be expected.

Later investigation by the RCMP determined that Mr. Marianych had an ongoing alcohol problem. As well that a blue substance consistent with methanol was identified as being in Mr. Marianych's possession on an earlier date contained in a vodka bottle that would normally hold a clear or opaque liquid. That Mr. Marianych told his friend that he found the bottle in a dumpster. The bottle could not be located by the RCMP and as such this information could not be corroborated.

Recommendations for the Prevention of Further Deaths

Methanol toxicity is rare. The Remand Staff including guards, nurses and the physician in their individual and combined years of extensive experience in their respective fields had not encountered it before. A significant contributing factor to Mr. Marianych's own demise was his denial of ingesting any substances that had an alcohol base. Despite this, the following recommendations can be made:

- 1) Persons involved in law enforcement whether as peace officers, guards, or health care professional should be educated as to the symptoms of methanol toxicity.
- 2) The RCMP are to be encouraged to continue to implement their recent policy of requiring all observations of an arrested person to be recorded whether or not they display unusual behaviour or symptoms. This would provide both a baseline for later behaviour or symptoms and ensure that there are no misunderstandings to other custodians or caregivers who assume charge over an inmate as to an apparent variance in symptoms or behaviour.
- 3) Where dramatic changes in symptoms or behaviour are reported or observed and such changes are unusual and appear to have a medical or mental health foundation, custodians should immediately report such observations to their supervisors for the purpose of having persons in custody immediately referred to an appropriate medical facility.