REPORT TO THE ATTORNEY GENERAL
PUBLIC INQUIRY
THE FATALITY INQUIRIES ACT

CANADA
PROVINCE OF ALBERTA

WHEREAS a Public Inquiry was held at The Law Courts

in the City (City, Town, etc.) of Edmonton (Name of City, Town, etc.)

on the 11th day of June, 19 91 (and by adjournment

on the _____ day of _____, 19____), before

HIS HONOUR JUDGE P.C.C. MARSHALL, a Provincial Court Judge.

A jury ☐ was ☒ was not summoned and an Inquiry was held into the death of

WALLACE GREGORY OPOONECHAW (Name in Full) 30 (Age)

of Edmonton, Alberta (Residence) and the following findings were made:

Date and Time of Death November 6, 1990 at 07:00 hours

Place Edmonton Remand Centre, Edmonton, Alberta

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))

Diabetic Ketoacidosis due to or as a consequence of Insulin Dependent

Diabetes Mellitus

Manner of Death ("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental or undeterminable — The Fatality Inquiries Act, Section 1(g))

Natural

AG 338 (REV. JUNE 86)

REPORT TO AG 338 - PAGE 2

CIRCUMSTANCES UNDER WHICH DEATH OCCURRED

See attached report

No. of additional pages attached 28

RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS

See attached report

No. of additional pages attached 28

DATED this 15th day of January, 1992.

A Judge of the Provincial Court of Alberta

P.C.C. MARSHALL

CIRCUMSTANCES UNDER WHICH DEATH OCCURRED

The deceased was a 30 year old man.

During the late evening of November 1st, 1990, likely about 11:00 p.m. or so, he was booked into the Edmonton Remand Centre, as an inmate.

Certain necessary and standard administrative matters were then attended to regarding the admission of the deceased. While this was going on, a Mr. Paul, a nurse on staff, who had remained on duty beyond his shift because of a backlog of admissions, was informed that the deceased was vomiting in a holding area. Nurse Paul went to see him. He was told by the deceased that the deceased had been drinking heavily for the past couple of weeks and that this vomiting was always the result of such an indulgence. When asked by the nurse if he was okay, the deceased replied that he was fine and accordingly the nurse left him. Nothing was given to the deceased at that time because of the information received from him by the nurse and because of uncertainty at that time, as to whether or not the deceased would be released later that morning.

After the administrative admission was attended to, again in accordance with standards of procedure for every inmate being admitted, the matter of his medical admission was dealt with in the very early morning hours of Friday, November 2nd, by what is called a "cursory medical" procedure.

The medical admission consists of an interview with the nurse on duty who also completes a 47 question questionnaire in a form entitled "Inmate History". In this case, Nurse Mattby, the nurse on staff, then working the midnight shift, asked the deceased the questions which related to him, and she wrote in or checked off his responses, as she received them from him.

Some of the questions are routine, such as name, birthdate, height, weight, eye and hair colour, and any requirement for glasses, dentures prosthesis etc. Other questions relate to specific health conditions, past treatments, and family history of illness.

In reply to the question of the name of his "Doctor or "Psychiatrist", whether he was presently taking any medication, and whether he uses drugs, the written reply is "denies", although in the square marked "alcohol" the word "occ" is written in, which presumably means "occasional".

The questions numbered 28-34 inclusive, ask if the inmate or any of his relatives have or have ever had, certain specific illnesses. Those diseases, in order as they appear on the form are "Tuberculosis, Diabetes, Asthma, Cancer, Epilepsy/Seizures, Heart Disease/High Blood Pressure, and Hepatitis. Each named illness is followed by a column entitled "Offender" and "Family" and each of these designations are broken into 2 boxes marked "yes" and "no" so that in each illness concerned there is a box for "yes" or "no" for the "offender", and a box for "yes" or "no" for the "family".

In every box for both the "offender" and for the "family", there is a check mark in the "no" box. In particular opposite the illness "diabetes", there is a check mark in the "no" box for both "offender" and for his "family". Nurse Maltby specifically recalled asking these questions, and getting these responses. There were no medical complaints made by the deceased to Nurse Mattby at that time.

A further question asked "if parents deceased, note cause of death" and opposite "mother" was written "a" for "alive" and opposite "father" was written "d-sleep" which meant died in his sleep.

Other questions dealt with health care of the inmate. In order as they appear on the form, the deceased indicated "no" to ever having had any: sexually transmitted disease, urinary disturbances (i.e: kidney/bladder trouble), stomach or bowel trouble, allergies, head injuries/unconsciousness, or having been under the care of doctor in the past 2 years. Within this category he did indicate "yes" to "surgical operation/hospital care", and the word "Pneumonia" was written in.

Of the remainder, 4 questions relate to female inmates only. However, the last question and answer on the form is relevant because the question is "have you had any problems that should be brought to our attention at this time?" and the letters "n/a" are written in thereafter.

Finally, regarding the questionnaire form, it is signed by the deceased, at the bottom of the form, following the heading which reads: "I certify that the above answers are true to the best of my knowledge". Nurse Maltby also signed the form.

In addition to completing the questionnaire as aforesaid, Nurse Maltby, in accordance with the standard practice of a "cursory medical" made a visual observation of the deceased and she took his blood pressure. The blood pressure reading obtained at that time was normal, being 124 over 88.

It is apparent that the purpose of this "cursory medical" is to determine if there are any outstanding medical problems so that proper precautions can be taken.

Following the completion of the administrative admission and the medical admission as aforesaid the deceased was admitted into Room 3B, in the early morning hours of Friday November 2nd. Room 3B is a part of the general detention area for inmates and it is

located on the third floor of the centre.

On Saturday, November 3rd, the deceased complained to a Correctional Officer that he had been vomiting. This was brought to the attention of Nurse McAra of the nursing staff. That nurse saw the deceased at 2:15 p.m. when he informed that nurse that he had been vomiting for a few days, starting prior to his admission. He stated that the vomit was sometimes green and sometimes yellow. He had been taking only fluids. He said that "he thinks he has diabetes - it runs in the family". He said that he had lost 45 pounds in 2 weeks. His weight on admission was 114 kilograms and his weight taken at this time was 109.8 kilograms but different scales were used. His temperature at this time was 36.4, his pulse was 84, and his blood pressure was 150 over 104. A Chemstrip test was also administered which resulted in a reading of 9. He complained of numbness in his legs and arms and some numbness in his wrists. He had not had these matters checked out. He also complained of a burning sensation in the epigastric area but there was no abdominal tenderness apparent. Nurse McAra gave him 50 milligrams of Gravol and some Maalox.

The deceased was seen again about 6:45 p.m. that same day by the nurse who was doing medical rounds. He told that nurse that he had indigestion and gastric burning and that he felt nauseated after supper, but there was no evidence of pain. He requested Maalox and was given one bottle of it.

On Sunday morning, November 4 at 9:45 a.m., the deceased was brought from room 3B to the infirmary section of the centre. His head was resting on his arms, and his arms were on the examination table. He was mumbling "that he is sick and vomited all night". He did not report this to the Correctional Officers, he said, because "they wouldn't listen".

His blood pressure was now 152 over 114. His pulse was 80 and his temperature was 36. His weight was now 108 kilograms but again different scales were used. The deceased requested water for dehydration. He was admitted into Room 2D of the infirmary and he was to be seen by the Doctor the next day. The infirmary was then full with 12 inmates therein.

About 7:00 p.m. that evening, Nurse Jordan, who is another nurse on staff, saw the deceased in Room 2D in the infirmary. The deceased told him that he still felt nauseous and although he had vomited that morning, he had not vomited in the afternoon. Pursuant to a standing order, that does not require a doctors order, although the Doctor accepts the responsibility therefor; Nurse Jordan gave the deceased Gravol for his nausea and vomiting. The deceased stated that Gravol had helped him in the past. Apple juice and water were also present in his room, for his use.

Nurse Jordan saw him again later that evening and the deceased told him that he felt better and there was no further vomiting. Nurse Jordan observed that the deceased did not appear to be in any great distress. The deceased told him that when he drinks a lot it makes him nauseous or feel like vomiting. Nurse Jordan was aware that the deceased would be seeing the doctor the next morning.

On Monday morning, November 5th, the deceased was seen, as part of the medical parade, by Dr. Singh, a member of the Alberta College of Physicians and Surgeons, who is under contract with the Remand Centre, for medical services. Pursuant to that contract he appears at the Remand Centre three mornings a week, on Monday, Wednesday and Friday. Dr. Singh is primarily engaged to attend to the physical ailments of the inmates.

There are other doctors who are on contract to deal with mental health problems.

The deceased was one of a group of inmates who saw Dr. Singh that morning of November 5. Nurse Owen, a nurse on staff, was present with the doctor at that time. She brought the deceased into the medical room. Dr. Singh was with the deceased for about 10 minutes.

It was reported to the Doctor that the deceased had been drinking for 2 weeks prior to his admission. The nursing staff notes which recorded the observations made by, and the treatments administered by, the nursing staff, from his admission up to about 6:00 a.m. on November 5th, (when Nurse Maltby recorded that he "appears to have slept", apparently, as it was reported to her) were also present with the doctor at that time, including various tests and pressure results.

Dr. Singh observed that the deceased was tremulous and that he was hyperventilating. He seemed to be very apprehensive about being in the medical office and with the whole process of an examination.

Dr. Singh was aware of the contradictions regarding diabetes. He knew, from the cursory medical questionnaire completed upon the deceased's admission, that the deceased had denied having diabetes or having any family history of it, and that he had similarly denied any high blood pressure or any family history of it. Notwithstanding, the deceased had given opposite information to Nurse McAra, when she saw him on November 3rd.

Dr. Singh then had to try to resolve this contradiction and to try to determine, medically, what he was dealing with. Accordingly he asked the deceased if he was diabetic

and "he denied it quite straightforwardly". Nurse Owen confirmed this question and answer and that the deceased said "no" when Dr. Singh asked him if there was any family history of diabetes.

The deceased was then asked by Dr. Singh as to how much he had been drinking and the deceased replied that he had "been drinking heavily for two weeks". Before Nurse Owen completed her shift that day, sometime prior to 3:15 p.m., she spoke with the deceased again, and he told her that he was feeling better. He had drank some of the juice prescribed and he was resting. Nurse Owen asked him if he had ever had this before and he said, the last time that he had gone on a binge. She told him that he would have to quit this and "he sort of laughed and said "I'll never drink again".

Faced with the denial of diabetes and the admission of the drinking binges, Dr. Singh then had to consider the observations he made of the deceased, together with the written observations made previously by the nursing staff, and the results of the tests and pressure readings taken.

Dr. Singh considered the severe weight loss. He stated that the deceased was unsure about it, but there was the note by Nurse McAra that the deceased told her he had lost 45 pounds in 2 weeks and he lost another 4 pounds by the next day, although different scales were used on each occasion. Dr. Singh observed that the deceased was still a large, overweight man when he saw him on November 5th. He concluded that such a large and heavy stature is out of character with insulin-dependent diabetes.

Further, Dr. Singh then smelled the breath of the deceased to determine if there was any acetone on his breath, and he found that there was no such sweet aroma on his breath.

Nurse Owen confirmed that at that same time she too did not smell any acetone. She was standing next to the deceased and she would recognize the smell, if it was present.

Dr. Singh then considered the results of the blood sugar level test that had been done on the deceased on November 3rd. That test showed a blood sugar level of 9 when measured by a Chemstrip test. Apparently the normal reading for healthy people would be up to 6.1 or 6.2. Dr. Singh stated that although the reading of 9 is higher than normal, and is considered acidotic, such a reading is not uncommon in someone coming off an alcoholic binge. Such drinkers, in these circumstances, will be acidotic to some degree, he stated.

The increase in the blood pressure readings of the deceased from the time of his admission was also known to Dr. Singh. He considered this to be not inconsistent with his subsequent diagnosis and he considered it a matter to be monitored. He would have been more concerned had there been a marked drop in his blood pressure.

Dr. Singh considered the deceased's complaints of numbness in his fingers and lips, and the numbness and tingling sensations in his legs, which latter condition is described as paraesthesia. He observed that the deceased was visibly dry. After testing, by applying pressure on the eyeballs of the deceased, and by pinching the top of his hand, he concluded that the deceased was not remarkably dry, nor severely dehydrated. Such paraesthesia, dryness, and dehydration are found in persons who have used alcohol excessively, he stated.

The tremulousness, the apprehension, and the upset stomach and the vomiting that were observed by, or known by, the doctor, he concluded, were also consistent with someone coming off an alcoholic binge.

As far as Dr. Singh was aware, the deceased was not an insulin user, nor had he ever taken it before.

Finally Dr. Singh observed that the deceased had a mild chest pain at the bottom of the chest, which suggested to the doctor that there may be a slight degree of pancreatitis present.

Dr. Singh concluded that like so many inmates that he saw at the Remand Centre, the deceased came to the Centre, towards the end of the week, "after a binge of drinking, withdrawing from alcohol with gastrointestinal disturbances as a result of alcohol intake". - The Doctor concluded that the symptoms that he observed, and those which were described in the nursing staff notes, about the deceased, and the history, and the other presentations and the test results were consistent with his provisional diagnosis of alcohol gastritis with the possibility of some degree of pancreatitis. Dr. Singh acknowledged that the aforesaid symptoms could also be consistent with a diabetic condition but he was "firmed up" in his provisional diagnosis, as aforesaid, by the deceased's denial to him that neither he nor his family had diabetes, and by the doctor's experience of having treated so many other "acidotic people", in similar circumstances, who came to the Remand Centre after an alcoholic binge.

Such "acidotic people" had been treated by Dr. Singh, at the centre for 11 years, with fluids, sedation, and observation including monitoring.

Accordingly Dr. Singh made a written order on the Doctors Examination Report that the pulse and blood pressure of the deceased was to be taken during the day, and afternoon shifts. The deceased was to remain in his room in the infirmary. He prescribed Stemetil

for his stomach and Valium for his anxiety. Both of these were given by injection, and immediately, as directed by the Doctor. He also ordered that fluids should be "pushed" for the deceased. No further tests were ordered because of the doctor's provisional diagnosis.

The deceased was then taken from the examining room back to his single cell in the infirmary.

At the end of the medical parade, about 12:00 o'clock noon, Dr. Singh and Nurse Owen went to see the deceased in his bed in the infirmary. The doctor asked the deceased how he was doing. The deceased replied that he was feeling better and he seemed to be resting. The doctor reiterated his order that fluids should be brought to the deceased immediately, and this was attended to.

Dr. Singh then was of the view that the deceased did not have any serious problems, and the doctor left the building, to return to his medical office in South Edmonton.

Dr. Singh was following the standard practise in the health care unit of the Remand Centre when he ordered that pulse and blood pressure readings be taken of the deceased. By this means, if the results thereof suggest a problem, then, in the usual course, the doctor would be informed thereof. Dr. Singh received no communication regarding these pulse or blood pressure readings, and, accordingly, he concluded that there was no problem.

The means by which this order was communicated to the staff was in accordance with the standard practice therefore, and it was as follows:

The doctor wrote the order in dark ink, together with a brief note of his observations and treatment, including prescriptions, on a yellow coloured treatment order sheet. This sheet is part of a colour coded medical file for the inmate concerned. The

doctor's note also confirms that the "file (was) reviewed," which means that the nurse's notes were reviewed as Nurse Owen also confirmed.

Regarding the prescribed injection of Stemetil and Valium, in addition to writing it, Dr. Singh also verbally stated that order, so that they could be attended to immediately. This was done by Nurse Paul. Dr. Singh could not remember if he also verbally requested the order for pulse and blood pressure readings, although such is his frequent practise.

Once the medical parade was completed the file went back to the "green nurse" who was Nurse Kushak. Nurse Kushak signed the doctor's yellow order sheet to the right of Dr. Singh's notes with the notation "noted", followed by her signature. In accordance with her duties as a "green nurse", Nurse Kushak transcribed the order of Dr. Singh, in a red colour, upon a blackboard like board in the medical unit. Her transcription included the inmates name, diagnosis, as well as the order for the pulse and blood pressure readings. Nurse Maltby saw those orders on the board when she came on duty about 10:45 p.m. that night, to work as the "midnight shift", and she realized that the order for the readings did not apply to her shift. Nurse Owen also saw the order on the board when she came to work on the morning shift at about 6:56 a.m. on November 6th. Nurse Paul also saw it.

The deceased was next seen by Nurse Jordan, about 7:00 p.m. on November 5th. Nurse Jordan spoke to the deceased for some time and he reminded him of the doctor's order that he needed to drink fluids because he was a little bit dehydrated. The deceased said that he knew that but when he drinks a lot it make him feel nauseous. The deceased asked for a Gravol pill to settle his stomach, and he was given 50 milligrams thereof, the same as Nurse Jordan had given him the night before. Nurse Jordan went to the medical

department to obtain this medication, and he saw the accused again, briefly, when he returned to him with it, about 7:30 p.m. Nurse Jordan spent considerable time with the deceased.

Nurse Jordan was then engaged in what he called the "evening shift", on November 5th. This shift was officially from 3:00 p.m. to 11:00 p.m., with some overlapping of about 60 minutes or so at the beginning or end of the shift. It is clear that this "evening shift" is the same shift that Dr. Singh in his evidence, refers to as the "afternoon shift". It is clear that the order for pulse and blood pressure readings referred to all the shifts except the "midnight shift" which officially is from midnight to 8:00 a.m., but is actually from about 10:45 p.m. to 7:00 a.m. Clearly the shift then being worked by Nurse Jordan, whether it is called the "evening shift", or the "afternoon shift"; was one of the shifts to which the order for pulse and blood pressure readings was to apply and Nurse Jordan acknowledged that.

In any event, subsequent to Dr. Singh's order on November 5th, no pulse or blood pressure readings of the deceased were taken, pursuant to the doctor's order, or at all.

Nurses on duty at the Remand Centre operate on a colour-coded regime, and these colours denote certain rather specific duties.

The "Blue Nurse" is the nurse in charge for the day. The "Blue Nurse" looks after the female psychiatric units of the 5th floor, as well as the inmates on the 2nd floor, including the infirmary. The "Blue Nurse" is the only nurse who is specially assigned to the infirmary. This nurse's responsibilities also include filling all the medicine orders as required by medication cards for all the inmates on the 2nd and the 5th floor, as aforesaid.

This duty involves two rounds of delivering and distributing the medication, being some 80 sets of medication on the floors concerned; and the necessary charting to ensure that it was all correctly done. This nurse is also on call to attend to any medical problems that may arise, during this time, and while distributing such medication, regarding any inmates of the general inmate population that is located on these 2 floors. When medical emergency matters do arise, at any time when the doctor is not present, or consulted, then the nurses concerned deal with such matters, whenever possible. As a last resort, in such situations, they call the Edmonton Ambulance Authority who will take the inmate concerned to a hospital. She is, as well, as are all the nurses on duty, a member of the Code 99 team, which, when called, must be given immediate priority over all other duties.

Nurse Owen was the "Blue Nurse" on November 5th. She was on the "day shift" from 6:45 a.m. to 3:15 p.m. She accompanied Dr. Singh on the medical parade that morning, which ended about noon. She requested Nurse Paul to attend to the Stemetil and Valium injections. She knew that Dr. Singh had ordered the pulse and blood pressure readings.

There is also a "Green Nurse" on duty. This nurse takes care of the general population inmates located on the 3rd, 4th and 6th floors, and the dormitory. That nurse's duties include the same responsibility of distributing medicine within that nurse's portion of the Remand Centre. This nurse is also a part of the Code 99 Team. Nurse Kushak was the "Green Nurse" on November 5th. She was the nurse who transcribed the order for the pulse and blood pressure readings, and wrote them on the board in the medical unit.

The "Pink Nurse" does treatments and screenings. That nurse is the one who deals

with medical treatments for those not in the infirmary, or not seen by the doctor. Presumably that nurse is located in the medical unit, and that nurse treats those particular inmates as they attend the unit, or as they are seen by that nurse. The evidence did not indicate who the "Pink Nurse" was on November 5th, but it may have been Nurse Paul.

It addition to these 3 colour-coded nurses who are on duty, full time, during the morning and afternoon shifts, there is a "Yellow Nurse" who comes in only on the mornings of Monday, Wednesday and Friday. That nurse's duties are to attend to the admissions and discharges of inmates, and to phone inmates' doctors to determine and confirm any diagnosis, or medication relating to any such inmates.

However, as regards the midnight shift, there is only one nurse on duty. That nurse attends to admissions, cursory medical examinations, medications, administrative matters, and any emergency matters that may arise regarding all inmates then in the Remand Centre. During the midnight shift the Correctional Officers, while making their rounds, observe the inmates through windows, and they contact the nurse if any problems are observed.

As to why the pulse and blood pressure readings were not taken by the nurses on the shifts concerned, it was stated that the workload at the time was too heavy, and it has been steadily increasing, and there were medical emergencies that had to be attended to.

In particular, Nurse Jordan, who was the "Blue Nurse" on the afternoon shift, from approximately 3:00 p.m. to 11:00 p.m. on November 5th, detailed several emergency matters that had to be dealt with, in addition to the normal "Blue Nurse" work.

Firstly, there was an inmate, in the infirmary who was diabetic, and epileptic with

liver problems. This inmate was having an epileptic seizure about 7:30 p.m. and the nurse had to stay with him because he was combative and needed to be restrained. Nurse Jordan finally had to give him a Valium injection, which again was done pursuant to a standing order permitting it. This emergency took considerable time.

Just after Nurse Jordan returned to the medical department from this emergency, there was a Code 99 call for a female inmate who had tripped and fallen, and was unconscious on the floor. Nurse Jordan attended to this. She was aroused and complained of a very sore shoulder for which the nurse gave her an ice pack and some Tylenol.

Nurse Jordan stated that there were two other nurses on this shift at that time and one was in the basement doing cursory medicals, and the other was the "Green Nurse" who was busy attending to the inmates on the 3rd, 4th and 6th floor, as well as some patients in the dormitory, in the basement. That nurse was also helping with cursory medicals.

During this shift there was another episode of difficulty involving the same epileptic patient who was involved in the first emergency, and this also required the nurse's extra attention.

During this same shift there was a fourth incident involving an East Indian man who could not speak English. This man was complaining of chest pains. Nurse Jordan had to attend to this matter. He had to locate an interpreter and then carry out a conference telephone call to Dr. Singh, using the interpreter to relay the inmates complaints to the Doctor.

In addition to the regular duties of a "Blue Nurse" including the 2 rounds of preparation and delivery of medication, Nurse Jordan also received at least 2 telephone

calls seeking medical information on previous inmates, who were now in custody elsewhere, and these would necessitate digging out old files and getting the information.

Apparently it would take some 5 - 10 minutes to take the pulse and the blood pressure reading.

Evidence before this Inquiry also indicated that the present staffing pattern for nurses, as aforesaid, and their number, was set about 1987 or 1988. Since that time the inmates population has increased by some one to two hundred people. However the number of nurses has not been increased, despite a recommendation from the Operational Review Committee made in late 1989, that one additional nurse be assigned to the night shift and that one additional full time nursing position be filled.

Dr. Singh believed that the order was not complied with because of the increased number of inmates, and because of the pressure put upon the nursing staff, on the shifts concerned, because of the extraordinary amount of emergency work that arose at that time. The result was that the nurses concerned could not attend to the order.

Nurse Jordan stated that when he went off shift about 11:30 p.m., that he had told the night nurse, then coming on duty, that he had not been able to take the readings. He thought that nurse might have attended to it. However, the order applied only to the morning and afternoon shift. Further, the nurse on the midnight shift worked alone, with many other duties to perform, and there would be a considerable security risk if that nurse was to attempt to go into the room of any inmate in the infirmary, or elsewhere, in the Centre. In such circumstances that nurse would require a Correctional Officer to go in with her, and, as well, that initiative would remove the nurse, at least temporarily, from

what could be other urgent matters.

Nurse Paul was the nurse who administered the Stemetel and Valium injections at the request of Nurse Owen. Nurse Paul was on the morning shift of November 5th, and he was likely the "Pink Nurse" at that time. Nurse Paul was aware of the order for pulse and blood pressure readings, and he knew that they were written on the "blackboard" in the medical room.

Nurse Paul did not take the pulse or blood pressure of the deceased because of the "time constraints" of other duties, and further, they had just been ordered, and so he passed the information on to the incoming afternoon shift, whom, he believed, would attempt to do it. Nurse Paul's morning shift would have ended about 3:15 p.m.

Nurse Maltby, who was the nurse on the midnight shift ending on the morning of November 6th wrote on the nurse's notes that at 6:00 a.m. the deceased "appears to have slept". This was as reported to her, by the Correctional Officers.

Michael Stewart was a Correctional Officer at the Centre. He worked the afternoon shift on November 5th, for the medical unit. That would be from about 3:00 p.m. to about 10:30 p.m. Part of the duty of such Correctional Officers is to make periodic checks of the inmates in the infirmary. These checks are done every 30 or 40 minutes, on a staggered basis, for security reasons. Such checks are normally done by looking in through one of the two windows to the room concerned, with a flashlight, when necessary. There are 2 windows on the door, one above the other. The top window affords a view of most of the cell and is used for the purpose of determining body counts, as well as observing the inmate. The bottom window provides a view of the floor area. Each window is about 12-

18 inches wide and 4-6 inches wide.

Officer Stewart made his last check of the deceased at about 10:30 p.m. He had noticed earlier that the deceased was in bed, with no clothing on and with no blankets over him. He appeared to have slept all day, and he was sleeping at the time of the last check. His bedding and clothing was pushed to the foot of the bed against the wall. It is the policy of the Centre to provide bedding but it is the option of the inmate whether or not he use it. On the last check the officer noticed that the breathing of the deceased seemed laboured and it was quite audible. As a result, he went several feet into the cell to observe more closely. Earlier in the day the officer had asked the deceased if he was okay and if he had any concerns. The deceased shook his head, and mumbled or grunted, but he did not express any concern. The officer did not know whether or not the deceased ate his supper.

David Clarke was a Correctional Officer who worked the midnight shift on November 5th and November 6th in the medical unit. That would be from about 10:45 p.m. on November 5th to about 7:10 a.m. on November 6th. His involvement with the deceased consisted of periodic checks done on him during the night, by shining his flashlight into the room. Officer Clarke was satisfied that the deceased appeared to be breathing at approximately 6:15 a.m. to 6:30 a.m. on November 6th. He had observed nothing out of the ordinary during these checks of the deceased, other than on the previous night of November 4th, his mattress was on the floor and on the 5th it was back on the bedsprings. On both nights he was observed to be laying on his stomach with his head laying on his hands, and he was clothed only in his undershorts and there was no bedding on the mattress.

Yvon Guay was a Correctional Officer who worked the day shift for the medical unit on November 6th, This would be from 6:45 a.m. to 3:30 p.m. on November 6th. He came on duty at 6:45 a.m. and after a necessary general information meeting regarding the shift change he arrived at the medical unit at 6:55 a.m. A unit count of inmates was then done, as required, and by 7:00 a.m. the count slip had been signed. Breakfast is then served which involves taking the meal cart into the officers station. The door to the unit concerned was then opened and the inmates in 2D are then called to pick up their trays. A female inmate was given first service and then after she picked up her tray and returned to her cell, the doors for the male inmates including the deceased, were opened for those inmates to pick up their trays. The standard practise in the medical unit is for the officer to check each cell to see if every inmate is picking up his tray. In the first cell the inmate was getting dressed, but in the second cell, which was that of the deceased, that inmate was still lying in bed. The officer opened that cell door and he received no response to his request to pick up the tray. The officer turned the light on in the cell and he observed the deceased. He did not appear to be alive.

Officer Guay noticed that the deceased had an unusual purplish colour and he had no body heat. He then returned immediately to his station and using the voycall, he called a Code 99 to central control. That is, he called a medical emergency.

By the time that Officer Guay had moved the meal cart away and then returned to the deceased's cell, he was joined there immediately by Nurses Owen, and Herring, who responded to the Code 99 call. Nurse Paul followed shortly after.

Nurse Owen, the "Blue Nurse" at the time, observed that the deceased was lying on

top of his bed, in his undershorts, with his head resting on his hands. He was cold. His body was stiff. She checked is carotid artery in his neck, and there was no response. She considered C.P.R., but because the deceased was stiff, and because she concluded that he was deceased, she did not do so, because to do so, in such circumstances, would be an indignity to his body.

She asked Nurse Paul to call Dr. Singh, which he did. Members of the fire department and of the Edmonton Ambulance Authority also attended. There was another doctor in the building who was informed and he went into the cell of the deceased. It was confirmed that the deceased had passed away.

Officer Guay stated that the time of his Code 99 call was 7:25 a.m. on November 6th. Nurse Owen, who immediately responded to the call, fixed the time of that call at "about 7:25 a.m. Mr. Dauphinee, the Deputy Director of Operations of the Remand Centre, was just leaving the Centre, after completing his unit rounds, when he was called back because of this emergency. He stated that he was called back about 7:30 to 7:35 a.m. The Autopsy Report states that the deceased was found dead on his bed at 7:47 a.m.

Given that Officer Clarke saw the deceased breathing at 6:15 a.m. to 6:30 a.m. on November 6th, and that Officer Guay made his Code 99 call at 7:25 a.m., a very short time after he saw the deceased, and concluded that he had expired, and given the condition of the deceased as reported by Nurse Owen and the Correctional Officers, I would conclude that the time of death would be about 7:00 a.m. on November 6th.

The cause of death, as determined by the Autopsy, was Diabetic Ketoacidosis due to, or as a consequence of, Insulin-Dependent Diabetes Mellitus. It is clear that the manner

of death was natural.

Some of the information which became available as a result of the Autopsy, would not be known to Dr. Singh when he made his provisional diagnosis of alcoholic gastritis with the possibility of some degree of pancreatitis. Certainly the information given to Dr. Singh by the deceased, and given by the deceased on his cursory medical questionnaire, were factors in Dr. Singh's diagnosis, and he was also cognizant of the contrary information that the deceased gave to Nurse McAra. Dr. Singh was not aware that the deceased was using, or had ever used, Insulin. Clearly the deceased had been drinking heavily for two weeks prior to his admission, and many inmates seen by the doctor at the Remand Centre are suffering from the effects of alcohol consumption.

It is clear that the pulse and blood pressure tests, which were ordered by the doctor were not done. Such would apparently take some 5 to 10 minutes to do, considering as well, the availability of the necessary instrument for the blood pressure readings.

It is also clear that the nurses concerned, on their own initiative, did take the temperature, the pulse, the blood pressure, and the Chemtest concerned, which were taken of the deceased. During the time period concerned, the nurses had much work to do and they were faced with several emergency situations. The number of inmates, with the extra work involved as a result, has increased by 100 to 200 inmates since the quota of nurses was fixed, but the number of nurses remains the same.

The written policies and procedures of such government-run facilities as the Remand Centre could not be produced, because of their quantity, complexity, and confidentiality, and further because to do so would create a security risk. Nevertheless, given the policies

and procedures as they were verbally detailed in the evidence, and as confirmed by Mr. Dauphinee, the Deputy Director of Operations for the Centre, they appear to have all been complied with, except that the pulse and blood pressure tests that were ordered, were not done.

Certainly the nurses concerned were then under much pressure, as aforesaid. They, too, were not made aware that the deceased was using or had every used, Insulin, although they too would be aware of the contradiction from the deceased, regarding his suffering from diabetes, and, similarly, many inmates seen by them would be suffering from the effects of alcohol consumption.

This is a very sad, unfortunate and tragic event. The untimely loss of the life of this 30 year old person must have been heartbreaking and distressful to the family and friends of the deceased. Indeed, the sister of the deceased, who was granted "status" at the Inquiry, and who took part in the proceedings by examining witnesses, and by summing-up the evidence and making submissions, stated at the conclusion of the Inquiry, that she hoped that the outcome thereof would help "another diabetic, another person down the road".

As indicated previously herein, the policy and the procedure, as it was revealed to the Inquiry, was followed, except for the matter of the non-compliance with the doctor's order for pulse and blood pressure readings. Nevertheless, as expressed by Ms. Opoonchaw, "the procedures that were followed did not work for my late brother".

This comment, and this tragic event, require some examination of those procedures concerned, which deal with the medical treatment of inmates at the Remand Centre.

At the time of admission for every inmate there is a medical admission procedure, which was followed. That is, the deceased was interviewed by a nurse who also completed the Questionnaire regarding numerous questions about his medical history, and that of his family. This "cursory medical" procedure involved the nurse asking the deceased the questions, and then the nurse checks off his answers on the form. In particular, in response to the questions; have you or any of your relatives ever had; Diabetes, or Heart Disease/High Blood Pressure, or do you have any problems that should be brought to our attention at this time, in each instance, for both himself and his family (where applicable), the deceased stated "No". The nurse also observed him and took his blood pressure, which was normal.

Clearly the purpose of this "cursory medical" is to determine if there are any outstanding medical problems so that proper precautions can be taken.

Approximately some 37 hours later, on Saturday afternoon, November 3, the deceased told another nurse that he "thinks he has diabetes - it runs in the family", and at that same time he mentioned his severe weight loss, and his other complaints. As a result of this information, that nurse took his weight, his blood pressure, a blood test with a Chemstrip test, and her notes further indicated that another blood pressure test would be taken the next day, which it was. She also gave him Gravol and Maalox and checked him for abdominal tenderness. She wrote all his complaints in her notes.

Because the doctor's visits to the Remand Centre are Monday, Wednesday, and Friday mornings only, and because of the re-locating of the deceased into the infirmary on Sunday, November 4, and the monitoring of his condition, and the apparent results thereof,

together with his impending participation in the medical parade before the doctor on Monday morning, November 5th, it was reasoned that it was not necessary to activate the "last resort" treatment of calling the ambulance authorities and having the deceased sent, as an emergency, to the hospital.

Dr. Singh did see the deceased on the morning of November 5th. When meeting an inmate on the medical parade, one must recognize the exigencies of, the location, the number of patients, the time at his disposal, the equipment then available, and the concern for security, notwithstanding all of which, the doctor must make a provisional diagnosis, on what presents itself to the doctor, at that time. The doctor is much dependent upon what the patient tells him, particularly his responses to the doctor's specific questions. At that same time the doctor does have before him the Centre's medical file on that inmate, including the cursory medical Questionnaire, and the nurse's notes. In reading these documents, Dr. Singh noticed the contradiction in the information regarding "Diabetes", given by the deceased, to the nurse on the "cursory medical", and that which he gave to another nurse, the next day. It was this "contradiction" which prompted the doctor to ask, specifically, about any "Diabetes" in the deceased, or his family, and he was given a negative reply, as the attending nurse confirmed. This denial of "Diabetes" then, "firmed up" the doctor in his belief in his provisional diagnosis of "alcohol gastritis, with possibly some pancreatitis. This provisional diagnosis was based upon the information given to the doctor, by the deceased, that the deceased had been drinking heavily for 2 weeks, and was also influenced by so many other similar-appearing cases that he had seen, in other inmates who appeared before him after using alcohol excessively. The doctor prescribed the same

treatment as he had done on numerous occasions before for apparently similar cases.

Certainly it seems highly likely, that had the deceased told Dr. Singh that he did suffer from "Diabetes", and had he acknowledged that, at the time of the "cursory medical", that the subsequent diagnosis, and treatment, may have been different. Instead, when asked the specific question, on both these occasions, the deceased denied it, for himself, and for his family.

It is not known why the deceased made these denials at these times. His responses to the questions asked of him were appropriate and the evidence indicated that, at that time, he understood what was being asked of him. It is simply incomprehensible as to why he did so.

Further, given the response of Nurse McAra, when the deceased spoke to her about his "Diabetes", (she took a blood pressure test, and a blood test with a Chemtest, and she requested another blood pressure test for the next day, and she detailed his complaints in her notes), then it is reasonable to conclude that, at the time of the "cursory medical", had the deceased then acknowledged "Diabetes" for himself or his family, when he was specifically asked about it, that the response of Nurse Maltby, may well have been different, since she would then have been put on guard, and she might have done more, and made more notes, which would have alerted others, including the doctor.

The cause of death was Diabetic Ketoacidosis, as a result of Insulin-Dependent Mellitus. Neither Dr. Singh, nor any of the nurses concerned, were made aware that the deceased required, or had used, Insulin. Much of the information learned from the Autopsy, which established the cause of death, was information which would not have been

available to the doctor, or the nurses concerned, when they dealt with the deceased.

There does remain, however, the fact that the pulse and the blood pressure tests which the doctor ordered for the morning and afternoon shift of November 5th, were not done. The reasons stated for this non-compliance are detailed elsewhere herein. In summary they are that there was much pressure upon the nurses concerned because of their heavy work load, the extra-ordinary amount of emergency work, some of which was Code 99, highest priority emergency work that arose at that time, and because of the greatly increased number of inmates that had to be dealt with, even though the number of nurses available remains the same as it was in 1987 or 1988, when the number of inmates were one to two hundred less. In short the number of inmates have increased considerably, but the number of nurses has not kept pace. In particular, for the midnight shift, which runs from about 10:45 p.m. to 7:10 a.m. the following day, there is only 1 nurse on duty who must attend to, quite literally, everything for everyone, that is of a medical nature.

Nevertheless, the order concerned did not apply to the midnight shift, but the circumstances of that shift gave some indication of the plight of the nursing staff as a whole.

As stated herein, the cause of death of the deceased was Diabetic Ketoacidosis as a result of Insulin-Dependent Diabetes Mellitus. Diabetes Mellitus is a very serious illness of younger people that is marked by acute onset and rapid deterioration.

There was no evidence before the Inquiry that stated that the failure to take the pulse and blood pressure readings, as ordered, was the cause of death of the deceased. The significance of that failure is simply not known, and it would be speculative to try and

determine it. Such would be beyond the purpose of this Inquiry.

In short, the procedure involved in providing medical treatment for inmates at the Remand Centre is adequate, and, with the necessary cooperation of the inmates, it should work satisfactorily. Unfortunately, and sadly, like virtually all procedures governing human behaviour or activity, it is not infallible. In every procedure, and in every situation, at certain times, decisions must be made. It is not within the power of this Inquiry to attempt to determine the merit of such decisions.

RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS

The only recommendation that can be made, in this regard, to try and prevent similar deaths, is to re-iterate the recommendations of the Operational Review Committee made in 1989, which recommended that one additional nurse should be assigned to the midnight shift, and one more additional full-time nursing position should be filled, to be utilized, as required.

There is one more procedure to be considered. That is, that when the Correctional Officers make their rounds, particularly of the infirmary, and particularly when so engaged on the midnight shift, should they do more than simply shine their flashlights into the inmate's room through the window, to determine that inmate's condition, or should they go right in and closely observe or monitor the inmate, to be sure as possible that inmate is alive and well?

Again, the present procedure is adequate. To interfere with the inmates every 30 minutes or so, in such a fashion, would greatly disturb them, and would, also likely create

a considerable security risk for the Correctional Officer concerned, and for the Centre, as a whole.

There is a second recommendation to be made, which may not be very practical, but its implementation could prevent similar deaths. That is that the inmates themselves, when they know that they have a serious illness or condition such as "Diabetes", should obtain, and wear, at all times, a "medic-alert" type of bracelet or necklace, which states that they have that disease or condition. By this means it would be difficult for doctors or nurses not to be made aware of it.

Once again, I wish to extend sympathy to the family of the deceased in this grievous matter.