



**CORONERS COURT
OF NEW SOUTH WALES**

Inquest:	Inquest into the death of Siosuia Mateaki He Lotu Meyer
Hearing dates:	6 – 8 February 2024
Date of findings:	19 February 2024
Place of findings:	NSW Coroners Court - Lidcombe
Findings of:	Magistrate Elizabeth Ryan, Deputy State Coroner
Catchwords:	CORONIAL LAW – death of a man in police custody – did police take appropriate steps to obtain medical assistance – would earlier medical assistance have improved prospects for survival.
File number:	2021/00302513
Representation:	Counsel Assisting the inquest: K Beattie of Counsel i/b NSW Crown Solicitors Office The NSW Commissioner of Police: H Bennett of Counsel i/b Office of the General Counsel.

Findings:	<p>Identity The person who died is Siosuia Mateaki He Lotu Meyer</p> <p>Date of death: Siosuia Mateaki He Lotu Meyer died on 23 October 2021</p> <p>Place of death: Siosuia Mateaki He Lotu Meyer died in Liverpool Hospital, Liverpool NSW.</p> <p>Cause of death: The cause of Siosuia Mateaki He Lotu Meyer's death is the complications of infective exacerbation of bronchiectasis with cor pulmonale.</p> <p>Manner of death: Siosuia Mateaki He Lotu Meyer died of natural causes while he was in lawful custody.</p>
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Orders prohibiting publication of certain evidence pursuant to section 74(1)(b) of the *Coroners Act 2009* [the Act] have been made in this inquest. A copy of these orders, and corresponding ones pursuant to section 65(4) of the Act, can be found on the Registry file.

Section 81(1) of the Act requires that when an inquest is held, the Coroner must record in writing his or her findings as to various aspects of the death.

These are the findings of an inquest into the death of Siosuia Mateaki He Lotu Meyer.

Introduction

1. On 23 October 2021 Siosuia Mateaki He Lotu Meyer aged 31 years died in Liverpool Hospital. Mr Meyer was in lawful custody at the time, having been arrested by police two days previously.
2. Since Mr Meyer was in lawful custody at the time of his death, an inquest into the circumstances of his death is mandatory pursuant to sections 23 and 27 of the *Coroner's Act 2009*.

The role of the Coroner

3. The Coroner must make findings as to the date and place of a person's death, and the cause and manner of death.
4. In addition, pursuant to section 82 of the Act the Coroner may make recommendations in relation to matters which have the capacity to improve public health and safety in the future, arising out of the death in question.

Mr Meyer's life

5. Born on 9 March 1990 in Tonga, Mr Meyer was a dual national of Switzerland and Tonga.
6. When he was very young, Mr Meyer's maternal aunt and her husband adopted him, to be a brother for their three year old son Christopher. The two boys grew up together in Tonga and finished school there.
7. In 2010 Christopher Meyer came to live in Australia, and was followed there by Mr Meyer in 2011. The brothers lived together for about six months, then parted ways and thereafter saw each other only about every second month.
8. Christopher Meyer knew little of his brother's medical problems, but he noticed at his own wedding in November 2020 that Mr Meyer was short of breath. Christopher believed his brother suffered from asthma. He asked Mr Meyer how he was, *'but he was the type of person that doesn't share information. He said he was alright'*.
9. In 2013 Mr Meyer was convicted and sentenced to two years' imprisonment, suspended pursuant to a good behaviour bond. His offence required that he be placed on the NSW Child Protection Register; however it appears that he was not served with documents advising him that he must attend a police station to commence this process.
10. On 28 February 2014 a warrant for Mr Meyer's arrest was issued, due to his alleged failure to comply with conditions of his good behaviour bond. Mr Meyer had also been classified as an unlawful non citizen on 24 September 2013.
11. For many years Mr Meyer's whereabouts were unknown to police, until they received information in September or October 2021 that he was living in a Tongan community centre in Bankstown, known as the Kava Club. The Kava Club had a community hall with a room upstairs which could be used by people who needed accommodation.
12. Mr Tevita Tuipulotu Fifita, the president of the Kava Club, said that Mr Meyer had started living there about four years previously. Mr Meyer did not speak about his past or his family, but he did tell Mr Fifita that he had asthma. Mr Fifita observed that Mr Meyer had a Ventolin puffer and was always short of breath. He was, Mr Fifita said, a calm man *'who used to drink to calm his pain'*.
13. Mr Malakai Uhi also lived at the Tongan Centre. He too knew little about Mr Meyer's past, but recalled that he had trouble breathing and had become very sick a couple of weeks before his arrest on 21 October 2021. Mr Uhi commented that Mr Meyer *'found it hard it breathe. His feet were swollen and it was hard for him to walk and climb up the stairs'*.
14. As will be described, on 21 October 2021 police arrested Mr Meyer at the Kava Club and took him to Bankstown Police Station. He was very unwell, and at about 2.30pm an ambulance was called to take him to Liverpool Hospital.

15. The following day Christopher Meyer and his wife Luseane Motuapuaka received a call from Liverpool Hospital. They were told Mr Meyer was gravely ill and they were urged to go there as soon as possible. When they arrived shortly afterwards Mr Meyer was not conscious and was on life support. Christopher and Luseane returned the next day with their Pastor, and were at his bedside when he died.
16. Christopher and Luseane attended each day of the inquest. At the close of the evidence they spoke with love of Siosuia, as a person who was '*kind, funny and known to be the family jokester*'. He was a '*loyal friend*' and '*loved son, brother, nephew and cousin*'.

The issues at the inquest

17. There is no controversy about the cause of Mr Meyer's death. A postmortem examination was performed by forensic pathologist Dr Rebecca Irvine. The examination found that he had died from the complications of infective exacerbation of bronchiectasis with cor pulmonale. He had no significant injuries.
18. These medical conditions will be explained later in these findings. Suffice to say at this stage that in the days leading up to his death, Mr Meyer was very ill with severe lung disease and heart failure. His condition deteriorated rapidly while he was in police custody on the afternoon of 21 October 2021, and he died in hospital two days later.
19. The main focus of the inquest therefore was the adequacy of the police response to Mr Meyer's deteriorating health that afternoon. The issues were:
 - Did police take appropriate steps to seek medical assistance for Mr Meyer?
 - Was the police response in accordance with NSW Police Force policies and procedures?
 - Would earlier medical assistance have improved Mr Meyer's prospects of survival?
 - Are there any recommendations that are necessary or desirable arising from the inquest?
20. In relation to the third issue, the court was assisted with the expert report and oral evidence of consultant respiratory physician Dr Jonathan Rutland.
21. Before summarising the events leading up to Mr Meyer's death, I will briefly describe certain NSW Police Force policies which are relevant to the above issues.

Police roles and responsibilities

22. The NSW Police Force has Standard Operating Procedures to support best practice in managing the custody of persons who are arrested or detained. These,

together with the NSW Police Force Handbook, set out the responsibilities which police officers hold to persons whom they arrest.

23. Each police station has a Custody Manager and where resources permit, a Custody Manager Assist. On 21 October 2021 at Bankstown Police Station, these roles were performed by Sergeant Lauren Watling and Senior Constable Aresh Hashimi respectively.
24. Part 4 of the *Charge Room and Custody Management* SOPs [the SOPs] describes the role of the Custody Manager as ensuring that the rights of the person in custody are maintained, and monitoring *'the safety, well-being, and security'* of these persons and their property.
25. Part of this role involves completing a Visual Assessment of the person, and recording their answers to a Questionnaire. These are recorded in an electronic Custody Management System. The purpose is to identify risks to the person, including if they have an illness or a condition which needs medical help. There are also to be scheduled inspections of the person in custody.
26. The SOPs also prescribe the role of arresting and escorting officers who have brought the person to the police station. These officers are responsible for *'the care, control, and safety'* of persons under arrest until they are handed over to the Custody Manager. Their responsibilities include *'seeking medical attention if the [person in custody] needs or requests it, on reasonable grounds'*.
27. On arrival at the police station, the arresting/escorting officer must complete an electronic Field Arrest form and submit it to the Custody Manager. They must also provide a verbal handover to the Custody Manager, giving information relevant to the person's physical and mental condition. The handover is to include information about *'any injuries, observations of the [person in custody] which may be relevant to their well-being'*.
28. The SOPS specifically provide that the arresting/escorting officer is not to leave until the Custody Manager has themselves completed the Visual Assessment and Questionnaire.
29. A further important document is the NSW Police Force Handbook [the Police Handbook], which provides guidance to police about their responsibilities for the medical health of persons in custody. The Police Handbook makes clear that police officers *'are not expected to 'diagnose' people'*, but that all officers have a duty of care to seek medical attention immediately if there is a concern about a person's mental or physical condition. In addition, the Custody Manager must *'immediately call for medical assistance ... if a person in custody appears to be ill'*.
30. It is made clear that this obligation applies whether or not the person requests medical attention.

The events of 21 October 2021

Mr Meyer is arrested

31. On 21 October 2021 Mr Meyer was arrested in the upstairs area of the Kava Club. The officers seeking his arrest were Detective Sergeant Michael Egan of the Child Protection Investigation Team, and Detective Senior Constable Daniel Lowe, then of the same team. Two uniformed officers, Senior Constable Jonathon Gordon and Senior Constable Donald Henderson, were asked to assist with the arrest.
32. None of the four officers had any information about Mr Meyer's health prior to the arrest. Following a short briefing, they arrived at the Kava Club at about 12.30pm and were directed upstairs. There they found a room which Detective Egan described as a '*makeshift bedroom*'. The room had a pungent odour. Mr Meyer was lying on one of the beds. A man lying on another of the beds indicated him and said '*He is sick*'.
33. Police officers Gordon and Henderson took hold of Mr Meyer's arms and pulled him into a sitting position. He then stood up and his wrists were handcuffed behind him.
34. Detective Lowe observed that Mr Meyer seemed to have difficulty breathing, and that his lower legs and ankles were swollen. Mr Meyer said to him: '*I am sick*', and Detective Lowe noticed amongst his belongings a prescription for antibiotics. To Detective Egan, Mr Meyer indicated a carry bag which Detective Egan saw contained papers and a Ventolin inhaler. From this, Detective Egan concluded that Mr Meyer was probably an asthmatic.
35. As officers Gordon and Henderson escorted Mr Meyer down the stairs and out of the building, they too noticed that Mr Meyer's ankles were very swollen. Mr Meyer told them he had to walk slowly because of this, and that he was very sick and had '*lots of problems*'.
36. Once down on the street, the uniformed officers helped Mr Meyer into the back seat of their police vehicle. This took a little time, as he was short of breath and needed a rest before getting his legs in. Mr Meyer told them that he had asthma, and asked for his inhaler.
37. SC Gordon retrieved the inhaler from Detective Egan and administered two puffs to Mr Meyer. They then drove him to Bankstown Police Station. In the vehicle SC Henderson could smell a strong odour about Mr Meyer, and asked him what it was. Mr Meyer replied: '*That is because of my lungs. I have an infection and when I breathe out it smells*'.
38. Throughout the above interactions with Mr Meyer, none of the four police officers were of the view that he needed immediate medical care.
39. During Mr Meyer's arrest and throughout the ensuing period at Bankstown Police Station, Mr Meyer was at all times courteous and compliant with police requests.

At Bankstown Police Station

40. Mr Meyer arrived at Bankstown Police Station at about 12.50pm, and was escorted into the Charge Room. Here SC Henderson removed his handcuffs. CCTV footage shows Mr Meyer with his elbows leaning on the counter and his head lowered. SC Henderson gave him a cup of water, and told SC Hashimi, the Custody Manager Assist officer, that Mr Meyer was not well.
41. This was clear to SC Hashimi. He could see that Mr Meyer was in pain, that he was having difficulty breathing and was *'gasping for air'*, and that his feet and ankles were swollen. Mr Meyer said that he couldn't stand at the counter for long, and he asked to sit down. SC Hashimi led him to an empty dock where he sat for a few minutes with his head bowed. From his position at the counter, SC Hashimi was able to see Mr Meyer through the dock's clear perspex walls.
42. Shortly afterwards SC Hashimi brought Mr Meyer back to the counter and asked him the pro forma questions which appear on the Visual Assessment and Questionnaire screens. SC Hashimi entered the results into the Custody Management Record. Relevantly, SC Hashimi recorded the following:
- Mr Meyer was in pain (*'person of interest says his whole body is in pain'*)
 - Mr Meyer said he had asthma and inflamed feet
 - he had heart disease.
43. Against the question: *'Do you have any serious medical problems'*, SC Hashimi has entered *'No'*, which he told the court was Mr Meyer's response to this question. Beneath this however, SC Hashimi has entered the words: *'Enlarged heart, asthma'*.
44. It is to be noted that SC Henderson left the Charge Room prior to the completion of these Custody Management records. This appears to be contrary to what is required in the SOPs (refer to paragraph 28 above).
45. Mr Meyer was then led back to the dock, where SC Hashimi left the door open to help his airflow. At about 1.30pm the Custody Manager Sergeant Watling came into the Charge Room and asked Mr Meyer if he was okay, to which he nodded. She was informed by SC Hashimi that Mr Meyer suffered asthma.
46. The next step was the fingerprinting process, which commenced at 2.06pm. Until then, Mr Meyer remained sitting in the dock.
47. At the inquest SC Hashimi said that during this time he was able to observe Mr Meyer from where he (SC Hashimi) was stationed at the counter. He told the court that he did not observe any deterioration in Mr Meyer's physical condition. He certainly considered him to be unwell, describing him as *'breathing heavily'* and *'gasping for air'*. However, he assumed that Mr Meyer's breathing difficulties were due to his condition of asthma, and that if Mr Meyer had felt the need, he would have asked SC Hashimi for his inhaler.
48. In response to questions put by Counsel for the NSW Police Commissioner, SC Hashimi told the court that in his experience a large proportion of people who came

into custody, perhaps as many as 60-70%, are suffering some degree of illness, whether physical, mental or drug-induced. He said that it was simply not feasible to call an ambulance in all such cases, and that in any case he had assessed that Mr Meyer was not so ill as to require one.

The fingerprinting process

49. At 2.06pm Detective Lowe came into the Charge Room to undertake the fingerprinting and photographing of Mr Meyer. This process took some 21 minutes, which Detective Lowe said was an unusually lengthy period. The reason was that Mr Meyer was tired and was having difficulty standing. Detective Lowe said to Mr Meyer: *'I know you said you were sick but what is wrong with you exactly?'* Mr Meyer replied: *'I have a lung infection and a heart condition'*. On two occasions throughout the process Detective Lowe allowed him to return to the nearby dock so that he could sit down.
50. CCTV footage indicates that Mr Meyer was indeed fatigued throughout the process of fingerprinting. He can be seen standing at the fingerprint machine in a stooped position with his head lowered. At times he leant his body against the machine; at others he supported his weight by placing his hand on the machine or on the adjacent door. After he returned from his second rest break in the dock, his head appeared to be moving forward and backwards, suggesting laboured breathing.
51. When Detective Lowe viewed this footage at the inquest he expressed surprise that Mr Meyer had been using the door as support, as he had not noticed this at the time. He said that he had not observed any particular deterioration in Mr Meyer's condition while he was fingerprinting him. He agreed however that he had noticed a worsening in Mr Meyer's health when compared with his state on arrival at the police station an hour earlier.
52. Despite this, Detective Lowe had not considered that Mr Meyer's condition warranted calling an ambulance. Mr Meyer had not requested medical attention; nor did Detective Lowe think it was required. It was therefore *'a surprise and a shock'* to him to hear of Mr Meyer's death two days later.

An ambulance is called

53. Custody Manager Sergeant Lauren Watling returned from her rostered break while Mr Meyer's fingerprints were being taken. She came into the fingerprinting area a few times, and she told the court she had felt alarmed when Detective Lowe told her why the process was taking so long.
54. Sergeant Watling walked over to where Mr Meyer was now sitting in the dock. In her opinion his breathing had worsened since she had seen him at around 1.30pm. She observed that he was bent over and needed to move his body to take breaths. She said to him: *'I'm concerned about you and I'm going to call an ambulance to check you out'*. It was now about 2.35pm.
55. An ambulance crew arrived at the police station at 2.45pm.

56. The paramedic team found Mr Meyer to be *'in moderate respiratory distress'*. He was lethargic and weak, and was perspiring. Speaking in short phrases, Mr Meyer told them he had been unwell for the past four days and was worse today. His oxygen saturation was measured at only 78%.
57. Assessing that Mr Meyer was critically ill, the ambulance crew called for an Intensive Care paramedic team, then commenced giving him oxygen. The Intensive Team arrived and provided further treatment, then Mr Meyer was placed in an ambulance and driven to Liverpool Hospital with lights and sirens.

At Liverpool Hospital

58. On arrival at hospital at 4.05pm Mr Meyer was gravely ill. His oxygen saturations had dropped to 32% and he was unable to speak. The Admission Summary described him as being *'in extremis'*, or *'close to death'*.
59. Mr Meyer was ventilated, and imaging showed severe bronchiectasis which was described as *'end-stage'*. He required ongoing medications to maintain circulating blood pressure, and he developed renal failure. Sadly, he continued to deteriorate and on 23 October 2021 Mr Meyer's family agreed that it would be appropriate to withdraw his life support. He was pronounced deceased that afternoon.
60. I will note at this point that according to Dr Rutland, the treatment provided by both NSW Ambulance and at Liverpool Hospital was *'appropriate and optimal'*. When Mr Meyer arrived at the ED he was in respiratory failure and was close to arresting. Despite appropriate therapy, his respiratory failure worsened. In Dr Rutland's opinion, all appropriate care had been taken of Mr Meyer by ambulance and hospital staff. I accept this evidence.

The condition of bronchiectasis

61. Dr Irvine identified, and I accept, that the cause of Mr Meyer's death is the complications of chronic bronchiectasis and cor pulmonale.
62. The court was assisted with expert evidence about the relatively rare lung condition of bronchiectasis. Consultant respiratory physician Dr Jonathan Rutland provided a report, and also gave oral evidence at the inquest.
63. Dr Rutland explained that the lungs contain a system of tubes which conduct air into the lungs. Bronchiectasis is a chronic condition in which the lungs' airways become inflamed and damaged, making it hard to clear mucus. Fluids then build up in the chest and breed bacteria, causing frequent infections such as pneumonia. These in turn cause further damage to the airways.
64. Bronchiectasis has no cure, and the damage it inflicts on the lungs is irreversible. Its symptoms have to be managed with ongoing treatment such chest physiotherapy and medications including antibiotics and steroids. At times the patient will suffer acute episodes and may need urgent medical attention.

65. Common symptoms are chronic cough, recurrent chest infections, chest pain, shortness of breath, wheeze, and lethargy. Dr Rutland noted that symptoms of bronchiectasis often overlap with those caused by other respiratory illnesses such as asthma. Asthma is often present in patients with bronchiectasis.
66. Dr Rutland told the court that in 50% of cases, a cause for a patient's bronchiectasis cannot be identified. He thought that in Mr Meyer's case, his bronchiectasis may have developed as a result of having suffered pneumonia as a teenager.
67. Mr Meyer had been diagnosed with bronchiectasis in April 2016, when he was admitted to Campbelltown Hospital with pneumonia. A CT scan of his chest indicated '*chronic severe bilateral cystic bronchiectasis, more severe with the right lung.*' The severity of Mr Meyer's disease was indicated by the presence of fluid in his bronchi. When he was discharged Mr Meyer had a follow up appointment at the hospital for 29 April 2016, but for reasons unknown he did not attend.
68. Thereafter Mr Meyer was treated by Dr Adrian Lim, a general practitioner. Over the five years between 2016 and 2021, Mr Meyer saw Dr Lim regularly. Dr Lim treated him with courses of antibiotics for his recurrent lung infections. He also prescribed antibiotics to be used as a prophylactic treatment. Dr Lim ensured that Mr Meyer was immunized for influenza and Covid 19, and that he was able to use a Ventolin inhaler.
69. A CT scan conducted in November 2018 revealed a worsening of Mr Meyer's bronchiectasis. Mr Meyer did not follow up on a referral which Dr Lim made for him to attend a consultant respiratory physician for further assessment and management. Dr Lim performed a lung function test in July 2019, the results of which demonstrated '*severely reduced lung function consistent with severe underlying lung disease*'.
70. Contrary to the general belief of those who knew Mr Meyer, Dr Rutland did not think that he had classic asthma. His main underlying condition was bronchiectasis rather than bronchial asthma. At the inquest Dr Rutland commented that people with chronic lung conditions often describe themselves as having asthma, and that their family and friends are often of the belief that this was their underlying condition. However, asthma treatments such as use of a Ventolin puffer could only give short term relief for sufferers of bronchiectasis, and could do nothing to halt the progress of the disease.
71. During his 2016 admission at Liverpool Hospital, Mr Meyer was also diagnosed with severe cor pulmonale secondary to his bronchiectasis. In her post mortem report Dr Irvine identified cor pulmonare as one of the causes of Mr Meyer's death. This is an abnormal enlargement of the right side of the heart due to lung disease. Symptoms include shortness of breath, lethargy, and swelling of the lower parts of the body in particular the ankles and legs.
72. Dr Rutland explained that people with bronchiectasis can develop high blood pressure in the arteries which lead to their lungs. This causes them to develop a

weakened right side of the heart, which can result in heart failure. In his expert report he commented: *'Once this develops in a patient with lung disease, outlook is poor'*.

73. I turn now to examine the issues of the inquest.

Did police take appropriate steps to seek medical assistance for Mr Meyer?

74. A significant question at the inquest was whether Mr Meyer's deterioration at the police station ought to have been identified by the involved officers, and medical attention sought for him at an earlier stage. Dr Rutland's evidence was that following Mr Meyer's arrival at the police station at about 12.50pm his clinical condition *'appeared to have deteriorated significantly'* to the point where he had *'severe respiratory failure'*. It is apparent from the evidence however, that with the exception of Sergeant Watling and to some extent Detective Lowe, none of the involved police officers identified this deterioration.

The evidence of the involved officers

75. In the case of Detective Egan, once Mr Meyer had been received in the Charge Room at about 1.09pm he attended to other duties and did not observe him after that time. He said that during the time he was with Mr Meyer he did not notice any worsening of his ability to breathe, and did not think that he required urgent medical attention.

76. Senior Constables Gordon and Henderson were with Mr Meyer for some of the period after 1.09pm. Both acknowledged that from the outset they could see he was unwell and was having difficulty breathing. Nevertheless they did not observe any decline in his condition over the time they were with him, and at no time had they thought that he required urgent medical attention.

77. Like his colleagues, Detective Lowe was in no doubt that Mr Meyer was ill. It was apparent to him that in addition to having difficulties breathing, Mr Meyer was fatigued, was having difficulty standing, and could not manage the fingerprinting process without taking rest breaks. In his opinion, at the commencement of fingerprinting just after 2.00pm Mr Meyer's condition had worsened since his arrival at the police station an hour earlier. However in Detective Lowe's assessment his condition was not such as to warrant urgent medical attention, and he did not think it worsened during the fingerprinting process.

78. For his part SC Hashimi readily agreed that Mr Meyer had appeared to be ill. During the Visual Assessment and Questionnaire procedure Mr Meyer had told him he had heart disease and asthma, and that *'my whole body is in pain'*. As the Custody Management Assist officer, SC Hashimi kept Mr Meyer under observation over the following hour and a half, but he did not think that his breathing worsened over this time. Nor did he believe that he was so ill as to require urgent medical attention, despite observing that he was *'moaning in pain and gasping for air'*.

79. This assessment contrasts with that of Custody Manager Sergeant Lauren Watling. She had observed Mr Meyer at around 1.30pm and had spoken briefly to him. It was not until about 2.30pm that she saw him again. His appearance alarmed her. He was bent over in his seat and was moving his body to take breaths, and in her opinion he had deteriorated in the intervening time. She directed SC Hashimi to call an ambulance.

The submissions

80. In submissions on behalf of the Commissioner, Ms Bennett acknowledged that Mr Meyer's worsening condition at the police station had not been identified by most of the involved officers. She submitted however that there were circumstances to be taken into account when considering whether they had properly discharged their duties towards him.

81. First, it must be kept in mind that police officers are not medically trained and cannot be expected to assess an unwell person as a clinician is able to do. I accept this is the case. By way of example, Dr Rutland opined while Mr Meyer's swollen ankles would have been cause for concern for a person with medical training, it would not be reasonable to expect the same response from those without such training.

82. To this may be added Dr Rutland's evidence that for a period of time over the afternoon, Mr Meyer's relative youth allowed his body to '*compensate*' for the effects of his declining respiratory function. As a result, according to Dr Rutland, he would not have appeared to be as ill that afternoon as he actually was. Due to the ability of the body to compensate for a limited period of time, it can be a shock to laypersons when, as in Mr Meyer's case, he was found to be close to death on arrival at hospital. This evidence can be heartbreaking for families to hear.

83. Secondly, officers Egan, Gordon and Henderson were not present in the Charge Room throughout the latter part of Mr Meyer's custody. I accept this was the case, and that as submitted by Ms Bennett, this would have reduced their capacity to realise that his condition was deteriorating.

84. In her submissions Ms Bennett also relied upon Dr Rutland's evidence that it was reasonable for the involved police officers to have believed that Mr Meyer was suffering from asthma. In Dr Rutland's opinion this was understandable, and Mr Meyer himself may have believed this.

85. It is true that Mr Meyer told the police officers that he had asthma, and they were aware that he used Ventolin. Nevertheless the evidence is that to SC Henderson, Mr Meyer made mention of '*an infection*' involving his lungs; and he told Detective Lowe he had '*a lung infection and a heart condition*'. In addition, according to the Custody Management documents he disclosed to SC Hashimi that he suffered an '*enlarged heart*' and heart disease. There was therefore a basis for these police officers to consider the possibility that Mr Meyer was suffering a medical condition other than, or in addition to, asthma.

86. In this regard I note that it does not appear that officers Henderson and Lowe passed on to SC Hashimi the information they received from Mr Meyer, namely that he had an infection involving his lungs. This was arguably a contravention of the relevant SOPS (see paragraph 27 above).
87. Furthermore, regardless of whether the police officers attributed Mr Meyer's physical difficulties to asthma, they were under an obligation to seek medical attention for him if he *'appeared to be ill'* or *'otherwise appeared to be in need of medical attention'*. It is somewhat disturbing that despite observing Mr Meyer to be *'moaning in pain and gasping for air'*, SC Hashimi did not consider that he reached this threshold.
88. Notably, when she returned to the Charge Room at around 2.30pm Sergeant Watling was almost immediately struck by the decline in Mr Meyer's physical condition. Her response perhaps partly reflects the phenomenon that a gradual decline in the condition of an unwell person is less noticeable to those in his or her vicinity over a period of time, than it is to those who observe the person at discrete intervals.
89. I also accept the evidence of SC Hashimi that a high proportion of persons in custody are not in a well state, whether due to physical or mental conditions, the effects of substance use, or all three; and that in most cases it is neither necessary nor feasible to call for urgent medical assistance.
90. It is somewhat disquieting that neither SC Hashimi nor Detective Lowe thought that Mr Meyer's condition warranted urgent medical attention. This was despite the former observing him to be *'moaning in pain and gasping for air'*, and the latter being aware that Mr Meyer's poor condition had prolonged the fingerprinting process. It was almost immediately apparent to SC Watling that Mr Meyer's condition had reached this threshold. I would hope that with the benefit of hindsight, Detective Lowe and SC Hashimi are able to appreciate this as well. I accept however that these officers are not medical professionals, and that Mr Meyer's relative youth enabled a degree of compensation of his condition which contributed to their failure to appreciate how very ill he was. These factors mitigate their failure to call for urgent medical assistance. For these reasons I do not make explicit criticism of the manner in which any of the involved police officers discharged their duties towards Mr Meyer.

Compliance with NSW Police Force policies and procedures

91. I have noted SC Henderson's evidence that he did not wait in the Charge Room while SC Hashimi completed Mr Meyer's Visual Assessment and Questionnaire. At the inquest SC Henderson said that in his experience this practice was not uncommon.
92. SC Gordon too acknowledged some failures to comply with the relevant SOPS. He did not record that he had administered Mr Meyer with medication, namely two puffs of his Ventolin. He agreed that in hindsight he ought to have informed SC Hashimi of this.

93. In addition it does not appear that Detective Lowe and SC Henderson passed on to SC Hashimi certain information Mr Meyer gave them about his health. I refer here to Mr Meyer's disclosures that he had an infection involving his lungs (see paragraph 85 above).

94. I accept that these deficiencies would not have altered the tragic outcome for Mr Meyer. I respectfully draw them to the attention of the NSW Commissioner, for such response as she considers appropriate.

Would earlier medical assistance have improved Mr Meyer's prospects of survival?

95. In Dr Rutland's opinion, Mr Meyer's prognosis before being arrested on 21 October 2021 was 'extremely poor'. His bronchiectasis was irreversible and was worsening, and for many years he had suffered repeated infective flare ups.

96. In his report, Dr Rutland said that had Mr Meyer been taken straight to hospital after his arrest at the Kava Club:

'... he might have survived the acute episode of pneumonia and sepsis but, given the severity of his bronchiectasis complicated by cor pulmonale ... I feel that his prognosis for survival would still have been extremely poor - possibly weeks or months, unlikely to be years.'

97. At the inquest Dr Rutland amplified this opinion. He told the court that if police had taken Mr Meyer to hospital at an earlier stage that afternoon, it was possible that with emergency treatment he would have survived this episode of acute pneumonia. However on discharge from hospital he would have continued to suffer the effects of irreversible and very severe bronchiectasis and heart failure. This meant a very poor prognosis for him, with a probable life expectancy measured not in years, but more likely in months.

98. Dr Rutland said further that had Mr Meyer not been arrested but had instead remained at the Kava Club, he could not have survived for long unless he sought immediate medical assistance. His physical exertions that afternoon as a result of being arrested and moved to Bankstown Police Station did not therefore cause his death. They did however reduce the period of time within which his body was able to compensate for his very severe illness.

99. I therefore find that earlier medical assistance on the afternoon of 21 October 2021 would not have improved Mr Meyer's ultimate prospects of survival.

Are any recommendations necessary or desirable?

100. The evidence in this case does not provide any basis for recommendations. In my view the relevant content of the applicable SOPS and Police Handbook is appropriate and adequate, and there is no basis to recommend alterations or additions to them.

Conclusion

101. I offer sincere sympathy to Mr Meyer's family for the loss of their much loved brother.

102. I thank the Assisting team for the high quality of their assistance and support throughout this inquest, and the cooperative approach taken by the legal team representing the NSW Commissioner. I acknowledge also the excellent work undertaken by the Officer in Charge, Detective Inspector Allcroft, in investigating Mr Meyer's case and compiling the coronial brief of evidence.

Findings required by s81(1)

As a result of considering all of the documentary evidence and the oral evidence heard at the inquest, I am able to confirm that the death occurred and make the following findings in relation to it.

Identity

The person who died is Siosuia Mateaki He Lotu Meyer

Date of death:

Siosuia Mateaki He Lotu Meyer died on 23 October 2021.

Place of death:

Siosuia Mateaki He Lotu Meyer died in Liverpool Hospital, Liverpool NSW.

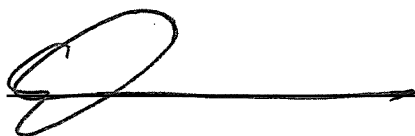
Cause of death:

The cause of Siosuia Mateaki He Lotu Meyer's death is the complications of infective exacerbation of bronchiectasis with cor pulmonale.

Manner of death:

Siosuia Mateaki He Lotu Meyer died of natural causes while he was in lawful custody.

I close this inquest.



Magistrate E Ryan

Deputy State Coroner, Lidcombe

Date

19 February 2024

