

INQUEST INTO THE DEATH OF MR. TERENCE CHARLES CLIFTON

CORONER'S FINDINGS

SUMMARY OF EVIDENCE

Mrs. Brenda Clifton described in her statement that Mr. Clifton had had a persistent cold or flu during the week before he died; he was using antibiotics and a nebulizer as well as his asthma pumps. They retired to bed on the Friday night, and later she was aware of him breathing very heavily and not responding. She called 999 and help came.

Dr. Roger Diggle told me of Mr. Clifton's long and complex medical history, based upon 18 years as his GP, involving moderately severe asthma. Following a massive anterior myocardial infarction in 2002, complicated by blood clotting in the lungs, he sustained Cardiogenic shock, resulting in such loss of pumping function in the heart muscle that he was extremely lucky to survive.

Since then he was told that there was no possibility of surgical improvement of his heart function, but he was considered a possible candidate for a heart/lung transplant; however, in 2007 he was fitted with a Bi-ventricular pacemaker, which supplied electrical stimulus to both sides of the heart, rather than the usual single wire system. This resulted in an increased quality of life and ability to exercise, but still left him with 50% loss of function of the heart and a continuing high risk of sudden death. In his opinion, Mr. Clifton would have been highly unlikely to be able to survive another myocardial infarction such as the one he suffered on 15/16 May 2009.

RPC Dent told me he was the first responder, and performed CPR on Mr. Clifton until the ambulance arrived. He thought he had begun to breathe as a result, but soon stopped again after CPR was suspended. The nurse had connected the defibrillator to the patient, but it would not deliver a shock.

Nurse Kniveton told me she had had some difficulty in operating the defibrillator, due to the small bedroom in which the patient was located, and the low lighting. She thought she had operated the machine in accordance with her training.

Dr. Barry Elsby told me that when he arrived he saw CPR was being administered properly, and was told it had been going on for about 11 ½ mins before he arrived. He delivered 2 shocks to the patient by using the machine, both without response; in view of the time elapsed since the original emergency call, and of Mr. Clifton's underlying cardiac disease, he decided to terminate attempts at resuscitation and pronounced life extinct at about 0030.

Mr. "Gus" Clausen, in his statement, informs me that he has examined the defibrillator used in the incident; it has been properly serviced and its memory reports that it was working properly at the time it was used. That night it underwent 8 cycles in 6 of which shock was advised but no shock was administered, and in the other 2 no shock was advised. It was then switched off and back on, and underwent a further 2 cycles, in which shock was advised and administered.

DS David Street, Coroner's Officer, summarised his report and confirmed that he had formally identified Mr. Clifton; he took statements from the witnesses who have given evidence, and from others, which he submitted to me for consideration.

FINDINGS

I am satisfied that Mr. Terence Charles Clifton died at or about 0030 on Saturday 16th May 2009 at 3 Ross Road West, Stanley.

I am satisfied that the cause of his death was a Myocardial Infarction. Given his medical history, and based upon the opinion of his GP as to his prospects of surviving such a further event, I am satisfied that this was a natural cause, that is "the normal progression of a natural illness, without any significant element of human intervention."

My inquisition will so record.

I extend my condolences to the family and friends of Mr. Clifton.

This inquest is now closed.

Dated 20th July 2009

Signed

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