

Private Prison Death Condemned

Report

Following an inquest into the death of Keith Howlett at Junee Correctional Centre, a private prison run by GEO, Deputy State Coroner Harriet Grahame heavily criticised GEO, Correctional Services NSW and Justice Health for their poor management of prisoners' health conditions, particularly in relation to palliative care. The [Coroner's report](#) highlights just one of the many serious issues with private prisons and condemns the way Mr Howlett's health conditions were managed during his time in prison.

Overall, the Coroner condemned the callous actions of Justice Health, the GEO and the Commissioner of Corrective Services for not addressing the important issue of access to adequate palliative care within prisons. Mr Howlett was suffering unnecessarily due to the shortcomings of Junee, GEO, the Commissioner for Corrective Services and Justice Health. In response to this disgusting lack of care for the suffering and death of a prisoner, Justice Health was of the view that "no recommendations in relation to palliative care training were necessary"¹ and displayed resistance to allowing prisoners with cancer access to a Cancer Care nurse, a position created by Justice Health. Similarly, GEO did not accept any of the recommendations made by the Coroner arguing that, "each was largely unnecessary or did not fall within its area of responsibility".² Adding to the disappointment, the Commissioner of Corrective Services, who expressed the view that all recommendations should be limited only to Junee Correctional Centre and despite the Coroner not being "persuaded by the Commissioner's arguments that strengthening the evaluation and audit process of providers such as GEO was unnecessary".³

As outlined by the Coroner, the State is responsible for the safety and medical treatment of people detained in custody, as they have no ability to access medical care outside that which is provided to them. Even where a death is due to natural causes, it is necessary that the quality of medical treatment that has been provided be independently reviewed.⁴ Recommendations made by the Coroner to increase the palliative care training for medical staff, ensure that patients with cancer have optional access to a Cancer Care nurse and annual auditing of GEO Health Services, were not adopted or seen as necessary by GEO or Justice Health.

At the time of entering Junee Correctional Centre, Justice Health was aware that Mr Howlett was suffering from lung cancer, HIV, chronic PTSD, anxiety, depression and a number of other serious health conditions. Since being diagnosed with lung cancer in 2012, Mr Howlett had been receiving curative treatment in the community with positive results, as well as receiving treatment

¹ *Inquest into the Death of Keith Howlett* (Unreported, State Coroners Court, Magistrate Grahame, 31 March 2017) [52].

² *Ibid* [57].

³ *Ibid* [56].

⁴ *Ibid* [8].

for the management of his HIV and other illnesses. Expert evidence at the inquest outlined that Mr Howlett was obviously presenting concerning symptoms at the time of his entry into custody, which required monitoring and further investigation. A medical professional who treated Mr Howlett while he was still in the community estimated that his conditions could be managed to allow him to live for potentially 1.5 – 2 years.⁵ At the time of his death, Mr Howlett had only been in Junee prison for the short period of five weeks.

Upon entry into Junee, it is standard protocol that nurses complete a Comprehensive Health Assessment Plan ('CHAP') within 30 days of the inmate's arrival, and yet at the time of Mr Howlett's death this plan had still not been completed. Dr Baguley, Mr Howlett's treating doctor, showed little interest in the creation of such a plan despite Mr Howlett's complex and serious health problems, and was indifferent to the fact that Mr Howlett would have benefited from knowing that a CHAP was in place.

Dr Baguley recorded little detail in the notes about the consultations he had with Mr Howlett and determined that there was nothing that could be done in regards to treating Mr Howlett's cancer, despite Mr Howlett receiving ongoing treatment for this out in the community, and made no effort to contact any of Mr Howlett's previous doctors.⁶ During his time at Junee, Mr Howlett made several visits to Dr Baguley, who gave evidence that Mr Howlett did not look ill and expressed the opinion that his diary entries recording his vomiting may have been exaggerated.⁷

The Coroner determined that the transfer of care for Mr Howlett from the community to the prison was well below the standard of best practice and that the approach of Dr Baguley was uncoordinated and no doubt stressful for Mr Howlett.⁸ Mr Howlett was evidently very unhappy with the level of care he was receiving, telling a nurse on 6 May 2013 that he was 'entitled to better care'.⁹ This same nurse was only aware that Mr Howlett had a 'serious medical condition' but did not know any specifics. Despite Junee being aware that Mr Howlett had a number of mental health conditions, and the likelihood of his anxiety being highly affected by his lack of medical treatment, he did not see a psychiatrist at any point during his five weeks in the prison.

The Coroner found that Mr Howlett was 'suffering greatly' in the lead up to his death,¹⁰ and that he had made all the medical staff that he could speak to aware of his various health problems. The problem with the nausea and diarrhoea was a significant issue, which required further attention from medical staff. Dr Baguley did not provide Mr Howlett with the pain medication he had been

⁵ *Inquest into the Death of Keith Howlett* (Unreported, State Coroners Court, Magistrate Grahame, 31 March 2017) [16].

⁶ *Ibid* [19].

⁷ *Ibid* [22].

⁸ *Ibid* [24].

⁹ *Ibid* [30].

¹⁰ *Ibid* [33].

receiving in the community as he was of the opinion Mr Howlett was receiving enough medication to manage his pain. Mr Howlett was seriously ill, thin and had trouble moving around the prison due to fatigue. The Coroner argues that Mr Howlett should have been receiving palliative care and required attention from a professional with knowledge of palliative care. Despite the option for Mr Howlett to receive palliative care at Junee, Dr Baguley planned to send him to Sydney to receive care; something that Mr Howlett was reluctant to do, as he did not want to be that far away from his wife.