

**SHERIFFDOM OF LoTHIAN AND BORDERS AT EDINBURGH**

**[2019] FAI 51**

EDI-B832-19

DETERMINATION

by

SHERIFF ALISTAIR W NOBLE

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC  
(SCOTLAND) ACT 2016

into the death of

**HUGH MITCHELL**

Edinburgh, 4 December 2019

The sheriff, having considered the information presented at an inquiry under section 26 of the Inquiries into Fatal Accidents and Sudden Deaths etc (Scotland) Act 2016 (“the Act”) determines:

1. in terms of section 26(2)(a) of the Act that Hugh Mitchell, born on 7 February 1950, formerly residing in Kirknewton, West Lothian, and laterally a convicted prisoner at HMP Edinburgh, died in Ward 114, Royal Infirmary of Edinburgh, Old Dalkeith Road, Edinburgh, on 21 March 2019 at 0754 hours.
2. in terms of section 26(2)(c) of the Act that the cause of death was ischaemic heart disease.

## NOTE

### Introduction

[1] This inquiry was held under section 1 of the Act. It was a mandatory inquiry in terms of section 2(1) and (4) of the Act as Mr Mitchell was in legal custody at the time of his death.

[2] Three parties were represented at the inquiry. Ms Bell, procurator fiscal depute, appeared for the Crown. Ms Middleton, solicitor, Edinburgh, appeared for the Scottish Prison Service. Mr Holmes, solicitor, Edinburgh, appeared for the NHS. Mr Mitchell's widow did not enter appearance in these proceedings, but I was informed by Ms Bell that she had kept in close contact with Ms Bell.

[3] No oral evidence was led at the inquiry. A joint minute was entered into by the parties, all of whom invited me to make only formal findings in terms of section 26(2)(a) and (c) of the Act.

### Findings

[4] Mr Mitchell was born on 7 February 1950.

[5] At the date of his death, he was in lawful custody at HMP Edinburgh, having been convicted of a number of historical sexual offences. On 22 October 2015, he had been sentenced to a period of 10 years and 10 months imprisonment.

[6] At the date of his death, Mr Mitchell was accommodated within Cell 8, Level 1, Hermiston House, at the said prison. He was the sole occupant of that cell.

[7] In terms of his medical records, Mr Mitchell was generally fit and well. The only past medical history of note was adenocarcinoma of the prostate in 2004. He was not known to suffer from any diagnosed heart conditions.

[8] On 16 August 2017, Mr Mitchell was seen by prison medical staff complaining of feeling dizzy and light-headed, and being sweaty. He described feeling a tightness and heaviness in his chest. He was reviewed the following day and reported feeling better.

[9] Prior to 20 March 2019, Mr Mitchell had last been seen by prison medical staff on 13 March 2019 in respect of diarrhoea and vomiting.

[10] On the morning of 20 March 2019 Mr Mitchell attended a presentation within the training room at HMP Edinburgh with a group of fellow prisoners.

[11] At around 0945 hours on 20 March 2019, Mr Mitchell approached a prison custody officer, complaining of feeling unwell and sweaty. He was accompanied out of the training room, and as he was being accompanied back to his cell, his condition worsened and he collapsed on the stairwell landing.

[12] Prison medical staff were called and attended immediately. They found Mr Mitchell collapsed on the floor of the stairwell. He was incontinent of faeces, cold, clammy and sweating profusely. He was complaining of central chest/abdominal pains, and his pulse was very weak. An ambulance was called immediately.

[13] First responders arrived at 1005 hours on 20 March 2019, and conducted an ECG. The results were consistent with Mr Mitchell suffering a myocardial infarction.

[14] Mr Mitchell was taken by ambulance to the Royal Infirmary of Edinburgh and admitted directly to the Edinburgh Heart Centre, Primary PCI Catheter Lab. He was found

to have suffered an anterior lateral ST elevated myocardial infarction and was in cardiogenic shock.

[15] An angiogram showed very severe heart disease, with three of the coronary arteries being blocked. At approximately 1500 hours on 20 March 2019, Mr Mitchell underwent advanced cardiac catheter surgery. He was found to have suffered extensive heart muscle damage as a result of the occluded arteries. Two of the vessels were re-opened and stented, and a balloon pump was inserted to provide arterial support.

[16] Mr Mitchell was transferred to Ward 114 (coronary care unit) for post-surgical aftercare. Given the severity of his coronary artery disease, his prognosis was assessed to be poor and survival was deemed unlikely. It became apparent that he had suffered a hypoperfusion injury and he remained hypotensive and tachycardic. Despite maximal treatment on Ward 114, he suffered repeated cardiac arrests. He received CPR and had a spontaneous return of circulation and cardiac output.

[17] Following a cardiac arrest at around 0559 hours on 21 March 2019, Mr Mitchell's condition deteriorated. His breathing became laboured and his pulse and oxygen saturations dropped. It was apparent that he was nearing the end of his life, and a DNACPR was put in place.

[18] Mr Mitchell suffered a further cardiac arrest and died at 0754 hours on 21 March 2019. Life was pronounced extinct by Dr Maria Mazza.

[19] Mr Mitchell's body was taken to Edinburgh City Mortuary, Cowgate, Edinburgh, and was examined by Dr Gillian Wilson, consultant forensic pathologist, on 28 March 2019.

Dr Wilson's post-mortem examination report is produced as Crown production 1. It is a true and accurate report.

[20] Dr Wilson certified the cause of Mr Mitchell's death as ischaemic heart disease. On Mr Mitchell's death certificate, the cause of death was shown as acute myocardial infarction pending further investigations. While the hospital's proposed cause of death was accurate and appropriate, Dr Wilson considered, given Mr Mitchell's severe pre-existing heart disease, that death was best regarded as being due to ischaemic heart disease, which encompassed both acute and chronic changes.

### **Conclusion**

[21] Given the circumstances of Mr Mitchell's death, I am satisfied, as submitted by all parties, that only findings in terms of paragraphs (a) and (c) of section 26(2) of the Act should be made in this case. Mr Mitchell's death was due to natural causes, as described in the post-mortem examination report. No other findings are warranted on the evidence.

[22] All the parties at the inquiry expressed their condolences to Mr Mitchell's widow and all others bereaved by his loss, and to these I add my own condolences.