

LAW REFORM COMMITTEE

Inquiry into Coroners Act 1985

Melbourne — 20 September 2005

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Witness

Mr A. Gingis.

The CHAIR — I welcome Mr Aron Gingis to this inquiry. Thank you for taking the time to come and give us your personal experience of the coronial process. As a parliamentary law reform committee we are governed by the Parliamentary Committees Act, which means that the privileges of Parliament extend to this inquiry. This is a public hearing so all the evidence is taken down by Hansard. You will be given an opportunity to correct the record but basically once that is done, the document becomes public; it will be on the web site and it will be available to the community. I think you have met the members of the panel. If you would like to talk to us about your submission for about 15 or 20 minutes, that would give us an opportunity to ask you some questions.

Mr GINGIS — Good morning everyone. I am very grateful to the Chair and to the executive officer of this inquiry for allowing me to present, because for whatever reason, I did not see the advertisement about your inquiry and only the *Age* inspired me to come back to you. I am not only talking on my behalf but on behalf of my late father-in-law, whose photo I have of him in his later years. With your permission I will talk on his behalf as well. I do not believe the present coronial system has served justice in our case, and I will relate specifically to our case. Our case was very emotional. It is four years since our father passed away. I am still quite emotional about it, as you can appreciate, because I loved him and I cared for him, and he was very precious to me. It is nothing unusual; people do pass away from time to time.

In our particular case I was going through a very traumatic experience, not only seeing his untimely demise but also to see a very substantial — an entire machine — cover-up by the Alfred hospital. That was so substantial and so thorough that I am just laughing at the suggestion of the previous speaker that it would be better for the lawyers representing such an organisation as the Alfred hospital to be upfront in order to curtail any future mishaps or future problems. This is not the reality. I am supportive of the fact that he wanted to represent his clients, and it would be much better for many to be properly presented through the coronial process, but it is very unrealistic to expect that to work. We do have a very substantial and a very deep pocket of government organisation in the Alfred hospital that will go to any extent — I stress: any extent — to cover up their mishaps, their mistakes and their negligence; and on the other hand you have already quite devastated families who have other problems. In my particular case I had to leave my consultancy for a period of six months to take care of him in hospital because I could see inadequate care was given there. It did not help.

Very briefly, to go through the process, I was supposed to go to a lecture given by the Queensland government. I was to go by car. It was, unfortunately, on 10 December 2000. I left my father-in-law with my wife because I had to go to Queensland. I left him in the Alfred hospital just for a check up — he had a bit of angina. Unfortunately a week later I found him at a very difficult stage where mistake after mistake had caused him to be very grievously ill. In the first instance, for whatever reason and I can guess what the reason was, he contracted pancreatitis. He had never complained about pancreatitis. I suspect the process of the angiogram — that invasive process, or they put the probe into the wrong spot or, as they say, the dye had caused some problem in the pancreas. He immediately developed pancreatitis, so I found him severely ill when I came back. Prior to that he had lived by himself, he had looked after himself, he had no big problems. I understand any invasive procedure could involve risks, but if you do an invasive procedure in the heart area — you know, if you would die of heart attack during that procedure — I would understand, but that he developed pancreatitis, I could not understand. They said it happened.

Unfortunately 10 days later he had a terrible fall. I do not know if you are aware, but pancreatitis deprives you of the ability to take any food. He was simply trying to call a nurse to go to the toilet. He did not want to just wet the bed at 5.30 in the morning, which was logical. They would not come, so he got up, he smashed himself. The next thing they did as a procedure was to transfer him. A person who has had a smash — you know, a fall — he was all blue, they transferred him to a different ward downstairs in order for us not to be aggrieved or something. That is the procedure they do. During that transfer at which I was present he was administered the wrong food. That food caused a second attack of pancreatitis, a very severe one. Instead of recovering as he did in the first ward, he had a smashed face and side and in addition he also developed a second attack of pancreatitis.

In addition to that they dropped him in the Alfred hospital altogether six times. I have photos for you to look at. Before they took him on the second day he was bleeding. Four hours later they involved me. They rang up and said he had fallen again. Why did he fall again? They left him in the toilet for an hour and a half. He could not get up. He was ringing them and nothing happened. He tried to get up and he smashed himself. From that point he developed dangerous aspiration problems. Nothing happened — no neurological assessment, not even an X-ray of his skull. From then on everyone who took care of him in hospital knew he had swallowing problems. That fall caused him not to be able to swallow properly. From then on everybody, including me, was only allowed to feed him with his head down. It happens, that is life. I accepted that there was nothing I could do about it.

Unfortunately on 30 June 2001 he pulled his nasal-gastric tube out. I called the doctor, a young doctor, to insert the nasal-gastric tube again. I could not predict what would happen next. I was waiting outside his room for the doctor to attend. I could hear the conversation between the senior nurse and the doctor; it was, 'Don't worry, Dear', the nurse said to the doctor, 'I know exactly what to do'. In other words, the doctor did not. The next thing was when I came into the room they told me to step back. It was not my experience. Because the old man did not speak English; I would normally explain to him what was going on. I would hold his hands, not physically just comfort him. They told me to step back quite abruptly and said they knew what they were doing. They did not. To start with the nurse did not know him at all; she had never looked after him. She was from a different ward. She was in charge of another ward so she did not know his neurological problems in swallowing. Both of them almost sat on his lap. The doctor was trying to push a nasal-gastric tube in. The nurse put his head backwards and right in front of me she deposited between four to five spoonfuls of thickened orange juice right into his lungs. With his head on that angle it was going straight in. He started choking. He even lay down on the spot just shouting to me in Russian. It was a terrible experience. I am still suffering with a vision of that. Of course I jumped on them — not physically but shouted, 'What are you doing? He is not supposed to be fed this way'. The next step was they ran out of the room. The young doctor went to call her consultant. It took an hour for the consultant to come. She told me 'Look, if his heart fails, we are not going to resuscitate him'. But he was just sitting like me and you, and talking.

Whilst he was not very mobile and strong because of his previous problems with pancreatitis, he was quite okay — he had no breathing problems. I did not know what to do. They did not call intensive care — they did nothing. They just put an oxygen mask on him. I did not realise at the time what the significance of that was. Prior to that incident, which I personally witnessed, he was examined by the consulting anaesthetist who determined the reason he was in hospital for six months was he was developing depression. First of all they argued the case of depression. Then it was agreed that he had to get to a certain stage in order to get ECT treatment. The consulting anaesthetist had determined he was well enough, strong and healthy enough with all the risks with electroconvulsive therapy to take it. He really did not have that on him, but when I checked, the oxygen in his blood after this incident was 72 instead of 95 to 97, which it previously was. He was choking to death and nothing had been done. I did not know what to do. They over-oxygenated him. First of all they took the probe away so I could not measure his oxygen. Secondly and importantly, they refused to take him to the intensive care unit. They caused his demise. They started pulling time. They knew very well in this case it was their fault and they thought he would die overnight or very quickly. But no, his heart was strong enough to pull for 10 days. After four days he fell into a coma and passed away on 11 June 2001.

Some ethics committee was set up. I was trying to go to the general manager of the hospital. The doctor said, 'I'm not involved'. I went to Prahran police station and said, 'I have seen what I have seen'. They told me if he passed away, then homicide would investigate and the coroner would investigate. It was not the answer I was asking for. I was going to ask for some proper assistance with medical procedures or some help because he was obviously poisoned with the orange juice in his lungs. To put thickened orange juice in his lungs is the same as putting in a bullet. Infection obviously arose and that is why he died. It was a very gruelling and unpleasant experience which I personally witnessed. Exacerbating this fact was that when we went through the coronial process firstly the hospital refused to give us any medical records. Moreover, despite the fact that I was his next of kin — because my wife was also very sick at the time; she had thoracic surgery two floors down, she was cut like a chicken — they removed me from being his next of kin. What a tricky way they did it. For six months I was signing every consent form for every procedure. They said to me, 'You are not his son and your brother-in-law who was not involved is his oldest son, so he is the next of kin'. I said, 'Hold on a second. According to the law there is a certain procedure called continuity. If you accept me as the next of kin for six months, it is logical to assume I am the one who still continues. You knew that when I looked after him'. But because I was not happy that they did not take him to intensive care, they removed me from that. They convinced me to apply through the Office of the Public Advocate. It was a joke. Five days after the incident we heard that he had already fallen into a coma and he was critically ill.

The public advocate is a very nice man. We had 12 members of my family sitting there — my older daughters, my mother and father and wife who was released from hospital. She was sitting there crying to convince the public advocate for me to be the next of kin. My brother-in-law did not even attend; he was at his work. The adjudicator rang him up and my brother-in-law said he was happy with whatever the hospital did. He did not know what was going on. He said, 'Why are you unhappy with what the hospital does?'. He was not happy that I allowed the doctors to do electroconvulsive treatment about a week before the incident. When the adjudicator asked him, 'What is electroconvulsive treatment?', my brother-in-law even did not know. So he was just unhappy with anything I would do, and I simply wanted for him to be saved, to be assisted. The unfortunate part about the coroner's

procedure was, despite all this evidence that was given by me to the police homicide squad, I think it was in Cheltenham, I went through step by step by step. Two years after the incident, the coroner suggested to me that there would be no inquest; he died of natural causes. Of course he would die of natural causes. Any person sitting in this room now, if I put five thickened orange juices into your lungs, within 5 to 10 days you will die of natural causes. What are the natural causes? Your organs will be gone very quickly because the lungs are not working and the organs will deteriorate. So what natural cause?

We did apply again to Coroner Johnstone personally, because the previous decision was given by the deputy coroner. Would you believe that the same police investigation unit, the same officer from the police investigation unit, was assigned to review our case again? I objected to that. So one of his mates picked it up and he again refused it. I was never interviewed by them. I was never given an opportunity to present to the coroner — it was no inquest. The inquest was rejected a second time. The choice I am facing now is the choice I was facing one and half years ago when the second request was rejected.

First of all, the police investigation was simply incompetent. They never even interviewed me. They just took some statement that I gave before. They have never seen me in their life. They disallowed me to have that inquest and justice was not done. I had to spend \$2000 to an independent pathology services. You can imagine how much financially I was deprived from that happening, because I did not work for six months and my wife was very sick. We have been getting a sickness allowance, and I have to spend \$2000 from my already depleted finances just to get an opinion. Now I have to spend more money to draw a Supreme Court application to convince the coroner to have an inquest. I do not think it is fair.

The family went through a very gruelling experience. Please put yourself in my position. That man was a World War II veteran. He was fighting for me and you during World War II. He had orders; he had medals. He was not old; he was only 75. Physically he was very strong. His hands were stronger than mine. He was double my size. He was very physically strong. He had no trouble with health. He had a bit of angina. I know accidents do happen, but he fell six times and I have evidence of that. His teeth were lost. I put his teeth in a plastic glass and probably someone delivering food, not a nurse, just threw it out. They promised to give him new teeth. No, he never had a chance against the huge Alfred hospital. They put top lawyers on the subject. They laughed me off all the way and refused to give me any medical file. Do you know where I got the copy of the medical file? It was from the coroner. I was sitting there for three days copying the medical file and seeing what is important. The coronial process is not working. Police are too fat, too incompetent and trying too much to protect a government institution like Alfred hospital. That is my opinion. As far as the coroner is concerned, he is also very comfortable. The police say, 'Why should they bother?'

Please put yourself in my position. Put yourself in his position. He is dead and buried four years now. It is very difficult. That is on top of all our grievances, on top of all of the problems that we had with him in hospital itself. Please, I think from the public point of view it is a devastating experience. Now I do not have a choice: I have to ask a barrister friend to draw me legal papers to take the matter to the Supreme Court and tell them the same story I am telling you now. I want you please to change the coronial act. As the gentleman asked before, 'What is a proper witness?' It is somebody who has seen with his own eyes; somebody who can give evidence that cannot be disputed. The nurse, when she read my statement, said that I was pushing him. She said in her statement that I had given him water or something like that. I did not even touch him when it happened. They took away the file on the spot. Of course I was aggrieved at the time it happened. No problem, they just put a security guard next to me. Do you think the health services commissioner helped? They did not bother. Do you know what I got from the 3-hour meeting with the health services commissioner? I got a parking ticket, that is all. I parked my car, and when I got out I got a parking ticket, that is all — useless. She is covering them up, exactly the same as the police investigation unit. Why? She is not a whistleblower like in New South Wales. You have heard what happened there. You have heard what happened in Queensland. Here the health services commissioner is covering up — there is no question about it. They explained to me that they could negotiate a treatment between us and the hospital. What power has she got for a negotiation?

We put a second submission to Coroner Johnstone directly and in that submission the second paragraph stated:

The investigation report of the state coroner's assistance unit and, in particular, the summary has failed to take into account certain vital matters that were put before it by myself and other witnesses and contains a number of findings to which I object. I refer to the matters below:

It then lists all of these things. I had to chase up who would be investigating the second time. The same sergeant was supposed to investigate. His mates who are probably sitting next door to each other took over the file. Of course he refused as well.

I repeat myself again: any one of us who will receive into their lungs four to five spoons of thickened orange juice as he did would die of natural causes between 5 to 10 days. It is like a bullet into the lungs. During the war, when people got a bullet into the lungs, they normally would die because of the infection. It is not possible to survive. But in his case they could do a tracheostomy; they could suck the juice out; they could do something. They did nothing. They just let him die in the same bed. Please appreciate that I am not just trying to be emotional. I just do not believe that hospitals have learnt anything. The wishful thinking of the previous presenter who said that the hospital should be open and try to correct the problems, it does not happen. They are trying to cover themselves up. They are trying to survive another day. They have got an entire machine working on this issue. The people unfortunately are left with no support. I was not asked by somebody independent or a government body how I was. No-one asked whether I was still in my mind or how I was coping with all of it. They do not even ask about my wife. She was very sick at the time. She loved her father dearly and the whole family was devastated. The Coroners Act is a joke.

The CHAIR — Thank you, Mr Gingis. I appreciate that it must be very difficult for you to come and talk to us. One of the issues you raise in your submission to us is the question of who should do the investigation. I certainly got the strong impression from you that you felt that the police in this case were not equipped to do the investigation that you would have liked to have seen done. We are grappling with this whole issue of the expertise that should attach to the coroners court. Do you believe that would be better done if someone with medical expertise was part of the team? What would you recommend should happen in those circumstances?

Mr GINGIS — I want you to appreciate another very important factor in all of that. I had a very substantial problem even to get independent pathology advice. Every pathologist, every GP, every specialist is tied up with the health department, very seriously tied up. They are, first of all, not interested in forensic work; even for good money, they were simply not interested. The pathologist who took that matter on is Dr Byron Collins. He is a very experienced and good man. He is not tied up with them, and it took me a lot of trouble to find him. Even he is quite expensive, but I did not have a choice. I do not believe in getting consultancy from anybody tied up with the health department, with that — what you call — network of hospitals; somebody independent, yes, but not somebody who is so tied up with them from the medical point of view.

As far as the police are concerned, they are just very comfortable there. They have got so many cases. If it is a simple case — somebody is hit by a tyre during the grand prix it is a big deal. In the government hospital involved I would not trust many of the doctors. Moreover they are not interested in getting involved. You know how many doctors I called? I called the doctors registration board, and they said to me, ‘When the coroner will make the determination, then you could complain against that particular doctor’. The system is all tied up. You give me, please, one bit of advice: where could I possibly go? The police told me that the coroner will take care of it. The coroner said that he died of natural causes, because the police said that it is okay. I am not sure. You are much more experienced and much more clever than myself to see some means and ways as to who will investigate this issue, but I do suggest to you that your question to the previous witness was very important. What is perceived to be a decisive point for the coroner to decide to have an inquest or not? We have no inquest. It is the first time I was able to talk about it to somebody official like yourselves — four years! He was a good man. He is not just smiling there because he is happy; that was his life. He was a carpenter in his adult life. He was a simple man, a hardworking man, an honest man and a good family man. He lost two wives to illness. He was still very strong physically. He lived by himself. He even had a girlfriend.

Mr DALLA-RIVA — What would you like to see? What is your ultimate goal out of this? What do you actually want to see?

Mr GINGIS — I want to see justice — justice in the way that you good lawyers and good parliamentarians will understand that the people that you represent in fact are giving the justice.

Mr DALLA-RIVA — Okay. So do you want the nurse charged with murder? Do you want the doctor charged?

Mr GINGIS — I beg your pardon?

Mr DALLA-RIVA — I hear what you are saying, and I understand the confusion and the concern you have with the system. What is it you want to receive?

Mr GINGIS — I am not exactly confused. I am very clear about the system. The system does not work.

Mr DALLA-RIVA — Okay. You have said that, but — —

Mr GINGIS — How I would suggest to change it? First of all the coroner must be independent from the state or maybe some government organisations like the Alfred hospital, must be completely independent. I do not feel as a member of the public that they are. The police are certainly not — the investigative police. Answering Mr Hudson's question, I believe that the units that will advise the coroner if that is a reportable matter or not reportable matter must be independent, and that unit must be also independent from any government organisation. They must have absolutely top integrity. We are talking about lives. We are not just talking about business deals that went bad. We are not talking about some business dispute or commercial dispute. We are talking about lives, and if we will not learn from cases like this, which are the cases we can learn from?

Mr DALLA-RIVA — I understand, and I understand the difficulty of giving your evidence, but I am still grappling — —

Mr GINGIS — What do I want?

Mr DALLA-RIVA — You are representing to me and to the committee a particular event involving your father-in-law that relates to a series of events, but I am still grappling, as a committee member, with what it is that you are seeking. I know you are not happy with the police. What is it that you want to have happen if, say, another situation came up for another person; what would you like to see?

Mr GINGIS — A thorough investigation, for sure, and secondly, that the family decide if there will be a coronial inquest or not. If we were to have a coronial inquest, at least I would see in a court of law or coronial court all these matters tested. They have not been tested up until now. They were not tested. No evidence was given. That is the major factor for us. Hopefully the coroner or deputy coroner will be deciding this matter. Let us presume that he is a Crown officer who does have some independence — and I am not doubting that — a Crown officer who does have some integrity to see who is right or wrong or what recommendations can be made. That is my main point — not to put the family through the Supreme Court four years later. I do not have a choice. I cannot live with myself without the proper justice. I will take the matter to the Supreme Court. It will take me time. Hopefully I will not be out of time. I am struggling myself with some psychological problems because of that, as is quite understandable.

Mr DALLA-RIVA — So you want your day in — —

Mr GINGIS — I want my day in the coroners court at a proper inquest.

Ms BEATTIE — Thank you for coming, Mr Gingis. I understand how difficult it must be for you. What you are saying is that you would like it to be made mandatory for the coroner to hold an inquest at the request of the family?

Mr GINGIS — To shortcut all of that, to have a hearing. If any member of the public puts an application to the Supreme Court or the Magistrates Court, they will have their day in court. It is up to public. When you are looking at such negligence, almost a murder case, with all those cover-ups, a member of the public has got no choice. Many, many families are so distressed they say, 'Look, he is already dead. He is already buried. It is all finished. Let's go on. Let's leave it. Let's not damage it'. We felt so strongly that justice was not done. We had no day in court. To put us through the Supreme Court issues I think it is too much, too expensive and unnecessary. I am sure that this matter could be resolved within one day of coronial hearing — one day.

The CHAIR — If there was a hearing, as you would expect, the hospital would be represented by lawyers, and there would be a whole lot of representation there.

Mr GINGIS — Yes. They would put a QC on it. I would go there by myself.

The CHAIR — Would you expect that in such a situation you would also have representation?

Mr GINGIS — If I could financially afford it, absolutely; I am experienced enough to understand that the lawyers have done their five or six years at university and more studies to be much better than I will in a court of law, no question. The problem is it all comes to the matter of cost. When the gentleman previously was suggesting: let them be transparent, let them be clear; the hospital will prevent future things — no. You know the main concern within the hospital right now? You know why they do not want all of these accidents? Some of them are very genuine, and there are hundreds, I am saying, if not thousands, of very good medical practitioners. Do not get me wrong. There are some very dedicated nurses and very dedicated doctors. They are brilliant, some of them. I could give you names. They are saving thousands and thousands of lives. But those ones that do not have to be exposed very early, not later. We must not wait for 85 cases like in Queensland with Dr Patel. It was a cover-up there. There is a very substantial cover-up here in many cases. When these people are not doing their job properly, they are dealing with the matter of our lives, not dealing with a matter of whether to buy this glass or this table. It is much more important. It is something that could happen to you or to me tomorrow. We do not need to wait very long. So from my point of view, yes, I agree with you, if the family can afford it, but most of the families cannot. That is an issue, even with those solicitors who work for legal aid. You cannot get legal aid for these matters; nobody will touch them. In my particular case I will go myself, but many families are not equipped.

The CHAIR — I am interested that you also went to the health services commissioner. The health services commissioner obviously has a role in trying to mediate disputes where complaints are made. That would be a process that would involve non-lawyers, in a sense, at a round table saying, ‘Let us try to get at what happened here; let us look at what went on and let us see if we can work this through’. From what I gathered — and correct me if I am wrong — you felt that you did not want to utilise that process. I am interested in why you would have seen that as not being satisfactory in this case.

Mr GINGIS — I was not sure what the health services commissioner does. I spent 3 hours there, and it was explained to me that they mediated. They told me to write down what I wanted to tell them. I did that. Then they said, ‘We cannot do anything; we cannot tell the doctors to do what they do not want to do’. They explained to me, ‘The doctors do have the right to do whatever they want’. I said, ‘Hold on, we are the family. He cannot talk; we are talking on his behalf.’

The CHAIR — Was there mediation around the table with the doctors or the nurses present to get at what had actually happened?

Mr GINGIS — I do not remember if I was even offered that. They made a phone call, and I said to them that I was not sure what to do and I was ready to kill. I told the health services commission, and do you know what they did? They warned the hospital that I was ready to kill. I was just proverbially saying that I was not sure what to do. I went to the police. I talked to the general manager. The health services commission is useless. They would not espouse basic principles. I believe a couple of dozen investigators or nurses working there are just wasting our money. I do not believe they are doing much, with what they have exposed so far.

The CHAIR — I will ask you about the next-of-kin issue, because that is obviously something whereby you felt like you were being excluded — —

Mr GINGIS — Deliberately.

The CHAIR — I understood that — after you played a very active role. That is one of the issues we have raised in our discussion paper. I notice that in the ACT certain rights are given to the immediate family beyond the very strict definition of next of kin. Do you have any particular views or recommendations about how your role could have been recognised, without it necessarily becoming too unwieldy or unmanageable within the coronial system?

Mr GINGIS — My father-in-law migrated here in 1990. I brought him in; he lived with me in my home for several years before he got a pension and lived separately by himself. He preferred to be independent, which is fair enough. We were very, very close. We lived nearby. We always looked after him. When he went into hospital, it was me and my wife who took him there, just for a check-up. When I returned back from Queensland from my lecturing there I was the one who effectively was his next of kin. In all the papers I was written as next of kin. I was signing all the consent forms, for six months.

The CHAIR — You had assumed that role and the rest of the family allowed you to play that role?

Mr GINGIS — Yes, exactly.

The CHAIR — You think that therefore in that context de facto should have been recognised, as you were the de facto next of kin?

Mr GINGIS — It was recognised. Not once was I questioned. If they wanted some procedure or if there were some complications — for six months they did not call his son; they called me.

The CHAIR — What did the public advocate say about that?

Mr GINGIS — The public advocate is another joke. The lady who had been awarded public advocacy in this particular case was basically completely disregarding my opinion. She was basically specifically going for the doctor's opinion. Moreover, she was pooling time, exactly the same as the doctors were. She knew very well that if he were left like that on his bed — —

The CHAIR — But was the public advocate not dealing with the next-of-kin issue and whether or not you could be regarded as the next of kin?

Mr GINGIS — No, as soon as the public advocate is appointed, no issue of next of kin arises anymore.

The CHAIR — So this was about appointing the — —

Mr GINGIS — The next of kin would act and would instruct the hospital what they wanted it to do. Even that is not obligatory for it to do. In other words, if I were to tell it that I would like him to get maximum assistance — let us say, in an intensive care unit — the doctor in the hospital would say, 'No, I don't believe it is going to happen' — but he just caused that. He did not care — 'I did not cause it; somebody else did'.

The CHAIR — So it was about the public advocate?

Mr GINGIS — The public advocate, she was a joke. Behind the public advocate the hospital was doing exactly what it wanted to do. In addition to that, she took another opinion. You have to appreciate the controversy about allowing intrusive medical assistance or not. That has arisen several times in the papers recently. It was determined by several intensive care unit specialists, where the issue of allowing people to live or not to live was left to the doctors. During the public hearing concerning who is next of kin, the hospital openly admitted, 'We don't have resources?' What resources?. They had places in the intensive care unit. The man was gravely ill, or terminally ill, because of the negligence caused by its own nurses and doctors. They had no resources. They just bluntly, in front of all at the hearing — we had about 12 members of the family there, we had a Rabbi there, and we had a barrister there; I asked a barrister friend to come along — and openly admitted they had no resources. What resources? I believe that the public advocate matter is a farce, a simple farce. These people who are appointed as a public advocate — this lady did not listen to us at all. She did not listen to him, as he was at such a debilitated stage at the time. They obviously did not look after us at all.

The CHAIR — Mr Gingis, I think we have asked all the questions that we had. From the committee's point of view, it has been a helpful insight into your experience of the coronial system and how you felt it worked or did not work for you. We have had similar submissions from other family members. I appreciate you coming to talk to us today; I know it is very difficult to talk about these matters. We appreciate you taking the time to come and talk to us.

Mr GINGIS — I am really grateful for the opportunity to present because I am presenting among the agencies, and I believe the public should be able to present much more than just to agencies. Certainly agencies work with the coronial system, but it is the public that is struggling.

The CHAIR — That is why we specifically set aside a time for families. I am glad we could take your submission today.

Mr GINGIS — Thank you.

Witness withdrew.