CORONER'S COURT

Inquest:	Inquest into the death of Margaret Elizabeth HILLS
Hearing dates:	28 September 2012 at Coroner's Court, Glebe NSW 2037 and on 3-7 & 10-14 November 2014 at Katoomba Courthouse, Katoomba NSW 2780
Date of findings:	22 December 2014
Place of findings:	Coroner's Court, Glebe NSW 2037
Findings of:	Paul MacMahon Deputy State Coroner
Catchwords:	CORONIAL LAW – Person missing presumed deceased, person charged with indictable offence, suspended inquest, resumed Inquest, standard of proof, self-inflicted death.
File numbers:	2011/390083 and 2011/399894
Representation:	Ms S McNaughton SC and Mr D Mitchell – Counsel Assisting, Mr S Buchan – Kenneth George Hills

Non-publication order made pursuant to Section 74(1) (b) Coroners Act 2009:

The publication of Exhibits 2,3,4,5,6,7,8,12,13,14,18, 21,23 and 24 is prohibited.

Findings made in accordance with Section 81(1) Coroners Act 2009:

Margaret Elizabeth Hills (born 18 July 1949) died on or about 2 February 2010 at, or in the vicinity of, Katoomba in the State of New South Wales. As to the cause and manner of her death the evidence available does not enable me to make a finding.

Recommendations made in accordance with Section 82 (1) Coroners Act 2009:

Nil

Paul MacMahon
Deputy State Coroner
22 December 2014

Reasons for Findings:

Introduction:

Margaret Elizabeth Hills (who in these Reasons I will refer to as 'Margaret') was born on 18 July 1949. In 2010 she resided at 54 Lovel Street, Katoomba (the property) with her husband Kenneth George Hills (Hills) with whom she had commenced a relationship in 1982 and married in 1992. Hill's grandson, Luke Hills, and his partner Greer Spillane were also residing in the property.

On 2 February 2010 Hills attended the Katoomba Police Station and reported Margaret as missing. He informed police that she had been present when he had gone to sleep but was not at their home when he awoke. He said that he had undertaken some searches however he had been unable to find her. Extensive searches for her were subsequently undertaken by both police and other public authorities together with members of Margaret's family however she was not able to be located.

On Saturday 10 December 2011 Andrew Drake, a homeless person who resided in a cave in the vicinity of the 'Three Sisters' at Echo Point, Katoomba, was searching for old bottles when he discovered human skeletal remains on the side of a very steep bush section below the Echo Point Lookout. Mr Drake went to the Katoomba Police Station later that day and reported the find.

Officers of Police Rescue were able to recover the skeletal remains the next day.

The skeletal remains were subsequently identified as being Margaret's.

Margaret's disappearance and suspected death was reported to the Office of the State Coroner on 23 November 2011 and the discovery of her skeletal remains on 12 December 2011.

Jurisdiction of Coroner:

The applicable coronial legislation is the Coroners Act 2009. All legislative references in these Reasons will be to that legislation unless otherwise indicated.

Section 6 defines a *“reportable death”* as including one where a person died, or is suspected to have died, a *“violent or unnatural death”* or under *“suspicious or unusual circumstances”.*

Section 35 requires that all *reportable deaths* be reported to a coroner.

Section 18 gives a coroner jurisdiction to hold an inquest where the death or suspected death of an individual occurred within New South Wales or the person who has died or is suspected to have died was ordinarily a resident of New South Wales.

Section 27(1) (b) provides that if it appears to a coroner that a person died or might have died as a result of a homicide then an inquest is mandatory.

Section 78(1) (a) and (2) provide that where it appears to a coroner that a person has been charged with an indictable offence and the offence raises the issue of whether the person caused the death with which the inquest is concerned then the Coroner may commence or continue an inquest and make findings as to the identity of a deceased person and the date and place of their death but must then suspend the inquest until the indictable offence has been finally determined.

Section 79 (1) provides that where an inquest has been suspended in accordance with Section 78 (2) and the indictable offence has been finally determined the Coroner who suspended the inquest may determine to either resume the inquest or dispense with the resumption of the inquest.

Section 79(2A) provides that a coroner may not resume the inquest without giving the State Coroner notice of his or her intention to do so. Section 79(5A) provides that where such notice is given and the State Coroner considers that it would be inappropriate for the inquest to be resumed he or she may give the coroner a direction that the inquest not be resumed.

The primary function of the coroner when an inquest is held is to be found in Section 81(1). That section requires that at the conclusion of an inquest , should sufficient evidence be available, the coroner is to make findings as to the identity of the deceased, the date and place of their death and the cause and manner thereof.

Section 78(3) gives a coroner the discretion, where the requirements of Section 78(1) (b) have been met to; either continue the inquest and make findings in accordance with Section 81(1), or to suspend the inquest

Section 78 (1) (b) deals with the situation where a coroner, having regard to the evidence available, forms the opinion that:

(i) the evidence is capable of satisfying a jury beyond reasonable doubt that a known person has committed an indictable offence, and

(ii) there is a reasonable prospect that a jury would convict the known person of the indictable offence, and

(iii) the indictable offence would raise the issue of whether the known person caused the death with which the inquest is concerned.

Section 78(4) provides that where a coroner exercises the discretion to suspend an inquest in accordance with Section 78(3) he or she is required to refer the evidence available to the Director of Public Prosecutions.

Section 82 (1) of the Act provides that a coroner conducting an inquest may also make such recommendations, as he or she considers necessary or desirable, in relation to any matter connected with the death with which the inquest is concerned. The making of recommendations are discretionary and relate usually, but not necessarily only, to matters of public health, public safety or the conduct of services provided by public instrumentalities. In this way coronial proceedings can be forward looking, aiming to prevent future deaths.

Section 74(1) (b) provides a coroner with the discretion to prohibit the publication of any evidence given in the proceedings if he or she is of the opinion that it is in the public interest to do so. Section 74(3) provides that it is an offence to breach such an order.

History of the Coronial Proceedings:

Following Margaret's disappearance police conducted an extensive investigation in order to determine her whereabouts and what had happened to her. That investigation continued after her remains were discovered. As a result of that investigation on 1 September 2012 Hills was arrested and charged with Margaret's murder.

On 28 September 2012 I commenced an inquest into Margaret's death. At that time I received evidence as to Margaret's death and the fact that a person had been charged with an indictable offence that met the requirements of Section 78(1) (a). On the basis of that evidence I made findings that:

Margaret Elizabeth Hills (born 18 July 1049)
Died on: 2 February 2010
At: Katoomba NSW 2780.

I then suspended the inquest in accordance with Section 78(2) (b).

I was subsequently advised that the Director of Public Prosecutions had discontinued the indictable proceedings that had been commenced against Hills. Having been so informed I determined that the inquest into Margaret's death should be resumed. On 12 September 2013, in accordance with Section 79(2A), I gave written notice to the then State Coroner, Magistrate Jerram, of my intention to resume the inquest. I have not received a direction not to do so in accordance with Section 79(5A).

The Inquest recommenced before me at Katoomba on 3 November 2014 and continued over 10 days until 14 November 2014. At the Inquest a multi volume brief of the evidence that had been assembled by the various police officers who had been responsible for the investigation of the disappearance and subsequent death Margaret together with 25 other exhibits were tendered. Oral evidence was also taken from 38 witnesses. A statement from Margaret's children was also read.

A view was also conducted that sought to identify the location of Margaret's home in 2010, its proximity to the Leura and Katoomba shopping centres, the area of Echo Point where her body was found and the general terrane from her home to the location where her body was found.

Standard of Proof in making Coronial Findings:

In determining the question of whether or not the evidence available meets the requirements of Section 78(1) (b) I am required to take into consideration only evidence that would be admissible in a criminal trial. I must then apply the criminal standard of proof of 'beyond reasonable doubt' to my consideration of the relevant issues.

In in making findings in accordance with the provisions of section 81(2) I am not, however, bound by the rules of evidence that would apply in a criminal trial and must make any finding that I do applying the civil standard of proof that being whether or not I am satisfied that a fact in issue has been proved on 'the balance of probabilities'.

Section 78(1) (b) issue:

For me to conclude that the requirements of Section 78(1) (b) has been met it would be necessary for me to be of the opinion, having regard to the evidence that would be admissible in a criminal trial, that a 'known person' has committed an indictable offence, and that the offence raises the issue of whether the known person caused Margaret's death.

I would also have to be of be opinion that a jury could be satisfied beyond reasonable doubt that the known person caused Margaret's death and that a jury would convict the known person.

At the Inquest no submissions were made suggesting that the evidence available was such as to meet this requirement. I agree that this is the case and have not reached the required opinion. I do not consider that Section 78(1) (b) is applicable in this matter.

Section 81(1) issues:

That the skeletal remains found by Andrew Drake were those of Margaret together with the date and place of her death were not matters that were of significant contention at the Inquest.

Identity:

The skeletal remains found by Andrew Drake on 10 December 2011 at Echo Point were examined by Dr Alain Middleton, a senior forensic odontologist, on 14 December 2011. Dr Middleton compared the dental remains found with Margaret's dental records. Dr Middleton's report confirmed that the remains were those of Margaret. I accepted Dr Middleton's evidence when I commenced the inquest on 28 September 2012. Nothing in the evidence that emerged during the resumed Inquest raised any doubt that those remains were Margaret's. I remain satisfied that that is the case.

This conclusion is also supported by the findings of the forensic pathologist and the forensic anthropologist who examined the skeletal remains. Following Margaret's remains being discovered on 10 December 2012 they were examined by Dr Isabella Brouwer, forensic pathologist, and Dr Denise Donlon, forensic anthropologist. Dr Brouwer commenced her examination at Echo Point prior to Margaret's remains being recovered.

Both Dr Brouwer and Dr Donlon's reports confirmed the presence of surgical pins and plates in the vertebral column. The medical records tendered at the resumed inquest established that some years before following a work injury Margaret had undergone spinal surgery that involved the insertion of surgical pins and plates. This finding supports to the conclusion reached by Dr Middleton.

Date of Death:

The evidence available was that Margaret was alive on Monday 1 February 2010 and that she was reported missing on Tuesday 2 February 2010.

On the evening of 1 February 2010 she had a telephone conversation with her father Stanley Musson which was a regular occurrence. Mr Musson's evidence was that there was nothing unusual about the conversation.

Hills' initial statement to police said that Margaret went to bed about 10.30pm on 1 February 2010. She was awoken by him when he went to bed about 3.30am on 2 February 2010 and she then went to the toilet. Hills said that he saw her return to bed after which he went to sleep. When he awoke he said that she was not there.

At 9.23am on 2 February 2010 Pastor Neil Emerson, from the Anglican Church at Wentworth Falls which Margaret and Hills attended, phoned to inquire how Margaret was. When asked, Hills informed him that Margaret was not home. Hills attended the Katoomba Police Station to report Margaret missing at 10.55am on 2 February 2010.

Luke Hills, who was residing with Margaret and Hills at the time, stated that he said goodnight to Margaret about 8pm on Monday 1 February 2010 after which he left to go to work in Sydney. He said that when he returned home the next afternoon he was informed by Hills that she was missing.

Greer Spillane, who was Luke Hills's partner in 2010, was also residing with Margaret and Hills at the time. She said that she saw Luke Hills say goodnight to

Margaret and Hills before he left for work. Her practice was to try and stay awake during the night so that she could spend time with Luke Hills when he returned from work. She would listen to music and write on her laptop computer. After Luke Hills left for work she went to her room and remained there for the night. Her evidence was that she did not hear anything during the night. She woke in the early afternoon when Luke Hills got home to be informed that Margaret was missing.

Following Margaret being reported missing an extensive search was undertaken by Police and other authorities. Details of the search were outlined in the evidence tendered at the Inquest. It is not necessary for me to set out the detail of those searches here other than to note that they were extensive. Family members also came to Katoomba and undertook their own searches. Hills stated that he continued searching the area for some time after Margaret went missing. Those searches were unsuccessful and no information as to what had happened to Margaret was available until her remains were discovered on 10 December 2011.

I accept the evidence that Margaret was alive on the evening of Monday 1 February 2010. Margaret was clearly deceased when her remains were discovered on 10 December 2011. Due to the extent of decomposition of her body it was clear that she had been deceased for a considerable time.

The Margaret suffered a number of medical and physical conditions, to which I will return later in these Reasons, which would have made it difficult for her to live without assistance for other than a limited period of time. Had she been alive in the Katoomba area after 2 February 2010 I am satisfied that the searches undertaken by police, and other authorities, would have located her. Because of this I consider that Margaret died at about the time of her disappearance.

In the circumstances I am satisfied that on the balance of probabilities Margaret died on or about 2 February 2010. The evidence available does not enable me to be more precise.

Place of Death:

The evidence was that Margaret was last seen at her home at Katoomba. Her remains were located at Katoomba. Having regard to my conclusion as to the date of her death I am satisfied that on the balance of probabilities Margaret died at or in the vicinity of Katoomba in the State of New South Wales.

Cause of Death:

As already mentioned Margaret's remains were examined by Dr Brouwer and Dr Donlon. On the basis of their examination it was not possible for Dr Brouwer to determine the direct cause of Margaret's death. The state of the decomposition of her body did not allow for any examination of internal organs and the skeletal remains did not display any fractures on other damage that would have caused her death. The evidence at inquest did not change that situation.

There was no submission by either Counsel Assisting or Counsel appearing for Hills that the direct cause of Margaret's death could be identified by the evidence. I agree with this conclusion and, in the circumstances, I am required to make an open finding as to the direct cause of Margaret's death.

Manner of Death:

The inquest focused on the manner Margaret's death, in particular whether Margaret's death was self-inflicted or occurred as a result of the actions of a third person, or persons. The circumstances of her disappearance, and the location that her body was found, meant that death as a result of a natural cause process was considered to be most unlikely. Death due to misadventure was also considered unlikely.

In the consideration of whether or not Margaret's death was the result of the actions of a third person, or persons, Hills was identified as being a person of sufficient interest. Hills' was granted leave to appear at the Inquest and was represented by Counsel throughout.

Physical Restrictions;

In 2000 Margaret was employed as a receptionist. She was employed on the site of the World Square development in George Street, Sydney. She had no significant health issues at the time.

On 10 November 2000 she was collecting mail from the Security Office on the ground floor of the building. As she was returning to her office a reversing truck struck a part of the ceiling causing concrete to fall from the roof and to hit a rail. The rail as a consequence struck Margaret causing her to fall down. She landed heavily

onto the concrete floor falling onto her left hip and buttock. As a result Margaret was found to have suffered possible spondylolisthesis and a lumbosacral disc lesion.

Margaret underwent a number of surgical interventions including an instrumental fusion and insertion of screws and plates and a subsequent L4/5 instrumental fusion and extended laminectomy. These surgical interventions were not successful and Margaret continued to experience significant pain and disability.

On 19 October 2006 Margaret underwent a functional assessment as part of the legal proceedings that arose following her injury. At that time she was living at Leura with Hills. She and Hills had separated for a period of time however had resumed their relationship. In her conclusions, following that assessment, the assessor stated:

> *Prior to her injury Margaret had led and active life involving full time employment and living with her husband in western Sydney. As a result of the injuries she sustained at work on 10 November 2000, she has experienced significant disruption to her lifestyle, loss of independence, chronic pain, sensory deficits, balance impairment and reduced tolerance.*
>
> *She recently had not been coping living on her own in Sydney due to escalating levels of pain and thus moved into a newly rented home with her husband from whom she had previously separated. As a result, her husband has resigned his job and become Mrs Hills' full time carer.*
>
> *In my opinion, with the provision of both case management and occupational therapy, plus the recommended equipment Mrs Hills can achieve a somewhat greater level of independence with household activities, thereby reducing her dependency and need for paid care.*

Margaret and Hills were to subsequently purchase and move to the property at Katoomba from which she went missing in February 2010. In the intervening period it the physical restrictions Margaret suffered appeared to continue, if not worsen, and her ability to cope emotionally became an issue for her.

On 27 August 2008 Margaret commenced seeing Dr George Rose as her general medical practitioner. Dr Rose's practice is at Katoomba. At her first consultation Dr Rose noted that Margaret had undergone 5 operations on her back as a result of her work injury and was suffering from osteoarthritis, pain in the knee - referred pain, rheumatoid arthritis, sciatica in right leg. She was also noted as suffering from depression.

By May 2009 Dr Rose has recorded that Margaret complained of pain in the knees when walking. On examination he found tenderness on the medial joints of both

knees. He referred her for X-rays of her knees, right hip and pelvis. Those X-rays found that osteoarthritis, a degenerative disease, was developing in the medial (inner) aspect of both knees. He considered referring her to an orthopaedic specialist. This was, however, not done at the time and it was decided to treat the condition with medication with exercise being encouraged.

Numerous witnesses who gave evidence at the Inquest spoke of the physical restrictions that Margaret suffered from. She was able to be mobile and was said to walk to the Leura shopping centre with Hills from time to time however did so slowly and with the aid of a walking stick. There were differing opinions amongst witnesses who gave evidence as to the extent of Margaret's capacity to travel any distance particularly in the hilly terrain of the high mountains area around Katoomba.

Dr Geoffrey Rosenberg, the orthopaedic specialist who had treated Margaret following her work injury, considered that Margaret's mobility was hampered at all times. As to her mobility he expressed the opinion that:

> *I felt that she would not have been able to stand and walk, even with pain relief and crutches, for much more than 30-60 minutes.*

Psychological State:

There is no doubt that Margaret's psychological state suffered as a result of the physical restrictions and pain that she suffered following her work injury. In the medical records of Dr Rose's practice her depression was a matter of constant comment. The is also no doubt that the pain and physical restrictions she was suffering from were inhibiting her quality of life and this was causing or significantly contributing to her depression.

Margaret's depression and general psychological state appears to have become worse in late 2009 and early 2010. In late December 2009 she suffered a panic attack and went to the Blue Mountains Hospital (BMH). On 29 December 2009 she consulted Dr Rose. His provisional diagnosis at the time was *'Melancholic Depression and Schizo-affective disorder*'. In evidence he said that what he meant by this was that she was suffering from very severe depression with some paranoid thoughts or delusions or was otherwise not in touch with reality. He said that latter condition was not psychotic but was one that was often associated with severe depression.

In early January 2010 Margaret was consulting Dr Rose weekly. He was also trying to identify a medication regime that would assist her. He was having limited success in managing her pain and consequent insomnia. At the consultation on 18 January 2010 he referred her to Dr Baker a psychiatrist at Parramatta. An appointment was arranged however she could not see Dr Baker for some months.

Margaret and Hills regularly attended the Sunday service at the Anglican Church at Wentworth Falls. Robert Deahm (Deahm) was also a parishioner. He had known Margaret and Hills since November 2006. Deahm gave evidence that either the Sunday before Margaret went missing, or the Sunday before that, he observed that she looked extremely 'down' so he spoke to her after the service. She was sitting so he got down on his knees to talk to her. He said that as he was doing so she was almost looking straight through him. He felt that she was depressed and sensed *'hopelessness, despair and resignation'*. During the course of their conversation Margaret said to him several times: *'I just wish the Lord would take me'.*

On 27 January 2010 Hills contacted Dr Rose and informed him that Margaret was having suicidal thoughts. She had made comments to him of a similar nature to that which she had made to Deahm. Dr Rose instructed Hills to take Margaret to BMH which he did. Dr Rose wrote a referral letter to BMH informing them of her history and the medications she had been prescribed. He asked that they consider admitting Margaret for management of her *'very severe depression'*. At BMH Margaret was assessed by Darryn Egan (Egan), a clinical nurse consultant (CNC), and Dr Philip Lambert, a psychiatrist. Both Mr Egan and Dr Lambert gave evidence at the inquest.

Egan was, in January 2010, a CNC on secondment to BMH in the absence of the usual CNC who was on leave. He had post-graduate qualifications in mental health nursing. When Margaret arrived at the hospital she was assessed by Egan. He found that she had been suffering from suicidal ideation. He explained at the Inquest that this meant that she was experiencing intrusive thoughts of suicide with no intention to act on them. When asked by him she said that she was depressed but that she had no intention to end her life. He observed that whenever Margaret shifted to get comfortable she would grimace in pain.

Egan undertook a mental health assessment of Margaret and concluded that she was a low risk of suicide as she did not have any recent behaviour indicating that risk

and, on the information given to him by Margaret and Hills, appeared to have a supportive home environment. He concluded that she should be discharged however asked that she be assessed by a psychiatrist as she had enough risk factors that indicated a referral to a psychiatrist was warranted.

Dr Philip Lambert subsequently assessed Margaret. He did not find a history of past precipitant behaviour in terms of self-harm or suicidal intent but did have some suicidal thinking. There was no information given to him by either Margaret or Hills of a plan or desire to end life. His overall assessment was that there was a concern for her future but that hospitalisation in a mental health unit was not necessary to improve her condition. Indeed because of the character of mental health units and the disturbed and potential aggressive nature of the patients admitted to such units Dr Lambert thought that admission to a mental health unit would be distressing for Margaret and potentially counterproductive. Margaret was subsequently discharged home.

On 30 January 2010 Margaret went for a walk in the area near her home. At the same time Melissa Taylor (Taylor) was driving in Clarence Road, Leura. As she approached Megalong Street Taylor saw a female standing on the footpath on the left side of Megalong Street. The female was facing up the street towards Leura Mall. As Taylor turned into Megalong Street she said the female stepped off the gutter and walked straight onto the roadway. Taylor described the female as being in her sixties and using a walking stick

Taylor had to brake so that she did not hit the female. She brought her car to a complete stop, wound down her window and asked if the female was OK? Taylor said that the female didn't acknowledge her presence and continued walking across the street to the southern footpath and started walking up the street towards Leura Mall. Taylor described the female's walk as a shuffle. Taylor said that the lady had a 'vacant' look about her, like someone with dementia or major depression. Taylor drove off.

Taylor gave evidence at the inquest and said that in her employment she had seen persons with similar 'vacant' looks and had found such persons were either suffering from dementia or major depression.

Luke Hills gave evidence that about two days before Margaret went missing, as he was coming home from work, he came across Margaret walking in the middle of the road on Lovel Street and brought her home. Greer Spillane gave evidence that after they arrived home Margaret and Hills had an argument during which she said she heard Margaret say '*I wanted to get hit by a car'* to which Hills replied *'If you want to commit suicide you don't do it that way cause that would , like, that's affecting someone else's life. You know like, they have to live with the fact that they hit you for the rest of their life.'*

It would seem likely that the incident described by Taylor was one that preceded Luke Hills finding Margaret in on the road on his way home from work.

Two days later, on 1 February 2010, Margaret attended Dr Rose accompanied by Hills. The incident of 30 January 2010 was not mentioned to him. Dr Rose recorded that Margaret was experiencing pain in her hands, legs and mouth. He increased her medication in an effort to improve her depression. Dr Rose said that Margaret did not express any suicidal thoughts during the course of that consultation. Had she done so, he said, he would have acted on that information.

Margaret's Relationship with Hills:

The evidence as to Margaret's relationship with Hills was, in total, somewhat ambivalent. The evidence was that there had been periods of separation and subsequent reconciliation during their relationship. In documents associated with the civil litigation that arose following her work injury Margaret had attributed, at least in part, these breakups to the effect of her injuries on the relationship. Her final reconciliation with Hills was said, by some, to have been pragmatic and only occurred because she was not able to cope on her own and Hills was prepared to assist her.

Many members of the congregation of the Wentworth Falls Anglican Church, where Margaret and Hills attended, gave evidence and were of the opinion that the relationship between Margaret and Hills was a caring and positive one. Some of Margaret's friends, from the time when she lived in Sydney, were not however so sure that the relationship was a positive one.

Dr Rose, Margaret's general practitioner who she visited regularly, was of the opinion that Hills sought to support and care for Margaret. There was certainly no evidence of any abuse of Margaret by Hills in the evidence of Luke Hills and Greer Spillane who lived with Margaret and Hills for several weeks prior to Margaret's disappearance. It is not, however, necessary for me to make a finding on this issue to undertake my function as a coroner other than to note that this ambivalence exists.

Consideration:

I indicated previously that the focus of the investigation into Margaret's death was to determine the circumstances of her death in particular whether her death was self-inflicted or at the hands of a third party or parties. For a variety of reasons, which I do not need to concern myself with, investigating police in 2012 considered that Hills was responsible for Margaret's death and consequentially charged him with her murder. The Director of Public Prosecutions did not, however, agree that the evidence available supported such a charge and discontinued those proceedings. As I have already indicated nothing in the evidence before me at the Inquest changed that situation. Although there were suspicions that arose for a variety of reasons there was no evidence available to support those suspicions.

I am satisfied however that the evidence available did establishes that at the time of Margaret's disappearance there were a number of factors that gave rise to the possibility that Margaret's death was self-inflicted.

There is no doubt in my opinion that Margaret at the time of her disappearance Margaret was suffering from significant and continuing pain and physical and social restriction that had resulted in, or significantly contributed to, her developing a condition of major depression. She was observed in January 2010 to be despondent and experiencing what one observer described as being '*hopelessness, despair and resignation.'*

Margaret had also been experiencing suicidal ideation in the period preceding her disappearance. It may also be that the incident on 30 January 2010, where she said she wanted to be hit by a car, was a development of that suicidal ideation to some form of plan for the ending of her life.

That incident was not, however, mentioned to Dr Rose at the consultation on 1 February 2010 and as such there was no further investigation of Margaret's motives at the time. Its significance therefore remains open to conjecture. On the evidence available I could not make a finding that it was an attempt by her to end her life.

There are, however, a number of factors that question the possibility of Margaret's death being self-inflicted. Counsel Assisting has itemised them as follows:

- We do not know the cause of Margaret's death and, other than in relatively vague terms, the date and place of her death,
- We do not know, if Margaret death was self-inflicted, how she got to Echo Point. Many people who knew her doubted that she could have got there due to the limitations on her mobility particularly having regard to the distance from her home to Echo Point of about 3 kilometres and the terrane which is, at times, very steep,
- Even if Margaret was able to get to Echo Point unaided it was unexplained as to how her body got to the location at which it was eventually found. Assuming that she were to have jumped from the area near the lower viewing platform above the location where her remains were found it was uncertain as to how her body reached its final resting place because of the ledge that existed between the presumed jumping place and the final location of her body,
- Once again, assuming that she jumped from the area above where her body was found, there were no significant fractures or other damage found to her skeletal remains that might have been expected had her death been due to injuries sustained from a fall from a height,
- Those who saw her on 1 February 2010, Dr Rose, Hills, Luke Hills and Greer Spillane, did not notice anything out of the ordinary or untoward in her manner or attitude,
- If she was intending to end her life it might have been anticipated that she would have left a note to explain he actions which she did not do,
- The incident on 30 January 2010 involving Taylor was not reported to BMH at the time, or to Dr Rose on 1 February 2010, suggesting that for those involved it was not thought of as being a serious attempt at self-harm,

- Both Dr Rose in January 2010, and BMH on 27 January 2010, had undertaken cognitive testing of Margaret and found that her cognitive judgement was not impaired, and
- There were a number of factors that might have led her to believe that her condition could improve including the increase in her medication after she saw Dr Rose on 1 February 2010 and the appointments that had already been arranged for her to be assessed by pain management specialists and a psychiatrist.

Mr Buchan, who appeared for Hills at the Inquest, did not submit contrary to the submissions of Counsel Assisting however he submitted that some caution was required in placing too much reliance on some of the submissions put by Counsel Assisting. He mentioned the following matters:

- The extent of Margaret's immobility was not clear. No mobility assessment had been done and there was evidence that she was able to walk to Leura which was up hill. In addition her ability may have been affected by her determination which a number of witnesses commented was very strong,
- The fact that on 1 February 2010 no one noticed anything out of the ordinary about Margaret was an observation that was non-specific and no conclusions one way or the other could be drawn from it,
- The fact that there was no note left by Margaret was also non-specific. It was put that not all persons who act to end their lives leave a note, and
- The fact that the Taylor incident was not reported to BMH when it occurred, and to Dr Rose when he was visited on 1 February 2010, had to be seen in the context of having been to BMH at Dr Rose's direction shortly before and been sent home. It might well have been thought that there was no point in mentioning the incident as nothing could follow from it, and

Mr Buchan submitted finally that the evidence disclosed a consistent course of conduct on the part of Hills to seek medical assistance for Margaret with the intention of her getting better and that there was no indication in the evidence that Hills had given up on the possibility that Margaret could get better.

Conclusion:

I accept weight of the general proposition submitted by Counsel Assisting that the evidence available is insufficient for me to make a positive finding as to the manner of Margaret's death.

For me to make a finding that Margaret's death was either self-inflicted or the result of action of a third party I must be satisfied, on the balance of probabilities, that the evidence available establishes one or other of those facts.

I am satisfied that there is no evidence available to me that support the conclusion that Margaret's death was caused by a third party.

I am also satisfied that the evidence available is not such as to allow me to make a finding that Margaret's death was self-inflicted.

Both scenarios remain as possibilities but nothing more. In the circumstances I am obliged to make an open finding as to the manner of Margaret's death.

Section 82 Recommendations:

I do not consider that there are any Recommendations that are connected with Margaret's death that it is necessary or desirable for me to make.

Section 74(1) (b) Non-publication Orders:

During the course of the Inquest I made a number of orders prohibiting the publication of certain evidence given during the Inquest. The reasons I made such orders were enunciated during the course of the Inquest. Those reasons will continue following the making of these Findings. I therefore I propose to that those orders continue following the delivery of my Findings.

Paul MacMahon

Deputy State Coroner

22 December 2014