

**SHERIFFDOM OF LoTHIAN AND BORDERS AT EDINBURGH**

**[2020] FAI 45**

EDI-B993-19

DETERMINATION

BY

SHERIFF T WELSH QC

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

into the death of

**JAMES ARCHIBALD SNEDDON**

16 November 2020

At Edinburgh on 16 November 2020; Following the hearing of unchallenged evidence the sheriff having resumed consideration of the cause determines that in terms of section 26 of the Fatal Accident and Sudden Deaths Inquiry (Scotland) Act 2016:

1. James Archibald Sneddon (the deceased) was born on 15 September 1980 and died on 6 May 2016 in the Intensive Care Unit of the Royal Infirmary of Edinburgh. He was 35 years old.
2. At the time of his death the deceased was lawfully in custody in HMP Edinburgh. The deceased had a history of drug abuse. At the time of his death he was in receipt of a methadone prescription in prison. On various dates between 27 April and 26 June 2015, the deceased saw various members of the prison healthcare staff (nurses and GPs) complaining of loss of

appetite, vomiting and abdominal cramps. His symptoms were fully investigated, but no infection or underlying cause was identified. He was referred to the Gastroenterology Outpatient Clinic at the Royal Infirmary of Edinburgh, for specialist investigations on 29 May 2015. He was given an appointment there for 24 September 2015. On 24 September 2015 he failed to attend his appointment at the Gastroenterology Outpatient Clinic. By that time, his abdominal symptoms had settled.

3. At around 1430 hours on 3 May 2016, the deceased reported to prison staff that he was feeling unwell and asked to see a nurse. By 1830 hours he was still waiting to be seen. He was examined by a nurse and an ambulance was called. On examination by a paramedic he was taken to Edinburgh Royal Infirmary at 1910 hours. At that time, he was alert and complaining of abdominal pain in the right upper quadrant. He appeared pale with a fast heart rate. He was found to be dehydrated and suffering from an acute kidney injury. He was admitted to the Acute Medical Unit for investigations.
4. At around 1700 hours on 4 May 2016 a CT scan of the deceased's abdomen and pelvis showed evidence of oedema throughout his small bowel and ascending colon. The left kidney was noted to be atrophic. No visceral perforations were seen, and there was no evidence of acute pathology which would necessitate laparotomy investigations. There was no identifiable cause for his symptoms. He was administered IV antibiotics and fluids. His condition deteriorated rapidly and he began suffering severe hypoxia and

respiratory failure. He was reviewed by Cardiothoracic Surgeons and a Cardiologist, but was deemed to be too unwell to undergo surgical intervention. He was admitted to the Intensive Care Unit. Despite maximal therapy, his condition did not improve. He went into cardiac arrest on the evening of 6 May 2016, and despite prolonged resuscitation efforts, it was not possible to restore spontaneous cardiac output. He died at 2246 hours on 6 May 2016. A post-mortem examination was carried out by Dr Ralph BouHaidar, Consultant Forensic Pathologist, on 12 May 2016. The cause of death was certified as:

- 1a) Clinically diagnosed multi-organ failure and sepsis and cardiomegaly
5. There are no reasonable precautions I can suggest whereby his death might have been avoided.
6. There are no other facts relevant to the circumstances of the death.

At the conclusion of the evidence, Ms Graham, PFD for the Crown, Ms McCabe, Solicitor for the Scottish Prison Service, Mr Coogan, solicitor for the family and Mr Holmes, Solicitor for Lothian Health Board, extended their condolences to the family of the deceased. I also extend my condolences.