

FORM 39

Rule 61(1)

FINDING INTO DEATH WITH INQUEST

Section 68 of the Coroners Act 2008

Court reference: 5558/08

In the Coroners Court of Victoria at Melbourne

I, PETER WHITE, Coroner

having investigated the death of:

Details of deceased:

Surname: METCALFE
First name: MICHAEL
Address: Port Phillip Prison, Palmers Road, Laverton 3028

after holding an inquest:

find that the identity of the deceased was MICHAEL DOUGLAS METCALFE
and death occurred on 12th December, 2008

at St Augustine Security Ward Third Floor Nicholson St, Fitzroy, Victoria 3065

from

- 1a. HEPATORENAL SYNDROME (FROM END STAGE LIVER DISEASE)
- 1b. MULTIFOCAL HEPATOLECCULAR CARCINOMA
- 1c. CIRRHOSIS OF THE LIVER, HEPATITIS C
- 2. PAST HISTORY - IVDU - ALCOHOL

AND after having held an Inquest in relation to the death on 4th April 2011 given the deceased was immediately before the person died, a person placed in custody or care; making findings regarding the following circumstances:

1. Mr Michael Metcalfe was 56 years of age at the time he passed away.
2. Michael was initially received into the corrections system on 17 May 2007.
3. Michael was categorised as a mainstream prisoner.
4. Michael's initial placement was at the Melbourne Assessment Prison, 17 May 2007 until 3 September 2007. He was then transferred to Port Phillip Prison where he remained until 11 September 2007 at which time he was transferred to Barwon Prison.

5. He remained at Barwon until 27 September 2007, when he was transferred back to Port Phillip on medical grounds. He remained at Port Phillip until 6 May 2008 when he was returned to Barwon.

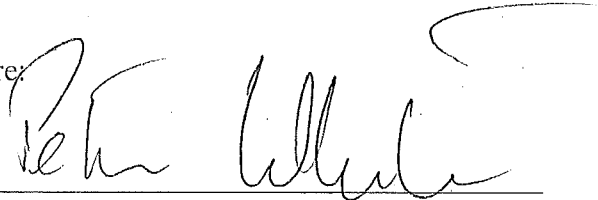
6. Michael was admitted to the St Augustine's Security Ward in Fitzroy on 3 November 2008. He remained there until 12 November 2008 when he was transferred to St Johns inpatient facility at Port Phillip Prison.

7. He remained at St Johns until 25 November 2008 when he was readmitted to St Augustines.

8. On the 2nd December 2008 while still at St Augustines, Michael was referred to the Palliative Care Team. Whilst in palliative care, Michael was seen in respect to stabilisation of system issues present with hepatic failure. The main issues related to progressive cachexia, fatigue, nausea and vomiting. It was apparent in accordance with the treating medical teams assessment that Michael was likely to be entering the terminal phase of his liver failure, secondary to progressive malignant process from his hepatoma against a background of impaired liver function from Cirrhosis and Hepatitis C. Follow up consultations confirmed that his liver failure was progressing and that Michael would no longer recover from active management. Discussions with Michael, his carers and family were initiated to focus on terminal care and end of life concerns and issues.

9. Plans were put in place to transfer Michael to a facility closer to his family at the Traralgon Hospital. Michael's condition deteriorated rapidly and he died prior to being transferred.

Signature:



Peter White
Coroner
4th April, 2011

