

**FORM 37**

Rule 60(1)

**FINDING INTO DEATH WITH INQUEST**

*Section 67 of the Coroners Act 2008*

**Court reference:** 515/11

**Inquest into the Death of PAUL TAYLOR**

Delivered On:	25th July, 2011
Delivered At:	Coroner's Court of Victoria Level 11, 222 Exhibition Street Melbourne
Hearing Dates:	25th July, 2011
Findings of:	CORONER IAIN TREALOAR WEST
Place of death:	Austin Repatriation General Hospital, Heidelberg, 3084
PSCU:	Sergeant Dave Dimsey

**FORM 37**

Rule 60(1)

**FINDING INTO DEATH WITH INQUEST**

*Section 67 of the Coroners Act 2008*

**Court reference:** 515/11

In the Coroners Court of Victoria at Melbourne

I, IAIN TRELOAR WEST, Deputy State Coroner

having investigated the death of:

**Details of deceased:**

Surname: TAYLOR  
First name: PAUL  
Address: 4 Griffiths Street, Bellfield, Victoria 3801

AND having held an inquest in relation to this death on 25th July, 2011  
at Melbourne

find that the identity of the deceased was PAUL TAYLOR  
and death occurred on 9th February, 2011

at Repatriation General Hospital, 145 Studley Road, Heidelberg Victoria 3084

from

- 1a. COMPLICATIONS OF STAGE IV PERIPHERAL T CELL LYMPHOMA
2. SJOGREN LARSSON SYNDROME

In the following circumstances:

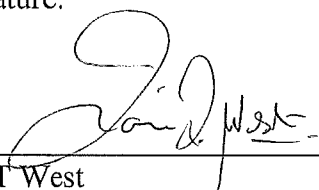
1. Paul Taylor, aged 54 years, was of male gender and was in the supportive care of the Department of Human Services at the time of his death, residing at residential care unit situated at 4 Griffiths Street, Bellfield. Mr Taylor suffered from Sjogren Larsson syndrome, which is a genetic disease characterised by ecchymosis of the skin, intellectual disability and spastic paraplegia. In November 2010, Mr Taylor was diagnosed with advance peripheral T-cell lymphoma, but given his co-morbidities, was considered not suitable for aggressive chemo/radiotherapy.

2. On the 5th February 2011, Mr Taylor was admitted to the palliative care unit at the Austin Hospital, with stage four T-cell lymphoma. Over the course of his admission, Mr Taylor continued to deteriorate and the Office of the Public Advocate, in consultation with the medical team, decided that palliative care was the most appropriate course of action. Mr Taylor subsequently died at 1.45am on the 9th February 2011.

3. On the 15th February 2011, an autopsy was performed by Dr Linda Iles, Senior Pathologist with the Victorian Institute of Forensic Medicine. Dr Iles performed an external and internal examination of Mr Taylor at the mortuary, reviewed the circumstances of his death, the medical deposition and clinical notes, the post mortem CT scan, and provided a written report of her findings. During her examination, Dr Iles observed the presence of advanced peripheral T-cell lymphoma with extensive involvement of lymph nodes and evidence of its presence in liver, lungs, spleen and skin. The autopsy also disclosed evidence of focal aspiration pneumonia and acute lung injury. Dr Iles reported that in all the circumstances a reasonable cause of death appeared to be complications of stage 4 peripheral T-cell lymphoma, with contributing factors of Sjogren Larsson syndrome.

4. The evidence satisfies me that Paul Taylor died from natural causes whilst in the care of the Department of Human Services, with there being no evidence to indicate that his care and management was other than within the parameters of reasonable health care practice.

Signature:



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Iain T West  
Deputy State Coroner  
25th July, 2011

