IN THE CORONERS COURT OF VICTORIA AT MELBOURNE

Court Reference: COR 2015 000337

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)
Section 67 of the Coroners Act 2008

Inquest into the Death of: ROBERT PRZYCHODSKI

Delivered on:

30 October 2015

Delivered at:

MELBOURNE

Hearing dates:

30 October 2015

Findings of:

Coroner Rosemary Carlin

Place of death:

Werribee Mercy Palliative Care Unit, Werribee, Victoria

Counsel Assisting

Leading Senior Constable Kelly Ramsey

I, ROSEMARY CARLIN, Coroner

having investigated the death of ROBERT PRZYCHODSKI
AND having held an inquest in relation to this death on 30 October 2015
at MELBOURNE
find that the identity of the deceased was ROBERT PRZYCHODSKI
born on 7 July 1966
and the death occurred on 22 January 2015
at Werribee Mercy Palliative Care Unit, Werribee, Victoria
from:

1(a) ANAPLASTIC ASTROCYTOMA

in the following circumstances:

- 1. A summary inquest was held in relation to the death of Robert Przychodski in circumstances where he was in the care of the Department of Human Services.
- 2. Mr Przychodski was born in Poland on 7 July 1966 and was 48 years of age at the time of his death. No details of his family life are known, nor whether he has any surviving family members. It is also not known when he arrived in Australia.
- 3. Mr Przychodski had a history of chronic psychiatric illness which included depression, obsessive-compulsive traits, schizophrenia with past history of suicide attempts, self harm, sexually inappropriate behaviour, aggressive behaviour and command hallucinations.
- 4. Mr Przychodski's history of psychiatric symptoms and behavioural difficulties date back to 1978 when he was 12 years old. Throughout his life, Mr Przychodski required multiple psychiatric admissions and long periods of compulsory treatment, including a long stay at the Adult Mental Health Rehabilitation Unit in Sunshine between 2002 and 2008. He also spent one year in juvenile detention for a criminal matter.
- 5. Mr Przychodski also suffered from intellectual disability, epilepsy, ataxic gait, faecal incontinence, paroxysmal supraventricular tachycardia and metabolic acidosis.

- 6. In 1986, Mr Przychodski was diagnosed with a progressive frontotemporal brain tumour. In 1990, a surgical excision was performed and in 1998, a partial excision occurred. In 2001, Mr Przychodski had more surgery and post-operative radiotherapy, after an annual review revealed the tumour had grown and changed in characteristics. In 2008, the tumour was described as an anaplastic astrocytoma and was excised again. Mr Przychodski had chemotherapy in 2011, which was ceased in 2012 due to side effects. The tumour was consequently deemed unsuitable for further resection.
- 7. In January 2014, the Public Advocate was appointed as Mr Przychodski's guardian with authority delegated to Bianca Whitehead. The order was reassessed in May 2014 and Ms Whitehead remained Mr Przychodski's legal guardian with authority to make decisions about his accommodation, medical and dental treatment and other health care and access to services.
- 8. Mr Przychodski resided in a community care unit until June 2014 when it was decided he could no longer be safely managed in the community due to an escalation in problematic behaviour, including sexually inappropriate conduct, aggression, property damage and arson. In June 2014, he was admitted to the Werribee Mercy Psychiatric Unit (WMPU) where he received high level care and support.
- 9. Dr Anindya Banerjee, psychiatrist at WMPU, noted that Mr Przychodski had to be managed in the secure section of WMPU while his treating clinicians pursued safe and secure placement options for him. Although he spent some time in the Brain Disorders Unit, Royal Talbot Rehabilitation Centre in Kew, he returned to the WMPU.
- 10. From 6 January 2015, Mr Przychodski's mental and physical health deteriorated rapidly and he experienced weakness in the right side of his body, loss of speech and increased confusion. Examination revealed that his tumour had expanded. On 9 January 2015, Mr Przychodski was transferred to the Royal Melbourne Hospital. Due to his significant medical co-morbidities, there was no scope for further surgical intervention and it was decided to initiate palliative care measures. Mr Przychodski returned to the WMPU on 11 January 2015.

11. On 20 January 2015, Mr Przychodski was transferred to the Palliative Care Unit of Werribee Mercy Hospital. He received ongoing monitoring and pain management until he died on 22 January 2015.

12. Dr Michael Burke, Senior Forensic Pathologist at the Victorian Institute of Forensic Medicine, conducted an inspection of Mr Przychodski's body. The post-mortem CT scan showed an old left craniotomy site and there was a large mass within the left cerebral hemisphere. Dr Burke reported Mr Przychodski's cause of death as 1(a) Anaplastic Astrocytoma.¹

13. I find that Robert Przychodski died on 22 January 2015 and that the medical cause of his death is anaplastic astrocytoma.

14. I direct that a copy of this finding be provided to Interested Parties and the Investigating Member, Victoria Police.

Signature:

ROSEMARY CARLIN

CORONER

30 October 2015



¹ A rare malignant brain tumour.