IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2024 001137

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)
*Section 67 of the **Coroners Act 2008***

Findings of:	Sarah Gebert, Coroner
Deceased:	Wilhelm Bruno Mueller
Date of birth:	14 February 1955
Date of death:	27 February 2024
Cause of death:	1(a) Ischaemic and hypertensive heart disease
Place of death:	Loddon Prison Precinct (Middleton), 19 Hitchcock Street, Castlemaine, Victoria
Key words:	In care or custody, natural causes death

INTRODUCTION

1. On 27 February 2024, Wilhelm Bruno Mueller was 69 years old when he was found unexpectedly deceased.

2. At the time of his death, Wilhelm was in custody at Middleton Prison.

THE CORONIAL INVESTIGATION

3. Wilhelm's death was reported to the coroner as it fell within the definition of a reportable death in the *Coroners Act 2008* (**the Act**). Reportable deaths include deaths that are unexpected, unnatural or violent or result from accident or injury. The death of a person in care or custody is a mandatory report to the Coroner, even if the death appears to have been from natural causes.

4. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.

5. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of comments or recommendations in appropriate cases about any matter connected to the death under investigation.

6. Victoria Police assigned Senior Constable Braden Pollard to be the Coroner's Investigator for the investigation of Wilhelm's death. The Coroner's Investigator conducted inquiries on my behalf, including taking statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.

7. Justice Assurance and Review Office and Justice Health reviewed Wilhelm's custodial and healthcare management in the lead up to his death.

8. In addition, I asked the Coroners Prevention Unit (**CPU**)[1] to review the medical care Wilhelm received whilst he was in custody.

[1] The CPU was established in 2008 to strengthen the coroner's prevention role and to assist in formulating recommendations following a death. The CPU is comprised of health professionals with training in a range of areas

9. This finding draws on the totality of the coronial investigation into Wilhelm's death, including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.[2]

Background

10. Wilhelm had resided in Canada with his wife. He worked in the construction industry and was described as quite healthy – he exercised every day and ate well. He had been diagnosed with diabetes whilst living in Canada and was prescribed metaphoreme. His mental health was described as excellent.

11. On 2 October 2013, Wilhelm travelled to Australia, intending to stay for 40 days.

12. On 17 October 2023, police conducted a search at the property Wilhelm was staying at in Strathmerton, Victoria. As a result of the search, Wilhelm was charged with drug trafficking offences and was later sentenced to 15 years imprisonment with a non-parole period of 10 years.

13. Over the following years, Wilhelm was incarcerated in various prisons around Victoria before being transferred to Middleton Prison on 7 June 2021, where he remained until his death. Wilhelm resided in the Golden Point Unit, which was a housing unit made up of approximately six apartments, with four inmates sharing one apartment.

14. Wilhelm became eligible for parole on 13 September 2023. He made an application for parole which was denied. His sentence was due to end on 12 September 2028.

15. In the lead up to his death, a fellow prisoner noted that Wilhelm's health was *"really good"* but that his coughing/pleurisy had worsened in the last few weeks. He was also forgetting things, like calling his wife or doing his cleaning. Wilhelm had also been stressed and disappointed about not being granted parole because he wanted to return home to his sick wife.

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including medicine, nursing, public health and mental health. The CPU may also review the medical care and treatment in cases referred by the coroner as well as assist with research into public health and safety.

[2] Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

16. Wilhelm had multiple chronic health conditions which were managed through an integrated care plan (**ICP**) and pharmacotherapy. According to Dr Shabaz Hussain, Director of Medical Services at GEO Healthcare who provide medical services at Middleton Prison, Wilhelm's recent medical history included:

    (a) hypertension;

    (b) hypercholesterolemia;

    (c) type 2 diabetes;

    (d) atrial fibrillation;

    (e) hearing loss; and

    (f) obesity (body mass index of 32.5).

17. Wilhelm independently monitored his blood sugar levels (**BSLs**) for diabetes management and attended regular appointments with specialist services.

18. Dr Hussain stated that Wilhelm's hypertension, hypercholesterolemia, and type 2 diabetes were well controlled with medication. His last review with a medical practitioner was on 5 May 2023 at which time no new issues were identified, and he was next due for a review in March 2024. He was noted to be regular in collecting his medications and was compliant with treatment.

19. Wilhelm's general practitioner, Dr Lara Kelly, confirmed she last saw Wilhelm in May 2023. At this time, Wilhelm expected to return to Canada in about four to five months, so he declined a six-month follow-up appointment. However, a locum doctor reviewed his medications in September 2023 and as the prescriptions were due to expire in March 2024, another appointment would have been scheduled. Dr Kelly noted that prisoners are had free access to the general practitioner in between scheduled appointments for new issues and there are also nurse daily clinic appointments for acute issues.

20. Dr Kelly noted Wilhelm's weight had increased in the years preceding his death as he struggled with the prison diet and he was inactive. However, when he was moved to Middleton Prison he started exercising more and was able to cook for himself and he subsequently lost some weight.

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Circumstances in which the death occurred

21. Wilhelm was last seen alive by a fellow prisoner at 7.45pm on 26 February 2024. He appeared happy and nothing appeared out of the ordinary.

22. On the morning of 27 February 2024, Wilhelm was heard making a cup of coffee at about 5.45am, which was his normal routine. Usually, he would then come out of his room at about 7.30am to wash his dishes but did not do so that morning.

23. At 7.45pm, Wilhelm failed to attend the daily roll call. His fellow inmates went to his room where they found Wilhelm sitting upright in his chair.

24. A Code Black (death or serious medical incident) was called. Custodial and health staff responded to the scene and emergency services were contacted. A registered nurse assessed Wilhelm and determined that he was deceased.

25. Ambulance Victoria paramedics attended a short time later and verified Wilhelm's death at 8.19am.

Identity of the deceased

26. On 27 February 2024, Wilhelm Bruno Mueller, born 14 February 1955, was visually identified by his nurse, Jocelyn Beswick.

27. Identity is not in dispute and requires no further investigation.

Medical cause of death

28. Forensic Pathologist, Dr Hans de Boer, from the Victorian Institute of Forensic Medicine (**VIFM**), conducted an autopsy on 5 March 2024 and provided a written report of his findings dated 8 May 2024.

29. The post-mortem examination revealed critical stenosis of the coronary arteries, defined as a narrowing of greater than 75% of the vessel lumen, which is associated with sudden cardiac death. The mechanism of death in such cases is an arrhythmia triggered by acute myocardial ischemia (ischemic heart disease). Sudden unexpected death in a (apparently) healthy individual is consistent with cardiac arrythmia.

30. The heart did not show histological signs of acute infarction, but the earliest histological changes of myocardial infarction can only be seen after 12 to 24 hours of survival. There was scarring of the heart due to older/remote infarction. Such foci of fibrosis alter the electroconductive properties of the heart and can therefore cause (fatal) cardiac arrhythmias.

31. The deceased's heart was furthermore enlarged (hypertrophic), likely due to the effects of ischaemia and hypertension. This increases the oxygen demand of the heart and therefore lowers the threshold for ischaemia. Hypertrophy also alters the electroconductive properties of the heart and can therefore cause (fatal) cardiac arrhythmias.

32. Other causes of death were not demonstrated. There was no post-mortem evidence of violence or injury contributing to death.

33. Toxicological analysis of post-mortem samples identified the presence of gliclazide,[3] metformin,[4] and sitagliptin.[5]

34. Dr de Boer provided an opinion that the medical cause of death was *"1(a) Ischaemic and hypertensive heart disease",* which he determined was a *natural cause* of death.

35. I accept Dr de Boer's opinion.

FAMILY CONCERNS

36. Wilhelm's wife, Valerie Mueller, stated that Wilhelm had told her that he had not been provided *"proper medical treatment"* whilst in prison, that he was given *"only the bare basics to survive"* and his diabetes was not taken in account in regard to his diet.

FURTHER INVESTIGATION

Coroners Prevention Unit review

37. In light of Valerie's concerns, I asked the CPU to review the medical care Wilhelm received in the lead up to his death.

38. The CPU noted that while Wilhelm did not have a history of coronary artery disease, he did have many long-term risk factors (diabetes, hypercholesterolemia, hypertension, obesity, male, increasing age). The coronial brief indicates that these conditions were managed

[3] Gliclazide is an antidiabetic drug.
[4] Metformin is an antidiabetic drug used to treat maturity-onset diabetes.
[5] Sitagliptin is used as an oral hypoglycemic agent.

appropriately. Importantly, managing these conditions appropriately does not mean a person will not suffer from conditions such as heart attacks or strokes, but that the person would likely have them later in life than they would otherwise, if not appropriately managed.

39. The CPU noted that it did not appear that Wilhelm complained to anyone about ischaemic sounding chest pain (described sometimes as an elephant sitting on his chest) which would have prompted specific cardiac investigations. Sometimes the first sign of coronary artery disease is sudden death.

40. The cough (and 'pleurisy' diagnosed by the prison inmate next door) is not a symptom of coronary artery disease and is not related to the cause of death.

41. The CPU advised that Wilhelm's medical care was reasonable. I accept the CPU's advice.

Justice Assurance and Review Office and Justice Health review

42. When a person dies in prison, the Justice Assurance and Review Office (**JARO**) conducts a review of the circumstances and management of the death. Justice Health conducts a review regarding the medical care and treatment provided to the prisoner in custody.

Healthcare

43. The health review primarily focussed on the healthcare Wilhelm received in the last six months of his life.

44. He had been allocated a medical risk rating of 'M2', which indicated a medical condition requiring regular or ongoing treatment, which remained throughout his custodial period.

45. During his incarceration, Wilhelm was diagnosed with paroxysmal atrial fibrillation for which he was prescribed an anticoagulant medication. He was referred for further cardiac investigation, however he requested any subsequent appointments related to his medical and cardiac issues be deferred as he assumed he would be released from custody in the following months. Wilhelm continued taking his prescribed medications as recommended.

46. Wilhelm's ICP included medical monitoring and intervention by cardiology, pharmacy, optometry, audiology, pathology, podiatry, and specialist vascular care, as well as routine monitoring by his primary care team. His falls risk, weight management, dental care, and overall wellbeing as a person over 60 years of age, were also monitored. The ICP was reviewed regularly, with the last review occurring in November 2023.

47. Justice Health determined that Wilhelm's chronic healthcare needs were well managed through his ICP, and his healthcare was appropriate, consistent with policy requirements, and met the relevant standards.

48. Wilhelm chose to self-manage and monitor his diabetes with appropriate oversight from the primary health care team.

49. He otherwise engaged effectively with his health care providers, which included attending regular blood tests, eye referrals, and electrocardiograms. He generally attended his scheduled appointments, and he was compliant with immunisation requirements.

50. However, there was one incident identified in the six months before Wilhelm's death that did not meet relevant policies and requirements. On 31 October 2023, upon commencement of rivaroxaban, a clinical pharmacist reviewed Wilhelm's medications and recommended his blood thinning medications be reviewed, citing that the prescription of two anticoagulants could increase his risk of bleeding. Records indicate that health staff did not take any further follow up action as recommended by the clinical pharmacist. It was noted that there was no correlation between his anticoagulant medications and his cause of death.

Custodial management

51. Wilhelm was a managed as a Special Category prisoner due to the length of his sentence.

52. Wilhelm met and engaged well with his case managers to develop and discuss local plan goals during his incarceration and he was reviewed annually by Sentence Management Division.

53. Wilhelm transitioned through security ratings and custodial placements during his sentence. The JARO noted that the approach to Wilhelm's sentence planning and progression was reasonable and there was no evidence that his rights were breached while in custody.

54. Wilhelm became eligible for parole on 13 September 2023. A Parole Specialist Case Manager (**PSCM**) supported and assisted him throughout the parole process to develop a transition plan for his return to Canada. It was noted that upon being granted parole, he would be deemed to be an 'unlawful non-citizen' and would be deported back to Canada.

55. On 18 August 2023, the Adult Parole Board denied Wilhelm's parole due to the nature of his offending and that he would be largely unsupervised for a longer parole period than usual. He appealed the decision; however the Adult Parole Board upheld their decision on 27 February 2024.

56. The JARO noted that Wilhelm had been well supported by the PSCM and his custodial case manager during this process.

FINDINGS AND CONCLUSION

57. Pursuant to section 67(1) of the Act I make the following findings:

    (a) the identity of the deceased was Wilhelm Bruno Mueller, born 14 February 1955;

    (b) the death occurred on 14 February 1955 at Loddon Prison Precinct (Middleton), 19 Hitchcock Street, Castlemaine, Victoria, from ischaemic and hypertensive heart disease; and

    (c) the death occurred in the circumstances described above.

I convey my sincere condolences to Wilhelm's family for their loss.

Pursuant to section 73(1B) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

I direct that a copy of this finding be provided to the following:

Valerie Chapman, senior next of kin
GEO Group (care of Meridian Lawyers)
Justice Assurance and Review Office
Senior Constable Braden Pollard, Victoria Police, Coroner's Investigator

Signature:

Coroner Sarah Gebert

Date: 18 August 2025

NOTE: Under section 83 of the ***Coroners Act 2008*** ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day

on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.