IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

COR 2025 007637

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

*Section 67 of the **Coroners Act 2008***

Findings of:	Coroner Sarah Gebert
Deceased:	Juan (John) Carlos Gonzalez
Date of birth:	10 February 1945
Date of death:	30 October 2025
Cause of death:	1(a) Metastatic retroperitoneal liposarcoma
Place of death:	St Vincent's Hospital Melbourne 41 Victoria Parade Fitzroy Victoria
Keywords:	*Death in custody; Natural causes*

I, Coroner Sarah Gebert, having investigated the death of Juan (John) Carlos Gonzalez and without holding an inquest, make the following findings pursuant to section 67(1) of the *Coroners Act 2008* (Vic) (**the Act**):

a) the identity of the deceased was Juan (John) Carlos Gonzalez, born 10 February 1945;

b) the death occurred on 30 October 2025 at St Vincent's Hospital Melbourne, 41 Victoria Parade, Fitzroy, Victoria, from metastatic retroperitoneal liposarcoma; and

c) the death occurred in the circumstances described below.

1. Juan was 80 years old at the time of his death and was incarcerated at Ravenhall Correctional Centre.[1] Juan was also commonly known as John.

2. John was born in Argentina and grew up in the city of Rosario. After completing his schooling, he worked as a bus driver. John married his first wife in 1965, and they had two daughters together. The family moved to Australia in the 1970s and John found employment as a boilermaker for Mobil. At some point, John's wife returned to Argentina with their daughters, and John remained in Australia.

3. John would commonly return to Argentina to visit family and on one of these trips, he met his second wife, [redacted], who accompanied him back to Australia. John and [redacted] were married in about 1982 and lived together in Maidstone. At this time, John was running his own business from home as a mechanic, and in 1989, John and [redacted] welcomed their daughter, [redacted].

4. In the early 1990s, John was involved in a major car accident which caused him to suffer permanent back issues that impacted his capacity to work.

5. In 2001, John and [redacted] purchased a new home in Deer Park. John had less space to operate his business at the new property and subsequently found jobs working as a mechanic for various workshops and at a Go Kart track.

6. John and [redacted] separated in late 2008. In the years that followed, he had limited contact with [redacted] and [redacted] but would usually see them on special occasions.

[1] John's death fell within the definition of a reportable death in the Act as immediately before his death he was a 'person placed in custody or care' within the meaning of the Act.

7. In 2018, John was diagnosed with retroperitoneal liposarcoma, which is a rare type of cancer of the fatty tissue behind the abdominal cavity. He underwent surgery in 2018, but in October 2019, the cancer recurred, and John had further surgery. John's surgeries included resection of a right retroperitoneal liposarcoma with right hemicolectomy, removal of his right kidney, and removal of a portion of the liver. Around this time, when John became unwell, he spent more time with [redacted] and [redacted]. Additionally, in 2021, he had radiotherapy on his recurrent retroperitoneal mass.

8. John's medical history also included a transient ischaemic attack, hernia, trigeminal neuralgia, stage four chronic kidney disease secondary to a native nephrectomy for invasive liposarcoma and hypertensive nephrosclerosis, asthma and hypertension.

9. Despite his ill health, John continued to work doing odd handyman jobs and as a technician for a car wash, but he was otherwise semi-retired.

10. On 20 May 2021, John shot and killed his ex-girlfriend, Thanh Truong. He pleaded guilty to murder and, on 9 June 2022, was sentenced to 24 years' imprisonment with a non-parole period of 17 years' imprisonment. Whilst in prison, John would frequently make phone calls to both [redacted] and [redacted].

11. During his incarceration, John had regular oncology reviews at the Peter MacCallum Cancer Centre (**PMCC**). In January 2025, he was reviewed by the PMCC oncology team. His most recent computed tomography (**CT**) abdomen and pelvis scan demonstrated marked enlargement of the right psoas muscle contiguous with a retrocaval/aortocaval mass that had also substantially enlarged. He was not a suitable candidate for palliative chemotherapy due to his significant renal impairment but was offered a course of radiotherapy which he received in February and March 2025.

12. In July 2025, a repeat CT abdomen and pelvis scan demonstrated progressive metastatic disease, including new multiple lung metastases and progression of retroperitoneal disease.

13. John was reviewed by an oncology consultant on 6 August 2025 who explained that there were no remaining eligible effective treatment options for John. He was therefore treated with best supportive care only from August 2025.

14. In September 2025, John was noted to have worsening renal function and worsening peripheral oedema. On 25 September 2025, he attended the St Vincent's Hospital Emergency Department, and a CT scan demonstrated progressive metastatic disease with partial

compression of the inferior vena cava. Conservative management was recommended by the oncology team and a referral to palliative care was also suggested if he deteriorated further.

Circumstances of death

15. On 24 October 2025, John was transported from Ravenhall Correctional Centre to St Vincent's Hospital Melbourne following a fall with head strike after experiencing severe pain in his right leg. On admission, he had malignant inferior vena cava compression secondary to a retroperitoneal liposarcoma with consequent lower limb oedema. During his admission, he also developed an acute on chronic kidney injury, hyperkalaemia and pneumonia.

16. Whilst in hospital, he was reviewed by the oncology and palliative care teams and was commenced on a syringe driver on 25 October 2025 due to severe pain. A chest x-ray on 28 October 2025 showed an increased number and volume of pulmonary metastases. John continued to deteriorate and passed away on 30 October 2025 at 8.12pm.

Coroners Prevention Unit review

17. I referred John's case to the Coroners Prevention Unit (**CPU**)[2] Health and Medical Investigation Team to assess whether the medical care and management he received in custody prior to his death was reasonable and appropriate.

18. The CPU advised that John had a recurrent malignancy despite treatment before his incarceration and that the medical care he was provided in custody was appropriately palliative.

Medical cause of death

19. Forensic Pathologist, Associate Professor (**A/Prof**) Hans de Boer, from the Victorian Institute of Forensic Medicine (**VIFM**), conducted an examination on 31 October 2025 and provided a written report of his findings dated 11 November 2025.

20. The post-mortem examination was consistent with the reported circumstances. There was no evidence of substantial injury.

[2] 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 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.

21. The post-mortem CT scan revealed hypodensity in the right parietal region, numerous metastatic lesions and focal patchy consolidations in the lungs, surgical clips in the retroperitoneum, and peripheral oedema.

22. Routine toxicological analysis was not indicated and was therefore not performed.

23. A/Prof de Boer provided an opinion that the death was due to natural causes and that the medical cause of death was *"1(a) Metastatic retroperitoneal liposarcoma"*.

24. I accept A/Prof de Boer's opinion.

Having considered all of the circumstances, I am satisfied that John's death was due to natural causes, and an inquest is therefore not required pursuant to section 52(3A) of the Act.

I convey my sincere condolences to John's family and friends 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:

[redacted], senior next of kin
Justice Assurance and Review Office
Detective Senior Constable Thomas Martin, Victoria Police, Coroner's Investigator

Signature:

Coroner Sarah Gebert

Date: 11 September 2026

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.