CORONER'S COURT OF THE AUSTRALIAN CAPITAL TERRITORY

Case Title:	**Inquest into the death of Mr Deleman**
Citation:	**[2026] ACTCD 5**
Decision Date:	12 May 2026
Before:	Coroner K J Archer
Findings:	See [41-44]
Catchwords:	**CORONIAL LAW** – Psychiatric Treatment Order – death in care - hearing required - manner and cause of death – natural causes - against background of schizophrenia – itinerant lifestyle – poor physical health - limited engagement with clinicians – no public safety issues – no shortfall in care that contributed to his death
Legislation Cited:	*Coroners Act 1997* (ACT) ss 13,3BB, 34A, 52 and 74 *Public Trustee and Guardian Act* S13A
File Number:	CD 107 of 2024
Counsel Assisting:	Ms C Pilley

CORONER ARCHER:

INTRODUCTION

1. Mr Deleman (DOB: 2 September 1953) passed away at The Canberra Hospital (**TCH**) on 9 May 2024. He was 69 years old at the time of his passing. At the time of his death, Mr Deleman was under a Psychiatric Treatment Order (**PTO**) which was made by the ACT Civil and Administrative Tribunal (**ACAT**) on 15 April 2024.

CORONER'S JURISDICTION

2. The Coroner's jurisdiction in relation to Mr Deleman's death arises under s 13(1)(i) of the Coroners Act 1997 (the Act), which provides that the Coroner must hold an inquest into the manner and cause of a person who dies in care. Mr Deleman was subject to a PTO at the time of his death, and accordingly, his death is a "death in care", pursuant to the meaning of that term in s 3BB of the Act. As Mr Deleman's death was a "death in care", a hearing cannot be dispensed with under s 34A of the Act.

3. At the conclusion of the inquest and hearing, I must make findings regarding the manner and cause of Mr Deleman's death in accordance with s 52 of the Act. I am further required to make findings under s 74 of the Act about any shortfalls in the quality of care, treatment and supervision of the deceased person that contributed to the death.

THE INQUEST INVESTIGATION

The post-mortem examination

4. On 10 May 2024, Professor Duflou, Forensic Pathologist, conducted a post-mortem review, which was limited to a medical records review. Professor Duflou's report is dated 14 June 2024, and he found the cause of death to be peritonitis due to perforated bowel.

5. Professor Duflou opined that the peritonitis was secondary to the large bowel perforation, and the exact cause of the perforation was not clear, but possibilities could include large bowel cancer, and ongoing bacterial peritonitis due to his advanced liver disease.

6. The Court has received Mr Deleman's medical records from TCH, Mental Health, Justice Health, Alcohol and Drug Services (**MHJHADS**) of Canberra Health Services, Queanbeyan Hospital, and a GP clinic in Queanbeyan(**the GP records**). The Court has additionally reviewed a Medicare Patient Hospital (**MPH**) Report and a Pharmaceutical Benefit Scheme (**PBS**) Patient Summary from the Department of Human Services for the two years prior to Mr Deleman's death. The MPH Report and PBS Summary both seem to reflect that Mr Deleman had been living in or around Queanbeyan or the ACT in the two years prior to his death.

7. My findings draw on the totality of the records described above. His sister participated in the hearing for the inquest and was able to assist the Court in relation to circumstances relevant to Mr Deleman's upbringing.

Background

8. Little is known about Mr Deleman's background and life story.

9. Initially, no Next of Kin (**NOK**) was able to be identified for Mr Deleman by police, and a referral was made under s 13A of the *Public Trustee and Guardian Act 1985* on 3 September 2025 for the appointment of a responsible person to make funeral arrangements.

10. In November 2025, after the Court reviewed historical medical records it held for Mr Deleman, a daughter was located, and she was notified by police of Mr Deleman's passing. Contact was also made by police with Mr Deleman's sister. The family, through his sister, last had contact with Mr Deleman in the early 2000s. Mr Deleman's daughter connected with his sister after undertaking a DNA test through Ancestry.com.

11. His sister has said that Mr Deleman was born in either Hamilton or Koroit, Victoria. Mr Deleman was the fourth of five children. Mr Deleman's parents were extremely harsh on the children. The family moved extensively when Mr Deleman was young, living in about 27 different places, however, they primarily resided in Hawkesdale, Victoria. Mr Deleman first ran away from home at 13 or 14 years of age.

12. Mr Deleman's sister told me that he was resentful toward the circumstances of his upbringing. There is a known association between childhood trauma and the development of schizophrenia in later life. There may have been such an association in this case.

13. In addition to childhood trauma, Mr Deleman suffered extensive trauma in his adult life. His wife at the time was murdered by a serial killer, Peter Dupas. Following this family tragedy, Mr Deleman's daughter took her own life shortly after speaking publicly about losing her mother. I can only speculate as to the extent to which these unspeakable tragedies impacted upon his mental health in the years that followed.

14. Mr Deleman lived a transient and itinerant lifestyle. The records from the ACT contain references to him living near the "dumpsters" behind the Canberra Theatre Centre in 2011 and living in a caravan park in Fyshwick in 2001, 2013, 2022 and 2024. There also are references in the medical records to Mr Deleman living in Perth in WA, and in Orange, Dubbo, Grafton, Mt Druitt and Queanbeyan in NSW at various times.

Mental and physical health history

15. Due to Mr Deleman's transient lifestyle, the medical records in the Court's possession do not paint a full picture of his mental and physical health history. The gaps in the medical records available to the court made it difficult to reconstruct the treatment he received both in respect of mental health and physical issues.

16. GP records were obtained from a Queanbeyan clinic where Mr Deleman had been attending the various occasions since 2002. Even those records do not paint a full picture of his health challenges or their treatment. The records detail refusal of psychiatric medication and a refusal to accept referrals to mental health providers. Alcoholism, abuse of pain medication and schizophrenia (including psychosis) are the consistent theme of those records. He had few if any social supports. It appears that Mr Deleman would usually attend his GP for pain relief medication for his chronic back pain 2-3 times per year from approximately July 2012. The records provided that he had a neck and back injury in 1984, and there is also reference to a work-related injury.

17. A GP note made on 7 January 2003 notes that Mr Deleman stated that he had been on pain medication for chronic back pain for 10 years. It seems that his GP attempted to diagnose his lower back and neck pain, rather than simply prescribing pain medication, but Mr Deleman refused treatment. During a consultation on 1 June 2017, a GP offered to investigate his rib pain further with an x-ray, but Mr Deleman "[s]tormed out of [the] consult". An entry from a consult on 31 August 2022 provides that he did not want to change or reduce his pain medication prescription. It appears that Mr Deleman may have had a dependence on his pain medication, and there are some references to him attempting to obtain further prescriptions of the medication from the GP when he was not due for a script renewal.

18. He last saw his GP on 22 March 2024, where the reason for the visit is recorded as "pain – chronic". Mr Deleman reported lower back and neck pain and talked about people spying and following him. He refused antipsychotic medication but was prescribed pain relief medication.

19. ACT Mental Health records show that he previously had a psychiatric admission at TCH from 9 February to 3 March 2011. Mr Deleman was then placed under a PTO on 17 February 2011 for a period of 6 months.

20. Mr Deleman did not receive any treatment or care from TCH or ACT Mental Health between 3 March 2011 (which was the date of his discharge from a psychiatric admission at TCH) and his admission at TCH on 2 April 2024. That may have been due to his itinerate lifestyle.

The circumstances of Mr Deleman's passing

Presentation at Queanbeyan Hospital ED: 1 April 2024

21. Mr Deleman was in poor physical and mental health when he presented to the Emergency Department (ED) of Queanbeyan Hospital on 1 April 2024 at about 8:00pm with swelling to the groin and both legs with onset four days prior. Mr Deleman told staff that he was living in a caravan park, and that he took two hours to walk to the ED from where he was living. He was unable to stand or walk in ED because of the swelling. He had many belongings with him in a shopping trolley.

22. Upon being assessed in ED, Mr Deleman informed staff that he thought that he had been poisoned. Mr Deleman is recorded to have had scattered thoughts, jumping from one topic to another and he said that he was an undercover agent. It was considered that he may have spontaneous bacterial peritonitis, alcoholic liver disease with ascites, possible anaemia, an upper gastrointestinal bleed, and likely psychosis. After a discussion with a Gastroenterology Consultant at TCH, Queanbeyan Hospital ED made the decision to transfer Mr Deleman to TCH ED for review by the gastroenterology team and review.

Admission at TCH: 2 April 2024 – 9 May 2024

23. Mr Deleman was transferred to TCH ED by ambulance in the early hours of 2 April 2024 and was admitted to the Gastroenterology and Hepatology unit. He presented with concurrent medical and psychiatric comorbidities, including untreated schizophrenia, hepatitis C and cirrhosis.

24. Due to his psychosis, Mr Deleman was placed on an ED3 order on 3 April 2024. He was deemed not suitable for a mental health admission at that time, as it was considered that management and investigation of his cirrhosis should take priority. On 4 April 2023, a decision was made by psychiatry to apply for an ED11 order. The plan was that the psychiatry team would continue to review Mr Deleman, with management and treatment of cirrhosis to remain the priority.

25. While in the Gastroenterology and Hepatology unit, Mr Deleman continued to remain unwell and was bed bound due to restricted mobility and physical decline. There were difficulties in treating Mr Deleman's physical health during his admission at TCH because of his treatment-resistant schizophrenia. On some occasions, he took some medications but also declined to take all of the medication that he had been prescribed. It also appears that he declined to eat and drink on several occasions.

26. There are numerous references in the clinical notes to Mr Deleman being irritable, noisy, abusive, and aggressive towards staff while on the ward, and that he refused help when

it was offered to throw out rubbish and tidy the room. It appears that Mr Deleman often refused treatment and support that he was offered during the admission, including a mobility review, a physiotherapy assessment, speech pathology review, and allied health input and support.

PTO made on 15 April 2024

27. A PTO hearing was held on 15 April 2024, and Mr Deleman was placed on a PTO on that date because of his chronic schizophrenia, and delusions of grandiosity related to political matters in Australia. He was considered to be risk of medical nonadherence, had poor insight into his condition, and was at risk of physical deterioration and risk of misadventure.

28. The Application Form for the PTO completed by his treating psychiatrist at TCH, notes that Mr Deleman denied having a mental illness and there was evidence of medical self-neglect and belief that his liver failure was from being poisoned, not from hepatitis C. In respect of his health and his decision-making capacity, Mr Deleman denied that he had schizophrenia or hepatitis C, and that he was at risk of harm to himself from both conditions if he continued to deny treatment. The psychiatrist opined that the treatment, care and support to be provided while on PTO may "[a]vert imminent risk of death from liver failure. Reduce risk to self and others from misadventure and threatening behaviour due to schizophrenia."

29. In relation to psychiatric medicines, while on PTO at TCH, Mr Deleman was prescribed 3mg paliperidone each day. Mr Deleman was first administered paliperidone on 5 April 2024. The psychiatrist recommended that if he became agitated, oral oxazepam could be charted. Mr Deleman was first administered oral oxazepam on 5 April 2024.

Transfer to the AMHU and then the ICU

30. Mr Deleman was transferred to the Adult Mental Health Unit (AMHU) of TCH on 23 April 2024, due to his schizophrenia being treatment resistant.

31. On 1 May 2024, Mr Deleman was reviewed by his admitting consultant for hepatitis C treatment and long-term management of chronic liver disease. It was noted that "[h]epatitis C treatment [is] not suitable given adherence [is] no longer a concern" and that "unfortunately hepatitis C treatment cannot be dispensed for inpatients under PBS as per our hospital pharmacy". It was noted that liver function tests were stable, there was compensated cirrhosis and untreated hepatitis C. It was suggested at the review that he could be treated for hepatitis C on discharge due to PBS restrictions.

32. On 4 May 2024, Mr Deleman was transferred to the Intensive Care Unit (**ICU**) after a Medical Emergency Team (**MET**) call for low GCS (Glasgow Coma Scale) score and hypoglycaemia. The admission note from ICU notes a provisional diagnosis of ascites and the clinical note from that admission describes his condition as treatment resistant schizophrenia on PTO, hepatitis C – untreated, hepatocellular carcinoma (a type of liver cancer) and liver cirrhosis.

33. In ICU, Mr Deleman received involuntary nutrition support and investigations found viscous perforation, large mass of transverse colon and blood culture positive for Clostridium ramosum bacteraemia. Clostridium ramosum bacteraemia is a rare and severe bloodstream infection. Viscous perforation is where a hole forms in the gastrointestinal tract (stomach, bowel), which causes peritonitis.

34. A clinical note on 5 May 2024 by an ICU Senior Registrar describes this as "likely a terminal event", and it was agreed between General Medicine and ICU, that ICU would support him for the next 24 hours with minimally invasive measures to allow time for a NOK to be located.

35. It was noted that while in ICU, Mr Deleman had pulled out his Nasogastric Tube (NGT) and that a social worker had been unable to locate a NOK. ICU was of the view that "Mr Deleman has a very poor prognosis, given that he is not a candidate for source control via surgery, he is already bacteraemic, he has at least Child Pugh B cirrhosis among other comorbidities, and he is severely frail/malnourished."

36. On 8 May 2024, due to his multiple medical comorbidities and bowel perforation, a decision was made to transition Mr Deleman to comfort care only, as he had a prognosis of several hours. Mr Deleman passed away on 9 May 2024 at 3:06am.

FINDINGS REQUIRED BY SECTION 52 OF THE ACT

37. Pursuant to s 52(1) of the Act, the Coroner is required to find, the following matters in this inquest:

    i) the identity of the deceased; and

    ii) when and where the death happened; and

    iii) the manner and cause of death.

38. Mr Deleman passed away at TCH on 9 May 2024. As a NOK was not found at the time of his passing, police confirmed his identity by fingerprint ID.

39. I accept Professor Duflou's opinion that the cause of Mr Deleman's death was peritonitis was secondary to the large bowel perforation. A review of the medical records confirms

that Mr Deleman was suffering from concurrent medical and psychiatric comorbidities at the time of his passing, including liver cirrhosis and bowel perforation.

40. In my view, Mr Deleman's mental health care and treatment that he received while admitted at TCH prior to his passing was appropriate. The cause of Mr Deleman's death was not associated with the treatment of his mental health condition which justified the making of the PTO.

41. I make the following findings required by s 52 of the Act should be made:

    i) Mr Deleman died on 9 May 2024 at The Canberra Hospital in Garran, ACT.

    ii) The cause of Mr Deleman's death was peritonitis due to perforated bowel.

    iii) The manner of Mr Deleman's death was natural.

    iv) There are no matters of public safety that arise in respect of Mr Deleman's passing.

FINDINGS REQUIRED BY SECTION 74 OF THE ACT

42. Under s 74 of the Act, the coroner holding an inquest into a death in care or death in custody must include in a record of the inquest findings about the quality of care, treatment and supervision of the deceased that, in the opinion of the coroner, contributed to the cause of death.

43. The section has previously been interpreted as not requiring a coroner in cases to which the section applies to always make findings about the quality of care, treatment and supervision of the deceased. What the section requires is findings to be made when shortfalls in the quality of care, treatment and supervision of the deceased "contributed to the cause of death". That shortfall does not need to be the only matter that caused the death.

44. I find there is no requirement in this inquest for findings to be made under s 74, as there is no evidence to suggest that the quality of care, treatment and supervision provided to Mr Deleman, including under the PTO, contributed to his cause of death.

45. Mr Deleman was prescribed appropriate psychiatric medication while he was under the PTO at TCH. However, it is noted that his schizophrenia was treatment resistant. I am satisfied that TCH staff did all that they could to provide him with appropriate care and treatment for his physical health, despite his psychosis.

46. I make no findings and make no comments in relation to the sufficiency of the care provided to Mr Deleman prior to the final PTO being made. The severity of his mental illness, his lack of insight, his refusal to engage with health clinicians, periods of

homelessness, the lack of community supports and the estrangement from his family presented challenges to those tasked with providing care.

47. Mr Deleman's life experience fits within a recognised epidemiological pattern. Published reviews of Australian practice records indicate an overlap between mental and physical illness, particularly among people with a psychotic illness, leading to a significant reduction in life expectancy. Australians suffering from severe mental illness experience adverse effects of polypharmacy and a greater likelihood of exposure to known risk factors such as socioeconomic deprivation and substance use disorders, including the abuse of alcohol, at a disproportionate rate.

48. Substance dependence, of alcohol in particular, has been shown to increase the negative impact on other physical comorbidities, with a much higher mortality rate than in patients suffering mental illness and comorbidities, without substance use disorders.

49. I extend my condolences to Mr Deleman's family. The Court is grateful for the information provided by Mr Deleman's family that has allowed the Court to better understand Mr Deleman's background and life story.

50. I am grateful for the contributions made to the inquest process by counsel assisting, Ms Catherine Pilley. The paucity of relevant records presented challenges in reconstructing matters relevant to the statutory findings I am required to make in such cases. My findings reflect the outcomes of her hard work and insights.

I certify that the preceding fifty [50] numbered paragraphs are a true copy of the Reasons for Judgment of his Honour Coroner Archer.

Associate: Ella Mansfield

Date: 12 May 2026