

CORONER'S COURT OF THE AUSTRALIAN CAPITAL TERRITORY

Case Title: Inquest into the death of Donald Morley

Citation: [2026] ACTCD 6

Decision Date: 26 May 2026

Before: Coroner K J Archer

Findings: See [45] – [50]

Catchwords: **CORONIAL LAW** – MANNER AND CAUSE OF DEATH – death in custody - serving sentence for murder - complications of squamous cell carcinoma - no findings of public safety - palliative care in non-custodial facility

Legislation Cited: *Coroners Act 1997* (ACT) ss 3C, 13, 52, 74

Cases Cited: *Inquest into the death of Stanley McIntyre* [2025] ACTCD 5
R v Morley [2024] ACTSC 124

File Number: CD 181 of 2024

Counsel Assisting: Ms X King

CORONER ARCHER:

Introduction

1. Mr Donald Morley died, following a period of palliative care, at Claire Holland House on 12 July 2024. At the time of his death, he was 93 years old and serving a sentence of imprisonment for the murder of his wife, Jean Morley. Forensic Pathologist Professor Duflou performed a post-mortem examination by way of a medical records review and concluded that the direct cause of death was ‘complications of squamous carcinoma of the scalp’. With respect, I refer to Mr Morley as ‘Donald’ in these findings.

Jurisdiction and required findings

2. The Coroner’s jurisdiction in relation to Donald’s death arises under section 13(1)(i) of the *Coroners Act 1997* (‘The Act’), which provides that a Coroner must hold an inquest into the manner and cause of death of a person who dies in custody.
3. On 29 April 2024, at age 93, Donald was sentenced by Justice Mossop in the ACT Supreme Court to a term of imprisonment of nine years. At the time of the sentence, he was already detained at Claire Holland House (‘CHH’), a hospice care facility.
4. At CHH, until the time of his death, Donald was subject to 24/7 supervision by an ACT Correctional Officer. Donald was therefore a person in the custody of a ‘custodial officer’ at the time of his death and is a ‘death in custody’ defined in section 3C(f) of the Act.
5. At the conclusion of the inquest and hearing, I must make findings regarding the manner and cause of Donald’s death in accordance with section 52 of the Act.
6. Section 74 of the Act requires me to make findings about any shortfalls in the care, treatment or supervision of the deceased in custody that, in my opinion, contributed to the cause of death. The provision does not impose a requirement to *always* make such findings in every case to which it applies. Rather, findings are only required where a deficiency in care, treatment or supervision is assessed as having ‘contributed to the cause of death’. That shortfall does not need to be the only matter that caused the death.¹
7. The direct cause of Donald’s death was ‘complications of squamous carcinoma of the scalp’. That was a natural disease that was likely present prior to Donald’s time in custody and progressed over time while in custody. Donald was never detained at the Alexander Maconochie Centre (‘AMC’). Rather, as a remand and sentenced prisoner, he was treated in hospital inpatient and hospice settings. He refused all active treatment for his cancer. In those circumstances, the care, treatment and supervision he received in custody did not contribute to his death, and no findings pursuant to section 74 are required.
8. The following findings will focus on the ‘manner’ of Donald’s death, that is, the development, diagnosis and treatment of his scalp cancer.

¹ [Inquest into the death of Stanley McIntyre \[2025\] ACTCD 5](#) (Coroner Archer, 12 August 2025).

Background

9. Donald was born in Yorkshire, United Kingdom ('UK') on 22 December 1930. He was the youngest of four children. He came to Australia in 1970, with his wife, Jean Morley ('Jean'). Together they lived in the ACT for over 45 years. Donald worked as a Master Tooler at the Australian Mint and retired at age 65. They had no children and no other family in Australia but had a strong network of friends in the ACT.
10. Donald was able to maintain a great deal of independence until about the age of 92. In the time leading up to being in custody, his and Jean's health was declining and it became more difficult for him to live independently and enjoy life. As Jean's health deteriorated, Donald took on more responsibility for caring for her and running the household.

Criminal proceedings and time in custody

11. The circumstances of the death Jean Morley on 30 July 2023 were the subject of criminal proceedings in the ACT Supreme Court.² Those matters are not relevant to the inquest into Donald's death, except to the limited extent necessary to identify how he came to be in custody and to understand that he was detained in hospital and hospice settings rather than a correctional facility. It is noted that Jean's death is the subject of a separate and ongoing inquest in the ACT Coroners Court. The circumstances surrounding the taking of her life will be examined in those proceedings.
12. Donald was charged with the murder of Jean on 31 July 2023. He pleaded guilty to that offence on 1 December 2023. He was remanded in custody from 31 July 2023 until 29 April 2024, when he was sentenced. While on remand, he was detained at:
 - a. The Canberra Hospital ('TCH'), Intensive Care Unit ('ICU') from 31 July 2023 to 4 August 2023;
 - b. North Canberra Hospital ('NCH'), Older Persons Mental Health Unit ('OPMHU') from 4 August 2023 to 24 April 2024; and
 - c. Claire Holland House ('CHH'), for palliative care from 24 April 2024 until being sentenced on 29 April 2024.
13. While at NCH, Donald was an involuntary inpatient pursuant to psychiatric treatment orders (PTOs) made under the *Mental Health Act 2015* (ACT). Those orders arose from concerns regarding his risk of self-harm following the events of 30 July 2023. The last PTO, dated 7 March 2024, was revoked on 24 April 2024.
14. On 29 April 2024, at age 93, Donald was sentenced by Justice Mossop in the ACT Supreme Court, to a term of imprisonment of nine years, commencing on 31 July 2023 and ending on 30 July 2032, with a non-parole period ending on 30 January 2028.
15. At the time of sentence, Donald was already in hospice care at CHH, having been admitted there on 24 April 2024.

² [DPP v Morley \[2024\] ACTSC 124](#) (Justice Mossop, 29 April 2024)

16. Donald's health and limited life expectancy was considered during the criminal proceedings. An expert report prepared by Dr Tuly Rosenfeld, a Geriatrician, was exhibited in the sentencing proceedings ('the report').

17. The report was based on a review of the medical records and an in-person review of Donald on 3 April 2024. Dr Rosenfeld identified several significant health conditions that Donald was suffering from (emphasis added), including:

- a. *Large coronary artery disease with coronary artery bypass grafts;*
- b. *Heart failure;*
- c. *Atrial fibrillation with the need for anticoagulants to prevent stroke;*
- d. *Heart valve replacement;*
- e. *Brain disease with multiple stroke and loss of vision;*
- f. *Vascular dementia; and*
- g. ***Invasive malignant squamous cell cancer with erosion into and through the skull with complicating venous thrombosis affecting major cerebral veins.***

18. As set out in that report, Donald was accepting palliative treatment only. Dr Rosenfeld opined that his life expectancy was no greater than three to six months.

19. Due to Donald's limited life expectancy, Justice Mossop acknowledged that, irrespective of the sentence imposed, he was likely to spend the remainder of his life in hospice care. His Honour said this in his sentencing decision:

63. I am satisfied, having considered the available alternatives, that only a custodial sentence is appropriate.

64. The length of the sentence actually imposed is of limited relevance to the offender personally because of his very limited life expectancy. Any sentence involving a further period of full-time detention will, effectively, be a life sentence. The burden of imprisonment upon him due to age and ill health will be of limited significance because he will most likely, in any event, spend it in a hospital or hospice.

.....

72. Although it is not a matter for the court to determine or to influence in any way, the imposition of the sentence may not make a significant difference to the offender's actual circumstances. He is presently detained at a hospice. Although there are various options available to the Director-General for the detention of old and sick prisoners, because of his grievous state of health, short life expectancy and the power of the Director-General to grant extended leave for the purposes of palliative care under s 205 of the Corrections Management Act 2007 (ACT), it may be that he simply remains in a hospital facility or hospice until he dies.

20. Donald did remain at CHH as a sentenced detainee, until his death on 12 July 2024. At CHH, he remained subject to 24/7 supervision by a custodial officer.

The development, diagnosis and treatment of the squamous cell carcinoma (SCC)

21. It was accepted in the criminal proceedings that Donald was suffering from numerous serious health conditions, including a malignant scalp wound.
22. The diagnostic course of the malignant scalp wound is not detailed in Dr Rosenfeld's report. As this condition was ultimately the cause of Donald's death, the available medical records (GP, CHS, NCH and CHH records) were reviewed to better understand the course of the malignant scalp wound.
23. The records indicate that Donald had a history of recurrent scalp wounds or lesions dating back to approximately 2017. Those lesions had previously been identified as 'actinic keratoses', being pre-cancerous, scaly skin lesions resulting from long-term sun exposure and had been successfully treated with cryotherapy. The records indicate that, in the six months prior to Donald being taken into custody, clinicians involved in his care became aware of new scalp lesions that were suspected to be malignant, most likely squamous cell carcinoma ('SCC').³ However, it appears that those scalp lesions were never histopathologically⁴ confirmed as SCC prior to Donald's death, as he consistently refused to undergo biopsy of the lesions.
24. Histopathological confirmation by biopsy is generally regarded as the gold standard for cancer diagnosis, although imaging, physical examination of the wound and its progression are also important diagnostic considerations.
25. In this case, although the precise level of diagnostic certainty is not recorded, it is clear that by at least October 2023, and very likely earlier, the clinicians involved in Donald's care at NCH either regarded the scalp wound as SCC or strongly suspected SCC and managed it on that basis. Treatment proceeded on a presumed SCC diagnosis, in circumstances where Donald refused all treatment other than symptomatic medication.
26. A chronology of the development and management of the SCC wound is developed below.

Treatment prior to time in custody

27. Donald had a longstanding history of skin cancer, including prior diagnoses of both SCC and basal cell carcinoma (BCC) affecting various parts of his body. Dr Rosenfeld noted in his report that Donald reported spending a significant amount of time in the sun.
28. Prior to entering custody, Donald's was primarily treated (including prior management of skin cancers) by his long-term GP, from Chapman Medical Centre.

³ Squamous cell carcinoma (SCC) is one of the most common types of skin cancer that usually happens in area of the skin exposed to the sun e.g. scalp. It is caused mainly by chronic sun exposure.

⁴ Microscopic examination of the tissue, usually obtained via a biopsy.

29. GP records demonstrate that between 2019 and 2023, Donald attended regular GP consultations, primarily in relation to skin lesions affecting his legs, arms, and ears. These lesions were assessed, diagnosed as either SCC or BCC and subsequently excised.
30. In 2020, biopsies were performed on scalp lesions present at that time, which were identified as actinic keratoses. Those lesions appear to have been successfully treated with cryotherapy by the GP. In December 2022, GP records again documented the presence of scalp lesions, described as actinic keratoses, which were again treated with cryotherapy. By April 2023, the records suggest that the scalp lesion had spread and that the GP had referred Donald to the CHS Plastics team for further investigation and management.
31. On 29 May 2023, Donald attended the Emergency Department at TCH due to his scalp lesions starting to bleed. The wound was described as an *'ulcer approx. 6 cm by 6 cm friable granulation tissue around its border. Loss scab easily removed, but tender and immediately bleeds. No invasive component so far'*. Donald reported the lesion had only started to bleed two days earlier. The ED notes record that the lesion was *'suspected SCC'*. Donald was again referred to the CHS Plastics team and the Phillip Community Health Centre for ongoing wound care in the community. A discharge summary was sent to his GP.
32. Between 29 May 2023 and 31 July 2023, Donald received home visits approximately every two days, from nurses from the Phillip Community Health Centre. The focus of those visits was cleaning and dressing the scalp wound. That wound was consistently referred to in the nursing records as *'SCC lesions'*.
33. On 6 June 2023, Donald was reviewed by a doctor from the CHS plastics team. The outcome of that review was a plan to undertake a mapping biopsy of the scalp lesion and a punch biopsy of a leg lesion. Depending on the result of that histopathology testing, a CT scan was planned to assess the scalp lesion. A day admission to TCH for the biopsies was booked for 13 July 2023.
34. On 30 June 2023, during a nursing home visit, Donald reported to the attending nurse that he had cancelled the biopsy appointment as he did not want any further surgical intervention. He refused to elaborate on his reasons when prompted by the nurse. In the sentencing decision, it is suggested that he may have cancelled the appointment because he felt he could not leave Jean on her own if he had to stay in hospital.⁵

Treatment in custody

35. On 31 July 2023, during a nursing home visit, Donald disclosed to the attending nurse that he had killed his wife the previous evening and attempted to take his own life by stabbing himself with a knife and ingesting a large quantity of medication. He was arrested and remanded in custody but later detained at the TCH.

⁵ *DPP v Morley* [2024] ACTSC 124, [5].

36. Between 31 July and 4 August 2023, Donald was an inpatient in TCH ICU and was treated primarily for his self-inflicted injuries and medication overdose. His scalp wounds were noted and referred to as a SCC wound but were not a primary focus of this admission.
37. On 4 August 2023, Donald was placed on a PTO and transferred to the OPMHU at NCH for assessment and management of suicidal ideation. He remained there until 24 April 2024 (264 days).
38. The Medical records demonstrate that at NCH, clinicians were aware of, and concerned about, his scalp wound. While this was a mental health admission, Donald's treating team sought the input of a variety of specialists in relation to his scalp wound, including clinicians from the tissue viability, plastics, oncology and palliative care teams. During the admission, Donald continued to refuse to have a biopsy of the lesion to confirm the presence of SCC. Despite this, it is apparent that various clinicians involved in his care, including oncology, accepted it was SCC and attempted to treat it as such. From October 2023 onwards, Donald declined all forms of active treatment for the SCC wound, expressing a clear wish for symptomatic management only. The progression of the SCC and the efforts made by NCH clinicians to diagnosis and manage it, and Donald's end of life wishes are set out below:

a. 26 October 2023 – Tissue Viability Nursing Assessment

Scalp wound described as consistent with SCC and a palliative wound. Advice given to focus on comfort, minimising pain and reducing bacterial burden.

b. 27 October 2023 – Psychiatric Consultant Review

Concerns raised with Donald regarding his skin. Donald says he is not interested in seeing a dermatologist or plastic surgeon about his several skin cancers. The consult record states he is *'aware they are skin cancer and could spread and threaten his life'*. Donald says, *'he is 92 and does not want surgery'*.

c. 31 October 2023 – Psychiatric Consultant Review

Donald shown photographs of his scalp wound and continues to decline treatment. He does not want surgical management or escalation of therapy at this stage. The consult record notes *'scalp wound/cancer being sub optimally managed, largely due to Donald refusing and declining further input/management'*.

d. 3 November 2023 – Psychiatric Consultant Review

Donald declined punch biopsy of his scalp lesions and any surgical intervention again.

e. 6 November 2023 – Psychiatric Consultant Review

Donald stated, *'he doesn't mind about his skin lesions, aware they could be cancer, declining biopsy as does not want anything done for them'*. Says *'he is 92 and ready to go'*.

f. 21 December 2023– Palliative Care Medicine Consultation

Donald reviewed by a palliative care clinician. Clinician's assessment was that *'Don was very clear that his goal and wish for himself was to die and for that to come as soon as possible, accordingly, to support this he had stopped taking regular medication and reduced his oral intake'*. No concerns in relation to Donald's capacity to refuse life prolonging treatment raised.

g. 23 February 2024 – Medical Oncologist Consultation

Medical Oncologist advice that:

Given advanced local disease, no need for further imaging for prognostication. Based on reported size/infiltration of the lesion, patient age, and refusal of active treatment, estimated survival of <6 months if no other complications occur (infection, occlusive thrombus). Opinion provided from medical oncology reg that little utility for formal referral to their clinic.

h. 26 February 2024 – Radiation Oncology Consultation (Annexure C)

Radiation Oncology Registrar reviewed CT brain images performed on 23 February 2024. Noted a significant increase in the size of the SCC scalp lesion and that there is *'new destruction of the calvarium with partial invasion of the superior sagittal sinus and there are features suspicious for associated thrombus... significant enlargement of now destructive malignancy is the dominant feature'*.

The Registrar noted that Donald would be suitable for palliative radiation therapy if he would like it. Donald refused this option.

i. 26 February 2024 - Palliative Care Medicine Consultation

Palliative care consultation to review suitability of transfer to CHH. Issue on consultation recorded as *'Invasive scalp SCC with invasion into skull into superior sagittal sinus'*. A life expectancy prognosis of less than 6 months was given. On review, Donald stated he understood that he had a *'life-limiting illness and is accepting his fate and wised [sic] for no life-prolonging interventions'*.

j. 1 March 2024 – Tissue Viability team Consultation

Wound described as *'invasive scalp SCC'*.

k. 17 April 2024 – Palliative Care Consultation

Issue listed as *'extensive scalp SCC invading calvarium and superior sagittal sinus with possible associated thrombus – progressive and life-limiting illness'*. Donald was assessed as suitable candidate for CHH symptom management and end of life care if he agreed to transfer.

l. 24 April 2024 – Admission to CHH (Annexure D)

Transferred to CHH. Admission paperwork notes principal problem as *'squamous cell cancer of skin of crown'*. Goals of care listed as *'optimal comfort care'*. The Admission paperwork summarised the care he had received at NCH, including for the scalp SCC.

39. The above chronology demonstrates that, although the scalp lesion was not histopathologically confirmed as SCC, it was managed as if it was SCC. That clinical assessment informed the course of management, which, in circumstances where Donald refused investigation and treatment, focused on;

- ensuring he was aware that the lesion was, or was likely to be, malignant and life-threatening,
- exploring his end-of-life goals, and
- ultimately providing comfort care.

The absence of histopathological confirmation did not materially affect the care Donald received.

40. In those circumstances, it is submitted that no matters of public safety or findings pursuant to section 74, arise in relation to the diagnosis and management of the SCC.

41. In respect of his mental health, Donald was seen by four different psychiatrists at NCH OPMHU. The consensus reached was that he did not have a treatable mental illness but was suffering from ‘*grief*’ due his circumstances. His last PTO was revoked on 24 April 2024, the day of transfer to CHH. The revocation order stated:

No treatable mental health condition identified. Although the risks remain high for future self-harm, the prognosis for the cancer is of a few more weeks of significant deterioration and likely death naturally and Mr Morley needs to be managed now in a palliative care setting. He is not opposing the transfer to palliative care.

Views of extended family

42. The Court has been in contact with a member of Donald’s extended family residing in the United Kingdom, who was involved in his care in hospital and hospice prior to his death and raised no concerns regarding the treatment Donald received before his death.

Immediate events prior to death

43. While at CHH, Donald remained under constant 24-hour one to one supervision by an ACT correctional officer until his death.

44. Donald’s condition gradually deteriorated during his admission at CHH from 24 April 2024. He continued to receive symptomatic treatment, primarily pain medication. In the days leading up to 12 July 2024, clinicians noted a more rapid deterioration and that Donald was spending most of his time in bed.

45. On 12 July 2024, at approximately 1405 hours, CHH nursing staff observed that Donald ceased breathing while in bed. A doctor attended and recorded that Donald died at approx. 1503 hours.

Cause of death

46. Donald was examined at CHH by a Forensic Medical Officer (“FMO”) in the afternoon of 12 July 2024. The FMO opined that Donald likely died of cardiac arrest brought on by a combination of squamous carcinoma of the scalp and malnutrition.

47. Professor Duflou conducted a post-mortem examination by way of review of medical records only. He agreed with the FMO and said that the direct cause of death was ‘complication of invasive squamous carcinoma of the scalp’ and that ‘coronary and valvular heart disease with atrial fibrillation and heart failure’ was a contributing condition. Professor Duflou said:

I agree with (the FMO) that the deceased has in all likelihood died of complications of invasive squamous carcinoma of the scalp with profound weight loss the result of both the cancer and the deceased’s refusal to eat in the months leading up to his death. Likely, the deceased’s heart disease was a contributor to death.

48. I accept Professor Duflou’s opinion

Section 52 findings

49. I make the following findings as required by section 52 of the Act:

- a. Donald Morley died on 12 July 2024 at the Claire Holland House, 5 Menindee Drive, Barton in the Australian Capital Territory.
- b. The cause of Donald’s death was complications of invasive squamous carcinoma of the scalp. Coronary and valvular heart disease with atrial fibrillation and heart failure were significant contributing conditions.
- c. The manner of Donald’s death was natural causes. The squamous carcinoma of the scalp was likely present before he entered custody and progressed while he was in custody, becoming terminal due to the lack of treatment, which he refused.
- d. There are no matters of public safety that arise in respect of his death.

50. No findings pursuant to section 74 are necessary, as there were no shortcomings in the quality of care, treatment, or supervision provided to Donald while in custody that contributed to the cause of his death.

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

Associate: Ella Mansfield

Date: 26 May 2026

