

CITATION: *Inquest into the death of Bradley John Murdoch* [2026] NTCC 05

TITLE OF COURT: Coroners Court

JURISDICTION: Alice Springs

FILE NO(s): A00372025

DELIVERED ON: 19 March 2026

DELIVERED AT: Alice Springs

HEARING DATE(s): 19 March 2026

FINDING OF: Judge Elisabeth Armitage

CATCHWORDS: **Death in custody; natural causes; palliation; metastatic adenocarcinoma; adequacy of care**

REPRESENTATION:

Counsel Assisting: Chrissy McConnel

Counsel for Health: Olette Doherty

Counsel for Corrections: Elizabeth Thomson

Judgment category classification: A
Judgement ID number: [2026] NTCC 05
Number of paragraphs: 83
Number of pages: 23

IN THE CORONERS COURT
AT DARWIN IN THE NORTHERN
TERRITORY OF AUSTRALIA

No. A0037/2025

In the matter of an Inquest into the death of
BRADLEY JOHN MURDOCH

ON: 15 JULY 2025
AT: ALICE SPRINGS HOSPITAL

FINDINGS

Judge Elisabeth Armitage

Introduction

1. Bradley John Murdoch was born on 6 October 1958 in Geraldton, Western Australia. He was the youngest child of Nancy Lillian Murdoch and Colin William Murdoch, both of whom passed away while Mr Murdoch was in prison. He had two brothers, but one sadly passed away as a young adult.
2. Mr Murdoch grew up in Northampton, Como, and Busselton in Western Australia. He attended schools in North Hampton, Manning and Como. Mr Murdoch finished his schooling in Busselton.
3. He started working when he was 16 as a shearer 'here and there'. Like his father, Mr Murdoch later qualified as mechanic and worked in the mechanical trade and transport industry, particularly cattle transport. In his spare time, he is said to have enjoyed the bush, the ocean, motorcycles and trucks.
4. In 1980, Mr Murdoch formed a relationship and the couple married on 14 July 1984. In 1986 they had a son. A year or two later they separated and Mr Murdoch became absent from his son's life.

5. During the early to mid-90's Mr Murdoch lived in Derby, Western Australia, and worked as a truck driver before settling in Broome. In 1997 and 1998 Mr Murdoch managed a transport company in Port Hedland and also worked as a driver for explosives in the Argyle diamond mine. Between August 1998 and mid-January 2001 Mr Murdoch worked as a casual employee at West Kimberley Diesel in Broome and regularly drove through western, southern and central Australia.

6. Mr Murdoch's criminal record commenced in 1973. Over the years he accumulated numerous driving offences, primarily for speeding for which he received fines. In addition, his record included as follows:
 - 4 July 1973 – he was dealt with in the Children's Court of Western Australia.

 - 5 February 1980 – he was convicted in the District Court of South Australia of cause death by driving and he was fined and sentenced to 3 months imprisonment suspended on a bond.

 - 1993 – in Perth he was fined for possessing cannabis and possession of an unlicensed firearm.

 - 1995 – in Perth he received a sentence of imprisonment of 21 months for possessing an unlicensed firearm when under the influence of liquor/drugs, going armed so as to cause fear, receiving and unlawful possession.

The facts of that matter taken from sentencing remarks are as follows:

"On the evening of 20 August, about half past ten that evening, you had been drinking at the Fitzroy Crossing River Lodge. You drove home to the Brooking Springs Station where you were working as a general hand and you found a group of Aboriginals celebrating a football final victory at the river crossing."

"You claim that these people harassed you and prevented you from getting through. You say that you were driven in a fit of rage - this enraged you, you

drove to the station property and there you collected two rifles - the two rifles, the

.303 and the .22. The .22 was fitted with a telescopic sight. You drove back to the river and from the bank you fired at the group. Now, you apparently fired at one of the vehicles and you succeeded in hitting the vehicle. The bullets from the .303 rifle penetrated the bullbar, struck a headlight. Another shot passed through a window of the vehicle and lodged in the headrest, or the dashboard, and that apparently narrowly missed a female who was in the vehicle who claimed the bullet grazed her. By that, the Crown does not say that she was injured by the bullet, but it was very close to striking her. On this occasion you fired between four and ten rounds from one or other of these rifles and it was a matter of sheer luck that nobody was struck, but they were indeed terrified by the shooting. The crowd included women and children. Having fired these rounds, you then left with the firearms and you ultimately gave yourself up to the Police after the Police mounted a search for you. Having been arrested you admitted your part in this episode, but you have made it quite plain to all that you have long-standing hatred of Aborigines and as Crown counsel has pointed out, that does no credit whatever to you."

- 1999 – in Derby he was fined for possessing cannabis and a smoking implement.
- 10 November 2005 – he was acquitted in the District Court of South Australia of charges of rape x 2, False imprisonment x 2, common assault x 1, indecent assault x 2. These charges alleged his involvement in the abduction and sexual assault of a mother and her 12 year old daughter. DNA collected from Mr Murdoch during this investigation subsequently linked him to the murder of Peter Falconio and the abduction of Joanne Lees.

7. Concerning his earlier imprisonment Mr Murdoch wrote:

IN PERTH, W.A., IN 1995 I WAS SENTENCED TO 21 MONTHS FOR FIREARMS CHARGES. I SERVED 7 MONTHS WITH 7 MONTHS PAROLE. I SPENT 1 MONTH AT CASSARINA PRISON, PERTH AND 6 MONTHS AT PARDELUP PRISON FARM, 400 KM SOUTH OF PERTH. AT BOTH PRISONS I HAD A GOOD RECORD, GOT ON WITH PRISON OFFICERS AND PRISONERS.

BEFORE I CAME TO DARWIN PRISON, I WAS AT YATALA PRISON, ADELAIDE, S.A. FOR 15 MONTHS. IN THE TIME I WAS THERE I HAD A GOOD RECORD AND WORKED

8. From 10 November 2003 Mr Murdoch was serving a life sentence with a 28 year non-parole period in the Northern Territory. He passed away in custody at the palliative care unit in Alice Springs Hospital (ASH) on 15 July 2025 at 10:56pm from metastatic adenocarcinoma. As this was a death in custody an inquest was mandatory.

Murder and imprisonment

9. On 10 November 2003 Mr Murdoch was arrested by police in Adelaide as he left the District Court following his acquittal. He was charged with the murder of Peter Falconio on 14 July 2001 and the deprivation of liberty and aggravated assault on Joanne Lees on the same date. Mr Murdoch was extradited to the Darwin Correctional Centre (**DCC**) where he remained on remand from 14 November 2003.
10. On 15 December 2005 he was convicted of those crimes and sentenced to life imprisonment with a non-parole period of 28 years. I rely upon the facts as found by Chief Justice Martin of the Supreme Court of the Northern Territory, and quote from His Honour's sentencing remarks made on 15 December 2005:

"Early in the evening of 14 July 2001 Mr Falconio and Ms Lees left Ti Tree heading north toward Darwin. Approximately 10 kilometres north of Barrow Creek, you pulled alongside the Kombi van being driven by Mr Falconio and signalled for them to pull over. Ms Lees did not want Mr Falconio to stop but, unfortunately, he did so. You [Murdoch] pulled in behind.

I must sentence you on the basis of facts that I find proven and that are consistent with the verdicts of the jury. I am satisfied that you pretended there were sparks coming from the rear of the Kombi. While Mr Falconio was looking to see if sparks were emitted, and as Ms Lees revved the engine, you shot Mr Falconio in the head.

You then confronted Ms Lees with the gun. In the events that followed you put the gun to Ms Lees' head and you tied her hands behind her with handcuffs made from cable ties. The handcuffs were applied tightly to Ms Lees' wrists.

Ms Lees either fell or was pushed from the Kombi onto the gravel verge of the Stuart Highway. In that process she sustained abrasions to her knees and, probably, to her elbows. It is the abrasions to the knees that amount to the bodily harm in the first circumstance of aggravation.

You forced Ms Lees into the passenger side of your Toyota Landcruiser utility where, from her perspective, you came at her and leaned over her. You were very menacing. Subsequently you put Ms Lees into the tray of your vehicle. The initial recollection of Ms Lees that she went from the cabin to the tray through the interior of the vehicle was, obviously, wrong. It remains unclear how you put Ms Lees into the tray, but it is likely that you put her over the side of the tray. You are a large man of approximately 196 centimetres in height. You would not have found it difficult to put Ms Lees into the tray.

From time to time Ms Lees was calling for Peter and asking what you had done. You told her you had not killed Peter.

Fortunately, Ms Lees gathered the strength and resolve to edge her way down the tray and slide out over the back tailgate. She was able to do this because of your neat packing to about the level of the top of the tailgate and sideboards. Ms Lees ran into the scrub to a distance of approximately 60 metres and hid under a bush.

Ms Lees' escape placed you in a position of great difficulty. The body of Mr Falconio was lying on the side of the Stuart Highway between the two vehicles. Although the area was deserted, you could not risk the possibility that a vehicle would come along. I am satisfied that you put the body of Mr Falconio into the rear of your vehicle.

Whatever attempt you might have intended to make to find Ms Lees did not last long. You found it necessary to drive your vehicle away from the Kombi when a car driven by Mr Haines approached the scene from the north. After that vehicle had passed by, you returned to the scene and shifted the Kombi into the scrub in an endeavour to hide it. You put dirt on Mr Falconio's blood on the road. Although you knew that Ms Lees had escaped and would at some time raise the alarm, you were cleaning up in an endeavour to get rid of evidence and to give yourself as

much time as possible to escape from the scene. While you made your escape, Ms Lees hid under the bush for something in the order of five hours. Not surprisingly, she was terrified that you might still be in the vicinity. While she was hiding under the bush, she brought her hands from the back to the front which she was able to achieve because of her slender build and flexibility. Eventually, at somewhere around 1 am, Ms Lees jumped onto the Stuart Highway in front of a road-train, holding her bound wrists in front of her to demonstrate that she was in trouble. It was a desperate act and one which could easily have cost Ms Lees her life.

In the meantime you travelled to Alice Springs, where you refueled, and then across the Tanami to Broome. Somewhere on that journey, you buried the body of Mr Falconio. It appears likely that you did so before reaching Alice Springs."

11. The brutality of the crimes and the trauma and grief that ensued are touched on in the sentencing remarks, with Martin CJ doubting "that any description is capable of fully conveying the true extent of the trauma and terror" of Mr Murdoch's crimes. Martin CJ found "no circumstance of mitigation", in Mr Murdoch a "complete lack of remorse," and described his acts as "cowardly in the extreme." In fixing a non-parole period of 28 years, he urged Mr Murdoch to disclose the location of Mr Falconio's body.¹
12. Mr Murdoch lodged an appeal against his conviction and sentence which was dismissed by the Court of Criminal Appeal on 10 January 2007.²
13. On 5 August 2016, the *Parole Amendment Act 2016* commenced operation. Under the new legislation, prisoners serving life imprisonment for murder would not be granted parole unless the parole board was satisfied that the prisoner had cooperated satisfactorily with the investigation of the murder to identify the location, or the last known location, of the remains of the victim of the offence.

¹ *The Queen v Bradley John Murdoch* (sentence) SCC20215807

² *Murdoch v The Queen* [2007] NTCCA 1

14. Had he lived, Mr Murdoch would have been eligible for parole on 10 November 2031; however, under this new legislation his release on parole would have been subject to satisfying the parole board of his cooperation.

His time in custody

15. Mr Murdoch was initially detained at the DCC where he later worked as the principal cook.
16. Pursuant to section 5(1) of the *Prisoners (Interstate Transfer) Act 1983* (NT), a prisoners may apply to the Minister for Corrections for a transfer to a participating State or another Territory. If the Minister forms the view that the prisoner should be transferred, the Minister must then make a written request to the Minister of the participating State or other Territory seeking acceptance of the transfer. No preference is given to prisoners housed in DCC or in Alice Springs Correctional Centre (ASCC).
17. On 25 April 2006 Mr Murdoch requested a transfer to Western Australia to be closer family. This was refused.
18. On 21 August 2007 Mr Murdoch was transferred to the ASCC. Mr Murdoch transferred between DCC and ASCC a further three times during his incarceration. At Mr Murdoch's request, his final transfer to ASCC was on 20 June 2022.
19. No behavioural concerns are recorded and he was housed and employed in various medium and low security locations. During his time in prison, Mr Murdoch was reportedly courteous and respectful to Correctional Officers and other prisoners. He was neat and tidy, he showed initiative, was entrusted to work unsupervised, and was allowed to maintain his own set of work tools.
20. While in custody Mr Murdoch successfully completed the following courses: Certificate IV in Training and Assessment (2021); Construction White Card (2021); Certificate II in Furniture Making (2021). Certificate II in

Engineering (2021); Training Module 1 - Chemical Safety (2021); Certificate IV in Training and Assessment (2020); Certificate II in Hospitality (kitchen operations) (2020); Dye Sublimation and DTG Printing (2015); Forklift (2014); Training Module 1 - Chemical Safety (2012); Construction White Card (2011); Certificate I in Hospitality (kitchen operations) (2009); Certificate II in Engineering (2009); Set up, Operate, and Maintain Basic Static Machines (2008); Literacy and Numeracy (2007).

21. In 2018 Mr Murdoch's son and daughter in law reached out to him and a meaningful relationship developed. On 8 June 2021 a nurse recorded that Mr Murdoch had reported that he had recently had a barbecue with his family members for the first time, and a later medical record documented his pleasure at reconnecting with his son.
22. On 17 October 2022 Mr Murdoch applied again for an interstate transfer to Western Australia. However, on 9 April 2024 this second application was also declined.
23. When he passed away he was on a low restricted security classification with “no breaches or incidents within the centre since 2013.”

His medical condition

24. During his incarceration Mr Murdoch had regular visits to the correctional centre clinics and was seen by doctors and nursing staff.
25. A brief summary of his medical history and date of diagnoses follows:

| | | | |
|--------------------------|------------|-------------------------|------------|
| Advance health directive | 19/02/2025 | Dysthymia | 08/06/2021 |
| Metastases | 10/01/2025 | Restless legs syndrome | 10/12/2019 |
| Lymphadenopathy | 17/12/2024 | Hernia | 13/06/2018 |
| Veinous Thrombosis | 17/12/2024 | Chronic lower back pain | 28/11/2017 |
| Hypertension | 26/10/2023 | Diabetes Type 2 | 10/03/2015 |
| Hyperlipidaemia | 20/09/2023 | Hep B NON Immune | 02/03/2015 |
| Kidney Disease Stage 2 | 31/05/2021 | Osteoarthritis - knee | 05/01/2011 |
| High Cardiovascular Risk | 27/03/2020 | | |

26. Mr Murdoch's medications included: Apixaban 2.5mg tablet; Dexamethasone 4mg tablet; Diclofenac 1% Gel; Levetiracetam 500mg tablet; Linagliptin 5mg tablet; Loperamide 2mg capsule; Ramipril 5mg capsule; Sulfamethoxazole 800mg + Trimethoprim 160mg tablet; Loratadine 10mg tablet; Metformin 1000mg modified release tablet; Metoclopramide (10mg) tablet; Mylanta 2go double strength chewable tablet; Pantoprazole (40mg) EC tablet; and Paracetamol 665mg modified release tablet.

Clinical care in 2024

27. On 1 January 2024 he voluntarily consented to and received a COVID-19 immunisation booster and he was receiving his regular medications during prison rounds. Throughout early 2024 he raised no concerns with the various nurses who conducted those rounds.
28. He declined an annual blood test on 19 April. Had he attended this would have been followed by a GP assessment.
29. He discussed his medication dosage with a Registered Nurse (RN) on 23 April. On 29 April his amitryptaline medication was ceased at his request. He complained of sore throat, fever and a dry cough on 1 June and received a 5 day course of the antiviral Oseltamivir (for influenza). At that the time there was a flu outbreak at ASCC. He received a flu vaccination on 28 June and his weight was 108kg.
30. He complained of itchy burning skin (similar to shingles) on 17 July and was trialled on loratadine. He was seen by a GP in the clinic on 30 July on a recall for the same complaint and provided a mild hydrocortisone and short course of amitriptyline. On 12 August he was given more hydrocortisone cream and said he would request a new script for amitriptyline if needed.

31. On 26 August 2024 Mr Murdoch submitted a request for GP review complaining of shingles and blood clots.

| | |
|-------------------------------------|--|
| Date <u>26 - 8 - 2024</u> | |
| | Tell us why do you want to make an appointment ? |
| <input checked="" type="checkbox"/> | THE SHINGLES HAS NOT GONE AWAY AND NOW I AM GETTING SMALL LUMPS OR BLOOD CLOTS IN MY MUSCLES IN MY LEGS WHICH ARE VERY PAINFUL TO TOUCH. THIS HAS ALL HAPPENED SINCE CATCHING COVID & FLU AT SAME TIME. THE DOCTOR SAID TO PUT IN A FORM TO SEE HIM WHEN THESE THINGS ARE PRESENT OR IS IT GOING TO TAKE 3 WEEKS LIKE THE LAST TIME. |

32. He requested a further script on 27 August 2024 and both requests were referred to the clinic doctor who reviewed him on 28 August. As well as the rash Mr Murdoch complained of “lipoma like lumps distal left midcalf tendon” and the records reveal that “he does not consent for hospital visit at this stage.” Further topical creams were provided with a plan to review in two weeks. In her affidavit³ Dr Sarah Kemp said that it was reasonable “not to push Mr Murdoch to agree to the ultrasound ..given the clinical findings (no calf tenderness). Mr Murdoch was never at any stage diagnosed with blood clots in the leg, so it seems unlikely they would have been identified at this time.”

33. He was reviewed on 16 September 2024 and reported the rash was much better but mentioned superficial veins in calves and swollen thighs. The records note “imp likely phlebitis post covid.”

34. On 2 October 2024 he complained to the RN conducting medication rounds:

Seen pt in T block cell .

Pt verbalised he is very frustrated that no one is helping him with regards to his issues and he is 'sick and tired' of having to see different dr's all the time.

The previous Dr promised to r/v him before his cream expired on 30/9 but did not do so . He said he

³ Statutory Declaration of Dr Sarah Kemp dated 12 March 2026 at [25]

will be putting in a complaint with regards to this to someone named Bill Carol.
He apologised for venting to the nurses and I told him that is fine and I do understand it must be frustrating but we will try to assist him .
I have in-boxed the medical team with regards to this .

35. On 6 October 2024 he was seen in the clinic by a RN who recorded:

I identified by IJIS, name, DOB
S seen in the main clinic B NTC Med request A Alert + oriented.
inmate wanting to discuss about his regular medications as he has been frustrated of being told different things during med rounds
Discussed with inmate and showed current med chart.
Understood his current medication and happy of being clear about his medications R Nil other issues. To return to block

36. On 15 October 2024 he was seen in the clinic by a doctor who noted that Mr Murdoch had improved clinically and no new issues were identified. The doctor recorded:

Seen in main clinic
discussed rash
has responded well to topical treatment
feels he can use the topical treatment and be able to be symptom free for a few days until the symptoms return
- triggered by hot water only, no other triggers ID
symptoms are described an uncomfortable/puritic feeling, nil physical signs of any lesions
no systemic signs
no evidence of cellulitis
no rash, no signs meningism
overall has had good effect with topical steroids
has ID his triggers
can manage well now with sparing use of topical treatment
we agreed to cease topical betamethasone after current script runs out
- we discussed AE and to take a break to prevent these
will use topical emollient as prescribed PRN to manage his puritis
patient will place a request for medical review if symptoms are worsening

37. Dr Kemp reviewed all the medical interactions from January – October 2024 and concluded that although his generalised complaints of feeling unwell were likely the result of his cancer “there was no missed opportunity for earlier diagnosis and intervention.” In particular, there were no respiratory complaints that might have prompted doctors to request a chest imaging, which was what ultimately identified the cancer.⁴

⁴ Statutory Declaration of Dr Sarah Kemp dated 12 March 2026 at [30]-[32]

38. On 18 November 2024 he presented at the Alice Springs Correctional Centre (ASCC) clinic complaining about a lump on his neck and he was seen by a doctor the same day, that is, he was seen with “high priority.” The ASCC clinic progress note summarises this presentation and his presentation history from 1 June 2024:

Patient concerned about non specific systemic symptoms:

"swollen vein over RIGHT side of the neck; neck puffed up - still slightly swollen, feeling SOB, coughing up phlegm; Phlegm clear for weeks; cramps inside chest; LEFT foot feels numb similar to before"

"Doesn't feel recovered form COVID in June"

ECG Normal SR

Impression was that patient may have "Long COVID"

Plan was to send off sputum, CXR, Trial of curcumin.

History of presenting illness:

01/06/2024: Flu like symptoms. For a few days; Declined Obs. Agreed to PCR. Consented to Flu vaccination when he is well. 01/06/2024: at 14:48 (MRACC) : Flu outbreak in corrections: Unwell since yesterday: Sore throat fevers

inc WOB, denies SOB dry cough. Refusing Obs Contraindications to medication reviewed. Plan:

Osetamivir 75 mcg BD for 5 days

Swab result reported: 01/06/2024: Influenza A with "weak positivity COVID-19"

Result was reviewed by Program Support Doctor on 03/06/2024: He was commenced on Osetamivir (Tamiflu) on 01/06 "Probably recent infection with COVID"

Next review 19/06: RAN PRN Voltaren Gel 20 ml Charted ? No indication as to reason.

17/07/2024: RAN: Ongoing itchy /burning skin "recovery form COVID" "approx. six weeks ago" Trial of Loratadine for 3 days. Recall add for RMP review.

30/07/2024: RMP review: Skin symptoms , Previous shingles, "exacerbated by recent COVID19; involving RIGHT arm torso and mid back, visible area of old rash. Tria of topical hydrocortisone TDS and short course amitriptyline at night. (2 weeks).

12/08/2024: RAN: requesting to continue hydrocortisone cream.

27/08/2024; RAN: patient unhappy as medication has not been continued.

29/08/2024: Seen by RMP re rash: Amitriptyline did help with post herpetic neuralgia but made it difficult to sleep.

"He does have old injuries and ?OA like joint aches unrelated to his rash". Patient describes topical hydrocort did help. Suggest more potent corticosteroids. Emolient" review two weeks.

"Muscle cramps, worse at night, bilateral calves" Plan: Betamethasone , emollient PRN NSAID

16/09/2024; RMP review: "reports rash on back is much better"

"Mentioned that superficial veins of lower legs, thighs swollen ongoing since COVID. Plan : Cont anti inflamm"

[lower limb swelling secondary to use of NSAID Ibuprofen and/or chronic venous insufficiency]

02/10/2024: RAN: "Very frustrated that no one is helping him. Issues: "Sick and tired of seeing different doctors all the time".

15/10/2024: RMP: Issues; rash: responded well. Still has skin irritation. No systemic symptoms noted.

Patient has identified triggers. Agreed to cease topical betamethasone.

17/10/2024: RAN script "regular ibuprofen"

39. From his presentation on 18 November 2024, when he first complained cough, shortness of breath and neck swelling, he was referred for a chest x-ray. There was a lengthy doctor consult on 21 November. The

significance of the neck vein finding was understood as evidenced in the neck CT scan referral. He was also referred for a leg ultrasound.

40. The chest x-ray was conducted on 27 November 2024 and did not identify the cancer.
41. He was seen by a doctor on 29 November and participated in a long discussion about his medications.
42. On 10 December 2024 Mr Murdoch had the CT neck and chest at ASH and the findings were available the next day. The scan identified “extensive mediastinal lymphadenopathy” which can be due to cancer, infection, autoimmune disease or other causes. The ASCC General Practitioner (GP) arranged for Mr Murdoch’s immediate transfer to ASH for further assessment and management.
43. On 11 December 2024 Mr Murdoch was admitted to ASH. He complained of 6 weeks of neck pain, weight loss, joint pain, swollen veins and feeling “not right” since covid and flu in the start of the year. He complained of stress from “not being heard.” He was found to have mediastinal lymphadenopathy which required further priority testing by way of a bronchoscopy. During this admission to ASH he was regularly handcuffed to the bed and Correctional Officers were present. He was discharged back to ASCC on 13 December 2024 pending arrangements for his transfer to Royal Adelaide Hospital for the further investigations.
44. On 19 December 2024 Mr Murdoch was transferred to Adelaide where he was seen by the oncology team at the Royal Adelaide Hospital. He underwent a bronchoscopy on 23 December 2024. The pathology report dated 28 December 2024 found stage 4 metastatic adenocarcinoma. Adenocarcinoma is a cancer derived from a cell type found in multiple areas of the body including the lung and the bowel. It was an aggressive variant with distant spread.

45. He was returned to ASCC on 29 December 2024 and was seen regularly at the ASCC clinic pending his medical oncology review at ASH.
46. Mr Murdoch complained about the use of restraints during his transfer to Adelaide, the use of shackles by South Australian Correctional staff, that his family were not told of his transfer and his inability to speak with his family when he was in Adelaide.
47. In its Institutional Response dated 16 March 2025⁶, Kate Chambers the Assistant Commissioner of Rehabilitation and Reintegration Department of Corrections, explained that the use of handcuffs during transfer (on take-off and landing) was consistent with Corrections Directives and for security reasons families are not notified of transfers. The Assistant Commissioner explained that when a prisoner is escorted interstate, on arrival his/her care is transferred to the interstate Correctional Department and the use of restraints and family contact is then a matter for that Correctional Department.

Clinical care in 2025

48. ASCC staff took steps to keep Mr Murdoch informed and to meet his needs. For example, concerning his dietary needs, on 9 January 2025 he was issued a “chit” for a special high energy, high protein medical diet. On 3 February he was approved to purchase additional protein bars. On 12 February he was approved to purchase protein powders.
49. He discovered a new lump on his neck on 10 January 2025 which he discussed with the GP and which she referred to oncology at ASH. He reported his “negative experience with correctional system in Adelaide” and he “refused to go there again for any treatment, even if it is life saving treatment.” He was counselled about his verbally abusive behaviour to nurses.

50. He saw a doctor on 14 January 2025 and described an unrelenting itch and the plan was to restart amitriptyline. On 15 January he received COVID-19 and shingles booster injections. Dr Kemp took the opportunity to speak to him and they discussed an early palliative care referral (along with oncology) which Dr Kemp actioned as follows:

I'm touching base regarding Bradley Murdoch 2031343 who has an appointment with ASH oncology next week for an undifferentiated stage IV cancer.

He isn't eligible for parole until 2031 so I think there is a likelihood that he will die in custody.

I briefly saw him today, he has lost 15 kg since June 2025, he has dysphagia, voice hoarseness and my colleague has noted a new lymph node.

He has given verbal consent today for early involvement of palliative care.

Once your team has seen him, and when they feel appropriate could oncology organise an early multidisciplinary meeting with palliative care, oncology, the prison clinic manager, myself, and a representative of corrections. I think we could work out what we can and can't provide and have a plan for how to manage deterioration, threshold for admission, review goals of care.

51. On 21 January he was seen by a GP at ASCC. He requested to cease amitriptyline but reported good relief from betamethasone. He was anxious about his oncology meeting later that day but not depressed or suicidal. Dr Kemp accompanied him to ASH for the appointment with the senior oncologist. In her statutory declaration evidence Dr Kemp said:⁵

At the appointment on 21/01/2025 Mr Murdoch's diagnosis was explained to him. It was also explained to him that his condition was not curable but that treatments were available to extend his life. He was offered initial radiotherapy which would be performed in Darwin, which could be followed by chemotherapy. The other option was to commence chemotherapy alone in Alice Springs. Mr Murdoch declined initial radiotherapy, despite it being explained to Mr Murdoch that radiotherapy to shrink the tumours would likely prolong his life to some degree. However, treatment in RDH would require transfer to Darwin Correctional Centre. In my experience working in Custodial Medicine, it is not unusual for an incarcerated person to refuse transfer to another prison for medical treatment at a different facility. Mr Murdoch had a cell that he was content with in ASCC and had acquired privileges that are available to a long term incarcerated person. He considered that, in returning to Darwin Correctional Centre, he would have to 'start again' with his accommodation and employment. Mr Murdoch considered having to 'start again' outweighed the benefits of radiotherapy, despite the fact that it would likely prolong his life to some degree. He agreed to chemotherapy, with the agents Carboplatin, Paclitaxel and Pembrolizumab.

52. On 22 January 2025 Dr Sarah Kemp made this progress note:

I attended Bradley's oncology appointment yesterday with the team

he was offered radio tx in darwin but doesn't want to travel

agreed to chemotherapy in ASH

likely to start end of next week

son coming over end of next week - we can clarify goals of care at that time.

⁵ Statutory Declaration of Dr Sarah Kemp dated 12 March 2026 at [47]

53. On 28 January 2025 his medication was recorded as:

Metoclopramide (10mg)

Dose: Tablet,1 Tablet,Frequency: PRN,Admin Route: Oral, Start: 28/01/2025, Due complete: ongoing

Loperamide 2mg

Dose: Capsule,2 mg,Frequency: PRN,Admin Route: Oral, Start: 28/01/2025, Due complete: ongoing

Take 4mg at once if diarrhoea present then 2mg when required after each loose bowel motion

Dexamethasone 4mg

Dose: Tablet,8 mg,Frequency: Other,Admin Route: Oral, Start: 30/01/2025, Cease Date: 19/06/2025

for 2 days post chemotherapy

Dose: Tablet,8 mg, Dose: Tablet,8 mg,Frequency: Other,Admin Route: Oral, Start: 31/01/2025, Cease

Date: 19/06/2025

for 2 days post chemotherapy

Dexamethasone 4mg

Dose: Tablet,20 mg,Frequency: Other,Admin Route: Oral, Start: 28/01/2025, Cease Date: 19/06/2025

Night before chemotherapy

Dose: Tablet,20 mg, Dose: Tablet,20 mg,Frequency: Other,Admin Route: Oral, Start: 29/01/2025, Cease

Date: 19/06/2025

Morning of chemotherapy

Famotidine 40mg

Dose: Tablet,40 mg,Frequency: Other,Admin Route: Oral, Start: 28/01/2025, Cease Date: 19/06/2025

take the night before chemotherapy

Dose: Tablet,40 mg, Dose: Tablet,40 mg,Frequency: Other,Admin Route: Oral, Start: 29/01/2025, Cease

Date: 19/06/2025

take the morning before chemotherapy

Pegfilgrastim 6mg/0.6mL

Dose: Injection,6 mg,Frequency: Other,Admin Route: Intravenous, Start: 30/01/2025, Cease Date:

19/06/2025

give 24hrs post chemotherapy

54. His scripts and medications were updated and varied thereafter as required.

55. He spent time in and out of hospital for scheduled visits with the oncology team and for chemotherapy. He commenced the first of 6 cycles of chemotherapy on 30 January 2025 and Dr Kemp recorded:

I attended a meeting at ASH while Murdoch was having his chemotherapy. His son [redacted] was present, the cancer nurse [redacted], and corrections officer [redacted].

He has confirmed that he doesn't want CPR in the event of him being found unresponsive in the prison.

He is aware that until the paperwork is in place he will get CPR, but I'll work on getting some paperwork done to cover Corrections and Health staff.

He also gives consent for his family members to get medical information - I'll ask for him to sign a consent form.

Oncology and ID have decided on vancomycin and meropenem as the ab's in the case of febrile neutropenia

56. On 18 February 2025 he completed General and Enduring Powers of Attorney and copies were scanned into PCIS and sent to ASCC clinic staff and ASCC management. On 19 February Dr Kemp assisted Mr Murdoch to complete an Advance Personal Plan and copies were provided to ASCC

clinic staff, the ASCC senior corrections staff and the Principal Health Advisor for the Department of Corrections.

57. During his treatment he had a period of initial improvement and reported that he was “working in the workshop” and “feeling alright.” However, over time, despite undertaking chemotherapy and immunotherapy, his condition deteriorated due to the aggressive nature of the cancer.
58. Following Mr Murdoch's diagnosis, he was compassionately supervised by Deputy Superintendent Geoffrey Weir. He was permitted to purchase a blender so that he could puree his food and to attend the Alice Springs Reintegration Facility, situated near the prison complex, during the day. Mr Murdoch was allocated a library project and he could move around the facility with relative freedom. He also participated in two outings.
59. On 16 June 2025 Mr Murdoch was admitted to Medical East at the ASH as he could no longer move his right arm. On 18 June 2025 cerebral metastases were identified. Mr Murdoch confirmed that he did not wish to undertake radiotherapy. The doctor recorded his decision:
 - Bradley remained adamant that he did not want radiotherapy, as he did not want to go back to Adelaide, nor to Darwin at all. Is aware that without this, disease treatment count be limited and lead to progression and death, for which he was aware of. Bradley was understanding of the probable new malignant brain lesions.
60. He wanted to return to ASCC to say goodbye to several prisoners and staff. On 19 June 2025, Mr Murdoch returned to the ASCC to finalise his affairs.
61. On 24 June 2025 Mr Murdoch expressed that he wanted to return to ASH and he thanked the medical and correctional staff “for their kindness and ease of transition with no judgements.”

Police seek his cooperation

62. Meanwhile, in about March of 2025 a Detective Senior Constable received intelligence that Mr Murdoch was suffering from a terminal illness. At that

time the officer was attached to the Cold Case Taskforce and his responsibilities included investigating Long Term Missing Persons, including Peter Falconio whose remains have never been found. It was decided to make one last attempt to elicit cooperation from Mr Murdoch concerning the location of Mr Falconio's remains. Mr Falconio's parents, with the assistance of Manchester Police, made a video appeal on condition it be played only to Mr Murdoch and that it never be released to the media or any other organisation. The General Manager of the Alice Springs Correctional Centre, Superintendent Bill Carroll, was requested to approve a visit from the police. Superintendent Carroll spoke to Mr Murdoch on 24 June 2025 advising him of the visit and video plea. Although Mr Murdoch said that he would not make any comment at all and would not watch the video and "pleaded his innocence in the matter which is his consistent narrative," Superintendent Carroll approved the visit and confirmed the appointment for 25 June 2025.

63. As to that meeting and a second meeting the same day with Mr Murdoch's son, the two officers involved provided statutory declarations. A statutory declaration dated 4 February 2026 described the events:

On 25 June 2025, I attended the Alice Springs Correction Facility in company with Detective Senior Sergeant [redacted]. We both signed in at the reception area and were then escorted to a private office within the Correctional Facility. MURDOCH was brought into the office by a Corrections officer, he also had with him another prisoner who was said to be there as a carer (unknown name). A short time later Superintendent Bill CARROLL arrived in the room who was present for the remainder of the conversation with MURDOCH. The conversation was recorded on Detective Senior Sergeant [redacted] Body Worn Video. MURDOCH was uncooperative, hostile, unwilling to assist and continued to deny involvement in FALCONIO's murder. No information was provided by MURDOCH that could be utilised to locate the remains of FALCONIO.

At approximately 1240hrs arrangements were made to speak with [redacted] (Mr Murdoch's son). Detective Senior Sergeant [redacted] and I met [Mr Murdoch's son] at the Alice Springs Airport. I had a conversation with [Mr Murdoch's son] during which a discussion was had regarding the recent announcement of a reward for information leading to the recovery of FALCONIO's remains.

During the afternoon I contacted Joanne LEES, Joan and Luciano FALCONIO to update them with what had transpired with MURDOCH.

I had no further involvement in any contact with MURDOCH beyond 25 June 2025. The investigation into the whereabouts of FALCONIO's remains is ongoing.

Mr Murdoch is admitted into ASH

64. Later the same day Mr Murdoch was transported to ASH and admitted to the palliative care unit under the care of the Medical Director. Palliation specific medication provided included: Celecoxib 200mg; Midazolam 7.5mg; Morphine 12.5mg; and Oxycodone 5mg. His son had travelled from interstate to be with him until 27 June 2025. Nursing staff recorded that Mr Murdoch "was not scared of dying", he was "ready to go through the process", and "it was very clear he did not wish for life prolonging treatment." He remained in palliative care until his passing.
65. During his time in palliative care, Mr Murdoch expressed that he wished to be cremated, he chose the music for his ceremony and said he would like prison guards who he felt close to in attendance. At times he was emotional and was supported by Social Work attendances and bereavement counselling.
66. On 1 July 2025 he completed a further Advance Personal Plan witnessed by Deputy Superintendent Weir. It included an Advance Consent Decision which specified that he wished to be cremated; that he wished to die a natural death; and he did not want CPR, artificial feeding, renal dialysis or blood transfusions. It also included an Advance Care Statement indicating that he would like to receive palliation and comfort care, and he

appointed his son and daughter in law as decision makers with powers of attorney.

67. A further appointment for police to attempt to speak to Mr Murdoch was booked with and approved by Superintendent Carroll. On Wednesday 9 July 2025 at 9.43am two police officers and Deputy Superintendent Nixon, Department of Corrections, entered his room and departed again after a brief period of time. The bedside corrections log contains this entry which records: “0943 NTPOL [redacted] enter with Dep-Sup Nixon and depart almost immediately.”

68. The police officers’ statutory declarations confirm that they were in Mr Murdoch’s room for approximately 30 seconds. He refused to speak to them and repeatedly yelled “get out.” Shortly after that visit, one of the police officers had a phone call with Mr Murdoch’s son. They discussed the visit and his son suggested that the police should speak to Deputy Superintendent Weir.

69. What flowed therefrom is described in the statutory declaration of one police officer dated 25 February 2026:

Mr Weir reported that he had been visiting Mr Murdoch at palliative care quite regularly, and I asked at his next visit if he would be willing to ask Mr Murdoch to consider engaging with us, reiterating that it is an opportunity for him to put his story on record. Mr Weir agreed to do so. Later that evening Mr Weir called me to advise that he had visited Mr Murdoch that afternoon and Mr Murdoch confirmed his position that he just wants to be left alone and does not want to talk to anyone. Mr Weir committed to bringing it up as an option again if the right opportunity arose.

70. On 11 July 2025 NT Corrections facilitated a visit at his bedside by another prisoner, described in the records as “a friend.”

71. While in palliative care Mr Murdoch was largely compassionately supervised by senior correctional staff, many of whom were well known

to him. He was permitted to freely reconnect with his family using voice and video calls, which were authorised and facilitated by NT Corrections and, consistent with NT Corrections policy, he was not handcuffed or shackled. The Managing Director of the palliative care unit commended the supervision provided by the Corrections Officers to Mr Murdoch. She observed a supportive relationship, and said that the Officers were warm, reassuring and respectful.

72. However, Mr Murdoch was reportedly unhappy when supervised by more junior Corrections Officers who did not know him and his family expressed some concerns about officers in uniforms and staff sleeping on shift.
73. The Assistant Commissioner investigated these matters. She confirmed that while efforts were made to roster staff familiar with Mr Murdoch, from time to time rostering and operational requirements meant that on occasions officers less familiar with Mr Murdoch were required to take some shifts. For the comfort of all patients, Standard Operating Procedures require staff supervising in palliation to wear plain clothes. On one occasion a Corrections Officer attended in uniform but was sent home to change before resuming his shift. Two officers were identified and interviewed by a Deputy Superintendent about sleeping on shift. One admitted accidentally dosing off in the corridor and apologised. Another could not recall falling asleep but accepted she may have had an unintended microsleep.
74. Mr Murdoch's last recorded conversation was in a video call to his son and family at 5:45pm on Monday 14 July 2025. Following the conclusion of that call at 17:53pm, Mr Murdoch is thereafter recorded as sleeping and non-responsive up until his passing.
75. On 15 July 2025 at 10pm Mr Murdoch was observed by nursing staff to be asleep and comfortable but not rousable. At about 10:30pm Mr Murdoch

was observed by Correctional Officers CI and MC to stop breathing. The Officer's alerted the palliative care nurses. Nurses confirmed that he had passed away and notified the doctor. At 10:56pm he was declared life extinct by a doctor. Due to the nature of the disease, his passing was expected. Hospital records describe his last days:

Thank you for your care of Bradley Murdoch, 66M from ASCC, known to team with dx of Metastatic adenocarcinoma-unknown primary source, admitted in the Palliative Care Facility at Alice Springs Hospital from 25/6-15/7/25.

Bradley was admitted for End-of-Life Care, after recent deterioration with associated escalation in care needs. Unable to manage in ASCC.

Whilst in the unit, Bradley remained comfortable. He was asymptomatic in that he did not display any shortness of breath, and his pain was well-managed.

In his final few days, Bradley was placed on a subcutaneous infusion of morphine and midazolam for comfort.

Bradley passed away peacefully at 2256 on 15/07/25. Rest in peace, Bradley
Coroner constable notified at 22:59 15/7/25

76. Forensic pathologist, Dr Marianne Tiemensma, conducted a post mortem and confirmed the cause of death was metastatic adenocarcinoma (palliated) from an unidentified primary tumour.

77. His wishes for his cremation and rites were followed.

The adequacy of Mr Murdoch's care

78. Mr Murdoch's family were upset that in 2023 Father's Day mail was not received by Mr Murdoch and was instead returned to them. The Assistant Commissioner investigated why this had occurred and discovered that the mail contained a magazine purchased from a retailer (Woolworths) when Corrections Directives provided that magazines can only be purchased by a prisoner directly from the publisher. This explanation was provided to Mr Murdoch's family with the returned mail.

79. Having considered the medical records and the expert evidence of Dr Kemp I am satisfied that Mr Murdoch received high quality and timely

medical care at ASCC and ASH. Moreover, he was dealt with in a compassionate and considerate manner by Health and Corrections staff.

80. Before his diagnosis there were, on occasions, some delays in accessing GP appointments in ASCC, but these were on par with delays experienced in the wider community and they did not delay his cancer diagnosis nor affect his prognosis. After his diagnosis he received close care and attention without delay.
81. The three week delay for his initial CT chest and neck scan was within standard wait times applicable to all NT Health patients at ASH and was not attributable to any actions or delay by ASCC staff or medical centre.
82. Dr Kemp, who worked in the ASCC clinic, who knew him well, who reviewed all the medical records and who described their relationship as “mutually respectful,” said that there were no unreasonable delays associated with the care and treatment provided to Mr Murdoch and I accept her evidence.

Formal findings

83. Pursuant to section 34 of the *Coroners Act 1993* I find that:
 - (i) the deceased person is John Bradley Murdoch born 6 October 1958 in Geraldton, Western Australia;
 - (ii) he died at 10:56pm on 15 July 2025 in the palliative care unit of Alice Springs Hospital;
 - (iii) the cause of death was metastatic adenocarcinoma (palliated) from an unidentified tumour;
 - (iv) the particulars needed to register the death under the Births, Deaths and Marriages Registration Act have been provided to Births, Deaths and Marriages.