

CORONERS COURT OF SOUTH AUSTRALIA

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INQUEST INTO THE DEATH OF DOMENICO PERRE

[2026] SACC 49

Inquest Findings of her Honour State Coroner Kereru

23 October 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a man who developed complications of lung cancer while serving a term of imprisonment.

Held:

1. Domenico Perre, aged 66 years of Yatala Labour Prison, died at the Royal Adelaide Hospital on 9 May 2023 as a result of haemoptysis from a cavitated lesion of the left lung with aspergillus and candida.
2. Circumstances of death as set out in these findings.

No recommendations made.

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Introduction

- 1 The Court heard an inquest on the papers in relation to the death of a prisoner who was diagnosed with a terminal illness while serving a sentence of imprisonment for life.
- 2 Mr Perre was born in Italy on 4 November 1956. He moved to Australia with his family as a child. As an adult, he engaged in criminal activities. Most notably, on 2 March 1994, he caused a parcel bomb he had constructed to be delivered to the National Crime Authority offices on Waymouth Street in Adelaide. The bomb exploded, killing Geoffrey Bowen and severely injuring Peter Wallis.

Prosecutions

- 3 Mr Perre was originally charged in March 1994 with murder and attempted murder in relation to the construction and sending of the parcel bomb, however those charges were withdrawn.
- 4 An inquest was then held in 1999 by one of my predecessors, State Coroner Chivell.¹ State Coroner Chivell found that the primary suspicion for the bomb that killed Sergeant Bowen and injured Mr Wallis was Mr Perre. His Honour explained:

In my opinion, however, the only reasonable inference to be drawn from the evidence is that Dominic Perre was responsible, in the sense that he constructed the bomb, and either posted it or arranged for someone else to post it on his behalf to Detective Sergeant Bowen.

- 5 An appeal was heard in relation to the inquest findings which were not interfered with.²
- 6 Following further investigation by SAPOL, Mr Perre was charged again in 2018. At that time, he was already in custody in relation to numerous alleged drug trafficking and firearms charges. On 22 September 2020, Mr Perre was sentenced in the District Court in relation to the drug and firearms charges. He received a sentence of imprisonment for 7 years, 2 months and 13 days. A non-parole period of 6 years and 10 months was fixed.
- 7 In November 2018, Mr Perre was assaulted in prison. While sitting reading a newspaper, he was grabbed in a headlock by another prisoner. Police attended to investigate that offence and Mr Perre spat at the officer. He was charged with aggravated assault and was later found guilty of that offence. He unsuccessfully appealed that conviction.³ Already serving a significant sentence, he was convicted without further penalty in relation to that offence.
- 8 Mr Perre denied having been responsible for the bomb. A trial was undertaken in the Supreme Court, with a verdict delivered on 30 June 2022.⁴ The Honourable Justice

¹ *Inquest into the death of Geoffrey Leigh Bowen* (Inquest 5 of 1999)

² *Perre v Chivell* [2000] SASC 279

³ *Perre v Police* [2022] SASC 80

⁴ *R v Perre* [2022] SASC 63

Nicholson found that the elements of the charged offences had been proved beyond reasonable doubt.

- 9 On 7 October 2022, Mr Perre was sentenced in relation to the murder and attempted murder.⁵ He received a sentence of imprisonment for life. A non-parole period of 37 years and 5 months was fixed.
- 10 In the meantime, Mr Perre appealed against his conviction and was granted permission to bring the appeal. The appeal was subsequently dismissed after Mr Perre died before the proceedings had concluded.⁶

Health generally

- 11 During his lifetime, Mr Perre had been diagnosed with ischaemic heart disease, with a myocardial infarction in 2022 followed by a coronary artery bypass graft. He had chronic hypercholesterolaemia and hypertension. He had gastro-oesophageal reflux disease and poorly controlled Type 2 diabetes mellitus. He experienced recurrent deep vein thromboses and pulmonary emboli. He had a fall in 2013 which brought about a subarachnoid haemorrhage.
- 12 From a mental health perspective, Mr Perre was diagnosed with antisocial personality disorder.
- 13 Mr Perre was generally non-compliant with the medications required to manage his numerous conditions. His overall health was therefore quite poor.

Healthcare in custody

- 14 I have reviewed the records from Mr Perre's time in custody. He was of generally poor behaviour. He also experienced a number of health issues. Some of those issues arose as a result of a frequent refusal to eat and/or take medications.⁷ In particular, episodes in 2018, 2020 and 2022 brought about ketoacidosis and higher-level healthcare was provided. Mr Perre explained to staff that he wished to make things difficult for them.⁸ Numerous occasions where healthcare was attempted were hampered by uncooperativeness. Importantly, there were occasions where medical investigations were refused. Many notices of concern and incident reports were recorded by prison staff, however there was little that could be done in light of Mr Perre's near total lack of cooperation.
- 15 In March 2022, after being taken to the Royal Adelaide Hospital for abdominal pain, and allowing assessment, a new right hilar lymphadenopathy was identified. This was an incidental finding during investigations relating to ongoing embolisms and thromboses. Following his return to hospital, Mr Perre signed a refusal of medical advice form after being advised of the risk of sudden death associated with his condition. Thereafter, Mr Perre either refused administration of blood thinning medications, or otherwise

⁵ Exhibit C9a at MD2

⁶ *Perre v The King* [2023] SASCA 55

⁷ Exhibit C9 at MD4

⁸ Medical records, note dated 19 June 2017

interfered with their proper administration. There continued to be presentations to hospital for higher-level care, usually with further thromboses.

- 16 In January 2023, an extensive deep vein thrombosis was found and the risk of sudden death without compliance with anticoagulation medication was once again explained. In April 2023, Mr Perre was found slumped over a table and was taken to the prison's Health Centre where he again refused treatment.
- 17 On 17 April 2023, Mr Perre was taken to the Royal Adelaide Hospital with bacterial pneumonia after he had visited the Health Centre the day before but declined to stay there. He had symptoms of diabetic ketoacidosis, consequent upon his refusal to eat. He told medical staff that he had been coughing up blood. He made threats to cough blood onto prison and health staff. Notwithstanding these concerning threats, staff continued to provide care to him. Over this admission to hospital, Mr Perre continued to deteriorate.
- 18 On 9 May 2023, Mr Perre began having great difficulty breathing, with coughing fits and haemoptysis. He went into cardiac arrest at 10:35 pm. CPR was conducted, with no shockable rhythm being detected throughout. After 20 minutes of CPR efforts, it was determined that further efforts were futile. A declaration of life extinct was then made.

Cause of death

- 19 A pathology review of the medical records was conducted by Dr Jane Alderman, through Forensic Science SA.⁹ Dr Alderman recommended that a post-mortem examination be conducted to reach a definitive diagnosis. A post-mortem examination was conducted by forensic pathologist, Dr Neil Langlois.¹⁰ Dr Langlois found a cavitating lesion in the upper lobe of the left lung with pultaceous mass. This returned a culture test result for aspergillus and candida. There was evidence of aspiration of blood in the upper lobe and blood filling the main bronchi in the lower lobe.
- 20 Dr Langlois concluded that Mr Perre's death had been caused by haemoptysis from a cavitated lesion of the left lung with aspergillus and candida. I am satisfied that Dr Langlois' opinion properly reflects the evidence and I enter a finding to that effect.

Assessment of coronial issues

- 21 I am satisfied that there are no safety issues arising from the circumstances of Mr Perre's death. He was lawfully detained. He was provided a high level of health care with which he did not always engage. All the evidence leads me to the conclusion that Mr Perre was treated appropriately at all stages of his imprisonment and health deterioration.
- 22 Mr Perre's family raised concerns about the diet that was provided to Mr Perre. I am satisfied that Mr Perre's refusal to eat was as a result of his choice to obstinate and not as a result of any deficiency in the actual food itself, which was provided with the modifications required for his conditions.
- 23 Mr Perre's family raised concerns about the healthcare provided to him, in particular his medication. I am satisfied that all attempts were made to properly medicate Mr Perre, but that his choices hampered those efforts. In particular, his refusal to permit blood glucose

⁹ Exhibit C3

¹⁰ Exhibit C2

monitoring, his spitting out of prescribed medication, and his deliberate interference with the proper administration of medications meant that it was not possible to keep him well. Once again, I am satisfied that these were choices that Mr Perre made in order to make the task of his imprisonment difficult. They do not reflect any deficiency in the care and attention paid to him.

Recommendations

- 24 Given my findings, there are no recommendations I consider are appropriate to make.

Keywords: Death in custody; Prison; Natural Causes