

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: 1457/11

FINDING INTO DEATH WITH INQUEST

*Form 37 Rule 60(1)
Section 67 of the Coroners Act 2008*

Inquest into the Death of NIKOS KARAGIANNIS

Delivered On: 6 March, 2012
Delivered At: Coroners Court of Victoria
Level 11, 222 Exhibition Street, Melbourne 3000
Hearing Dates: 17 February, 2012
Findings of: PETER WHITE

Police Coronial Support Unit: Senior Constable Kelly Ramsey

I, PETER WHITE, Coroner having investigated the death of NIKOS KARAGIANNIS

AND having held an inquest in relation to this death on 17 February, 2012
at Melbourne

find that the identity of the deceased was NIKOS KARAGIANNIS

born on 15 October, 1984

and the death occurred on 24 April 2011

at Thomas Embling Hospital, Yarra Bend Road, Fairfield, Victoria 3078

from:

1a. UNASCERTAINED ON AN UNEQUIVOCAL MEDICAL OR PATHOLOGIST BASIS

in the following circumstances:

1. Mr Nick Karagiannis had resided at the Thomas Embling Hospital following his conviction on an offence of murder. The sentence was imposed on 24 August 2004 at the Melbourne Supreme Court.
2. He lived at the Kenning Unit at the Thomas Embling Hospital, Yarra Bend Road, Fairfield, since 18 February 2003. That is prior to this sentence. From that date until his death, that is between 23 and 24 April 2011, he remained at the Kenning Unit.
3. On the evening 23 April Mr Karagiannis was placed in his room at times specified by the directors of the hospital. He appeared to have had at least one panic attack during the evening. He was attended to by staff and at the conclusion of the incident all appeared to be normal.
4. He had no direct contact from 10.00pm on 23 April until approximately 9.00am on 24 April. He was given non-physical checks via a window in his door during that period.
5. About 9.00am on 24 April staff entered his room as they had been unable to wake him. Mr Karagiannis was found by Nurse Michael Drummy lying face down in his bed with his head on his pillow resting on his left cheek. Mr Drummy called Dr Sullivan who was on the unit and attended.
6. Dr Sullivan performed an examination on Mr Karagiannis and declared him deceased at 9.15am. Staff exited the room and the police were called. The informant in company with Constable Isot attended the hospital arriving at 10.01 am. The informant spoke with relevant staff and Mr Isot attended Mr Karagiannis' room.
7. On entry he was seen lying on his bed face down with his left cheek on the pillow. A small droplet of blood was on the pillow and it appeared to have come from his nose. Mr Karagiannis was lying on a slight angle on the bed which meant his feet over hung the edge of the bed. A doona was on the bed but not covering him as it appeared to have been pulled down. The room was viewed although no completely tidy there did not appear to have been any type of struggle or violence committed.

8. Due to the location and circumstances of Mr Karagiannis a Criminal Investigation Unit was requested to attend. At about 11.15am Detective Senior Constable Bailey and Detective Senior Constable Merritt of Yarra Criminal Investigation Unit attended. The informant briefed the CIU and allowed them to examine the scene and Mr Karagiannis alone.
9. During that time a statement of identification was taken from David Hall-Nicholas by Constable Isot. At the conclusion of the examination by the Criminal Investigation Unit the informant was advised that there appeared to be no suspicious circumstances.
10. The body under autopsy examination showed signs of early decompositional change. This feature may have relevance to the environment in which he lay after death, that is, wrapped in bed linen, the storage and transportation of the body after death and the post mortem period between death, and autopsy.
11. A number of medical conditions can increase the rate of decomposition including a higher body temperature at the time of death and features associated with systemic infections.
12. The autopsy revealed a few anatomical features of natural disease of which the most significant were the presence of a degree of coronary artery bridging by the lower cavity and associated with the proximal part of the interior, the descending branch of the left coronary artery. The significance of this finding with respect to the death is uncertain. The presence of severe macro vascular steatosis which can be seen in association with dietary factors, obesity, malnutrition, and toxic effects of hepatitis as caused by drugs and or alcohol.
13. If micro vascular steatosis is associated with a significant disturbance of liver function the resulting metabolic derangements can have a impact on body physiology which in some individuals has occurred in circumstances where it was been considered as likely to have caused death in those instances.
14. The information regarding the level of clozapine identified at autopsy is insufficient to conclude that the death is associated with treatment with that drug. Death associated with clozapine usage is well recognised but because of issues regarding the highly variable post-mortem distribution the drug reliance on drug analysis for proof for toxicity in individual cases is not usually possible.
15. The medical legal examination did not reveal any direct evidence of a seizure event. Individuals with obesity maybe be at risk of suffering a life-threatening adverse event in their airway or respiratory system. It is recognised that some individuals with schizophrenia are at the increased of risk of suffering a sudden and unexpected death, and the mechanism of these deaths are not well or clearly understood.
16. Finally there was no feature or injury to the body of a type which might be expected to have contributed to death. The cause of death in this case is likely to be multifactorial. Some of the more critical of those factors are likely to be his obesity, his psychiatric illness, his medication, his macro vascular hepatic stenosis, and his coronary artery bridging. I do not believe it is possible to isolate one

of these factors as being the most probable cause of death. This is because the multiplicity of these significant factors would increase the risk of him dying in the circumstances of a combination of factors.

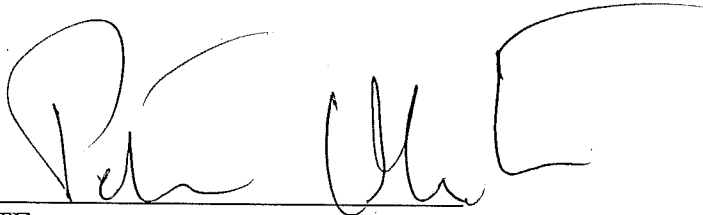
17. Given the medical uncertainty in regards to the explanation for this death I believe that the cause of death is best formulated as unascertained on an unequivocal, medical, or pathological basis.

18. I find Mr Karagiannis died at the Thomas Embling Hospital at Yarra Bend Road, Fairfield, on or about 24 April 2011 from an unascertained and unequivocal, medical or pathological basis.

I direct that a copy of this finding be provided to the following:

The family of Mr Karagiannis
Investigating Member
Interested Parties

Signature:



PETER WHITE
CORONER

Date: 6 March, 2012

