
JURISDICTION : CORONER'S COURT OF WESTERN AUSTRALIA
ACT : CORONERS ACT 1996
CORONER : Philip John Urquhart, Coroner
HEARD : 28 JUNE 2022
DELIVERED : 6 JULY 2022
FILE NO/S : CORC 888 of 2020
DECEASED : KEATING, PAUL STEPHEN

Catchwords:

Nil

Legislation:

Nil

Counsel Appearing:

Sergeant A Becker assisted the Coroner.

Ms A Miller (State Solicitor's Office) appeared on behalf of the Department of Justice

Case(s) referred to in decision(s):

Nil

Coroners Act 1996
(Section 26(1))

RECORD OF INVESTIGATION INTO DEATH

*I, Philip John Urquhart, Coroner, having investigated the death of **Paul Stephen KEATING** with an inquest held at Perth Coroners Court, Central Law Courts, Court 85, 501 Hay Street, Perth, on 28 June 2022, find that the identity of the deceased person was **Paul Stephen KEATING** and that death occurred on 12 May 2020 at Fiona Stanley Hospital, Murdoch, from atherosclerotic heart disease in the following circumstances:*

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INTRODUCTION

1 The deceased (Mr Keating) died on 12 May 2020 at Fiona Stanley Hospital (FSH), Murdoch, from atherosclerotic heart disease. At the time of his death, Mr Keating was a sentenced prisoner in the custody of the Chief Executive Officer (CEO) of the Department of Justice (the Department).¹

2 Accordingly, immediately before his death, Mr Keating was a “*person held in care*” within the meaning of the *Coroners Act 1996* (WA), and his death was a “*reportable death*”.² In such circumstances, a coronial inquest is mandatory.³

3 I held an inquest into Mr Keating’s death at Perth on 28 June 2022. The only witness who gave oral evidence at the inquest was Ms Toni Palmer, a Senior Review Officer with the Department.

4 The documentary evidence at the inquest comprised of two volumes which were tendered as exhibit 1. At my request, additional material was provided to the Court by the Department through its counsel after the inquest. That material, which comprised of an email dated 30 June 2022 (together with an attachment) from Ms Miller became exhibit 2.

5 The inquest focused on the medical care provided to Mr Keating while he was incarcerated, with an emphasis on the care provided to him with respect to his heart disease.

¹ Section 16, *Prisons Act 1981* (WA)

² Sections 3, 22(1)(a), *Coroners Act 1996* (WA)

³ Section 25(3), *Coroners Act 1996* (WA)

THE DECEASED

*Background*⁴

6 Mr Keating was born on 28 August 1959 in New South Wales and he was 60 years old when he died. He was one of seven children. He had no contact with his father as the relationship between his parents ended prior to his birth.

7 Throughout his childhood and into his teenage years, Mr Keating was made a ward of the state. He had numerous placements in children's institutions and he would frequently abscond from such institutions. One psychological report noted that he presented as "*a chronically maladjusted boy from an extremely disorganised family*". His schooling in New South Wales was haphazard and he ended up completing his most consistent education when incarcerated in Western Australia. He had various TAFE certificates and had become a qualified boilermaker. He had also commenced a bachelor's degree in social sciences.

8 Mr Keating arrived in Western Australia from New South Wales in 1977. He was 17 years old.

*Offending history*⁵

9 Mr Keating had numerous Children's Court convictions in New South Wales, predominantly offences of dishonesty. He was only 11 years old when he was convicted of his first criminal offence on 23 February 1971. Three of his juvenile convictions were an escape from legal custody, an aggravated assault on a female and a wilful and obscene exposure. Those three offences were to become a disturbing portent for his subsequent criminal behaviour spanning several decades in Western Australia.

⁴ Exhibit 1, Volume 1, Tab 1, Report of Senior Constable Kath Coubrough dated 2 November 2021

⁵ Exhibit 1, Volume 1, Tab 1, Report of Senior Constable Kath Coubrough dated 2 November 2021; Exhibit 1, Volume 1, Tab 15, Court History for Mr Keating

- 10 Mr Keating began his criminal offending in Western Australia in the same year that he had arrived. He abducted and raped a nurse after attacking her as she was getting into her car at the end of her shift. Following his arrest for this offending, he was remanded in Fremantle Prison on 30 August 1977 – just two days after his 18th birthday. On 11 October 1977, he was sentenced in the Supreme Court to a total of 5 years’ imprisonment for one count of rape and one count of deprivation of liberty.
- 11 Whilst serving that term of imprisonment, Mr Keating escaped from the now closed Brunswick Junction Prison in March 1979. He then made his way to Perth, where he placed a newspaper advertisement to share accommodation. A woman who replied to the advertisement met him and he held her against her will before raping her. On 3 October 1979, he was convicted of one count of rape, one count of deprivation of liberty, one count of robbery with violence and one count of unlawfully driving a motor vehicle. He was sentenced to life imprisonment for the rape and terms of imprisonment for the other offences.
- 12 In November 1984, Mr Keating escaped from Canning Vale Prison (renamed Hakea Prison), and he later broke into a house in Balcatta where he located a firearm. He then solicited two sex workers, robbed them at gun point and sexually assaulted them. On 23 April 1985, the Supreme Court sentenced him to an indefinite term of imprisonment for one count of rape, one count of sodomy, two counts of deprivation of liberty, one count of breaking and entering with intent and two counts of indecent assault.
- 13 Mr Keating’s sexual offending then continued unabated when incarcerated. On 12 January 1987, he was convicted of an aggravated indecent assault against a female member of the prison support staff at Fremantle Prison. He was sentenced to 3 years’ imprisonment with respect to that offence.

- 14 In January 1988, he played a significant role in the prisoner riot at Fremantle Prison. On 9 December 1988, he was sentenced to a further total term of 4 years' imprisonment for two counts of assaulting a public officer and six counts of deprivation of liberty against prison officers arising from that incident.
- 15 In 1992, Mr Keating was incarcerated at Casuarina Prison. There he carried out a vicious attack upon a female prison officer. The victim was held at knife point and told she would be killed. She was then brutally sexually penetrated and sodomised. On 20 August 1992, the Supreme Court sentenced him to a total sentence of 9 years' for four counts of aggravated sexual assault, two counts of assault with intent to commit a crime and one count of deprivation of liberty.
- 16 In 2005, Mr Keating was imprisoned at Bunbury Regional Prison. He had carefully formulated a plan to abduct and sexually assault a woman who was an education officer at the prison. He hid in the education compound where his victim had her office until he knew she would be alone. Armed with a knife, he forced her into a storeroom, where he repeatedly and violently sexually assaulted and sodomised her over a period of five to six hours. After extended negotiations, he released the woman and surrendered to authorities.
- 17 On 15 September 2005, the Perth District Court sentenced Mr Keating to a total term of 24 years' imprisonment without parole eligibility for ten counts of aggravated sexual penetration without consent, three counts of threats to kill, two counts of indecent assault, one count of deprivation of liberty, one count of assault occasioning bodily harm and two counts of threats with intent to influence. A psychiatric report before the District Court stated:⁶

⁶ Exhibit 1, Volume 1, Tab 16, District Court transcript of sentencing proceedings dated 15 September 2005, p.44

He is an over sadistic rapist whose history indicates that opportunity is more influential in his offences than emotional turmoil and stress. He is without substantive internal constraints in meeting his needs and he is dismissive of the welfare of others.

- 18 Apart from the 15 days he was “on the run” after escaping legal custody on three occasions, Mr Keating spent his entire adult life from 30 August 1977 to the date of his death on 12 May 2020 incarcerated. At the time of his death, he was the third longest serving prisoner in Western Australia.⁷

Prison history⁸

- 19 During the 42 years and nine months that Mr Keating was incarcerated in Western Australia, he had the following prison placements and transfers (this list also includes the periods when he had escaped from custody):
- a. Fremantle Prison: 30 August 1977 - 5 July 1978 (309 days)
 - b. Bunbury Regional Prison: 5 July 1978 - 22 February 1979 (232 days)
 - c. Brunswick Junction Prison: 22 February 1979 - 10 March 1979 (16 days)
 - d. *At large*: 10 - 16 March 1979 (6 days)
 - e. Fremantle Prison: 16 March 1979 - 5 June 1979 (81 days)
 - f. *At large*: 5 - 11 June 1979 (6 days)
 - g. Fremantle Prison: 11 June 1979 - 3 November 1984 (1,972 days)
 - h. Canning Vale Prison: 3 - 17 November 1984 (14 days)
 - i. *At large*: 17 - 20 November 1984 (3 days)
 - j. Fremantle Prison: 20 November 1984 - 2 October 1991 (2,507 days)
 - k. Casuarina Prison: 2 October 1991 - 15 October 2001 (3,666 days)
 - l. Albany Regional Prison: 15 October 2001 - 30 April 2002 (197 days)
 - m. Casuarina Prison: 30 April 2002 - 1 May 2002 (1 day)
 - n. Bunbury Regional Prison: 1 May 2002 - 17 March 2005 (1,051 days)
 - o. Casuarina Prison: 17 March 2005 - 12 May 2020 (5,535 days)

⁷ Exhibit 2, Email from Ms Miller to Sergeant Becker dated 30 June 2022

⁸ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, p.22

Placement in the Special Handling Unit

20 For his last period of imprisonment in Casuarina Prison, Mr Keating was placed in the Special Handling Unit (the SHU) in accordance with the SHU Local Order 09. This Local Order states that prisoners who pose a serious threat to the security and good order of the prison will, with the approval of the Deputy Commissioner of Adult Custodial, be housed in the SHU under the regime of that unit.⁹

21 Between March 2005 and May 2020, 14 Individual Management Plans prepared by the Department in relation to Mr Keating were completed and were consistent in content with previously completed Individual Management Plans. Throughout this period, his security rating remained at “maximum” and he therefore remained in the SHU.¹⁰

22 A number of Public Protective Management Reports were also completed by the Department in relation to Mr Keating. As noted by Ms Palmer in her report:¹¹

The content of these reports indicated that Mr Keating was a significant risk to all staff and that the risk would not diminish over time. Officers noted in the reports that due to the amount of contact Mr Keating had with the same staff, he was capable of grooming and manipulative behaviour.

23 In light of Mr Keating’s serious criminal offending when incarcerated, I find that it was entirely appropriate for him to be held in the SHU at Casuarina Prison. As stated by Ms Palmer in her report: “*Placement in the SHU is not considered as a punishment, rather an alternative option to allow for the management of those prisoners who have demonstrated that they are not suitable for mainstream prison placement*”.¹² Given his abhorrent criminal

⁹ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, p.13

¹⁰ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, p.14

¹¹ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, p.14

¹² Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, pp.13-14

behaviour as a prisoner, I agree with the Department's assessment that Mr Keating was unsuitable for "mainstream prison placement".

The prison alerts for Mr Keating

24 The Department's Total Offender Management System (TOMS) had warnings for prison staff that Mr Keating may pose a threat to them. One of those alerts was dated 29 January 2015, which stated he was still considered to be a high risk to female staff, and that no female staff member was to have contact with him without the express approval of the Assistant Superintendent of Special Units. This alert was still active at the time of Mr Keating's death.¹³

OVERVIEW OF MR KEATING'S MEDICAL CONDITIONS AND TREATMENT IN PRISON¹⁴

25 Upon his initial admission to prison, Mr Keating had no underlying health issues. Nor were there any serious health concerns during his early years of incarceration. Prison records show that he was seen regularly by prison medical staff, and he received regular health reviews and nursing care. However, by 2011, he had been diagnosed with high cholesterol, which is a recognised major risk factor for ischaemic heart disease.

26 Mr Keating had an angiogram in 2011. This showed significant atheroma (accumulation of material to the inner wall of an artery) with an occluded (blocked) right coronary artery and partially occluded other arteries. The angiogram also showed aortic stenosis (aortic valve dysfunction), and some heart muscle weakness. Although he was placed on a medical management plan with tablets, Mr Keating often declined to take this medication.

¹³ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022, Annexure 18.2 TOMS Alert dated 28 January 2015

¹⁴ Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherelle Fitzclarence dated 20 May 2022

In June 2014, Mr Keating was reviewed by a cardiologist and an echocardiogram showed worsening valvular heart disease. Despite his persistently high cholesterol levels, he refused to take any cholesterol-lowering medications, continued to smoke despite advice to the contrary and, in the last years before his death, refused to engage in routine health reviews.

27 Dr Cherelle Fitzclarence (Dr Fitzclarence) was asked by the Department to review the prison medical records for Mr Keating and prepare a report with respect to his medical management in prison. In that report, Dr Fitzclarence stated:¹⁵

There is documentation of multiple discussions by the clinical staff with Mr Keating about lifestyle choices, healthy diet, the importance of medication, especially anti-cholesterol medication. Mr Keating was given very many chances to change his mind and accept therapy.

28 On 30 March 2020, Mr Keating was reviewed by a prison doctor after he developed swelling of his legs and shortness of breath with exercise. He was diagnosed with heart failure; however, he refused to go to hospital. The prison doctor prescribed a diuretic medication, which he refused to take. Although the prison doctor completed a referral for Mr Keating to see a cardiologist, this could not be arranged prior to his death.

EVENTS LEADING TO MR KEATING'S DEATH¹⁶

29 At 11.04 pm on 11 May 2020, Mr Keating was in his cell when he used the cell call system to advise prison officers he was having difficulty breathing and had chest pain. At about 11.05 pm, two male prison officers attended the SHU and went to Mr Keating's cell. After Mr Keating stated that he could not breathe, his cell door was unlocked. At the request of the senior prison officer present,

¹⁵ Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherelle Fitzclarence dated 20 May 2022, p.7

¹⁶ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022; Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherelle Fitzclarence dated 20 May 2022

one of the prison officers retrieved an oxy-viva resuscitator and a defibrillator, and another called a Code Red medical emergency at 11.11 pm.

30 The two on-duty prison nursing staff (both females) responded to the Code Red medical emergency and attended the SHU at about 11:16 pm. Due to the active alert restricting female prison staff from having contact with Mr Keating, they did not enter his cell. Instead, they remained in the SHU control room and provided advice to the prison officers who were attending to Mr Keating. After several minutes, Mr Keating stopped using the oxygen mask, saying he could breathe better without it.

31 Despite the aid he was receiving, Mr Keating's condition deteriorated and he became sweaty before losing consciousness. The call for an ambulance had been made at 11.18 pm and the ambulance arrived at the entrance to Casuarina Prison at about 11.34 pm.

32 At about 11.39 pm, paramedics attended the SHU and asked that Mr Keating be moved from inside his cell into the corridor where there was more room. The paramedics noted that effective cardiopulmonary resuscitation (CPR) was being conducted by prison officers. The paramedics assumed control of Mr Keating's care and CPR was continued before he was taken by ambulance at 12.16 am to FSH.

33 Upon attending FSH's emergency department at 12.34 am, Mr Keating could not be revived. He was pronounced deceased at 12.45 am on 12 May 2020.

CAUSE AND MANNER OF DEATH¹⁷

34 Two forensic pathologists (Dr Nina Vagaja and Dr Joe Ong) conducted a post mortem examination of Mr Keating's body on 9 June 2020.

¹⁷ Exhibit 1, Volume 1, Tabs 4.1 & 4.2, Post Mortem by Dr N Vagaja and Dr J Ong dated 9 June 2020 and Supplementary Post Mortem Report by Dr Vagaja and Dr Ong dated 9 June 2020

35 That post mortem examination found that Mr Keating had an increased body mass index in keeping with obesity. His heart was enlarged with associated hardening, thickening and narrowing of the vessels supplying the heart muscle (coronary artery atherosclerosis). There was multifocal scarring of the heart muscle. One of the heart valves appeared abnormal, with hardening, thickening and associated narrowing (bicuspid and calcified stenotic aortic valve). There were no apparent significant injuries to Mr Keating's body, and there was evidence of medical intervention, including CPR.

36 Microscopic examination of Mr Keating's heart was performed, which demonstrated scarring of the heart muscle, which was severe in areas, consistent with the previous history of myocardial infarction. There was no evidence of acute infarction. The aortic valve was calcified. The presence of severe coronary artery disease was confirmed. There was no evidence of pneumonia or pulmonary thromboembolism. The liver was cirrhotic.

37 Toxicological analysis detected a low level of amiodarone (a drug used to treat cardiac arrhythmia) in Mr Keating's blood. Alcohol and other common drugs were not detected. Although a low level of alcohol was present in Mr Keating's urine, this would be due to post mortem changes.

38 The forensic pathologists concluded that:¹⁸

Based on the information provided..., the findings of the post-mortem examination and ancillary studies, and given the presentation being associated with chest pain, it appears that Mr Keating died as a result of a sudden disturbance of the beating rhythm of the heart (cardiac arrhythmia) on the grounds of severe, long-standing atherosclerotic heart disease.

39 The forensic pathologists expressed the opinion that the cause of Mr Keating's death was atherosclerotic heart disease.

¹⁸ Exhibit 1, Volume 1, Tab 4.2, Supplementary Post Mortem Report by Dr Vagaja and Dr Ong dated 9 June 2020, p.2

40 I accept and adopt that conclusion expressed by the forensic pathologists. Accordingly, I find that Mr Keating's death occurred by way of natural causes.

ISSUES RAISED BY THE EVIDENCE

The alert on Mr Keating that there be no contact by female prison staff

41 I have already referred to this alert that was in effect for a number of years prior to Mr Keating's death. I am firmly of the view that given Mr Keating's reprehensible and violent sexual offending against female prison staff, that alert was entirely appropriate. His entrenched sexual offending towards females that had commenced when he was a juvenile meant it was entirely appropriate for the Department to conclude that he continued to pose an extreme threat to any female prison staff he encountered, right up until his death.

42 His non-contact alert also applied to prison nursing staff. As noted, at the time of his cardiac arrest late in the evening of 11 May 2020, the on-duty prison nurses at Casuarina Prison were both female.

43 I have no issue with the way prison officers responded to Mr Keating's cell call for assistance just after 11.00 pm. Prison officers promptly attended and, once they had assessed Mr Keating's medical condition, they called a Code Red medical emergency over the radio.

44 I am satisfied that although the attending prison nurses could not provide direct assistance to Mr Keating, they were able to effectively monitor the incident from the SHU control room and provide instructions to prison officers who were providing first aid treatment. I am satisfied, in the circumstances, that the medical assistance provided to Mr Keating prior to the arrival of the paramedics was appropriate.

45 I also have no issue with the manner in which prison staff handled Mr Keating's medical emergency. Given his long standing serious heart disease, I am of the view that the prospects of him surviving this cardiac event, even with prompt intervention of tertiary level hospital care, would have been very low.

QUALITY OF THE DEPARTMENT'S SUPERVISION, TREATMENT AND CARE ¹⁹

46 Prison medical records for Mr Keating indicate that during his incarceration, he received the following diagnoses:

- chronically occluded mid-right coronary artery with mature collateralisation;
- 30% proximal left anterior distending artery disease;
- 30% circumflex artery disease, mild to moderate aortic stenosis with mild left vent systolic (2011);
- hyperlipidemia and myocardial infarction (2011);
- deep vein thrombosis (2013);
- neurogenic atrophy left calf secondary to S1 radiculopathy (2014);
- mitral incompetence (2019)

47 Those medical records also note that Mr Keating was a chronic smoker throughout his imprisonment, consuming up to 20-50 cigarettes a day. Dr Fitzclarence's concluding comment in her report's summary was that: "*It was my considered opinion that the healthcare Mr Keating received while in the care of the Department of Corrective Services was commensurate with, or in many instances above, community standards*".²⁰

48 Dr Fitzclarence's opinion regarding Mr Keating's medical care in light of his security status was as follows:²¹

¹⁹ Exhibit 1, Volume 2, Tab A, Death in Custody Review Report dated May 2022; Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherele Fitzclarence dated 20 May 2022

²⁰ Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherele Fitzclarence dated 20 May 2022, p.9

²¹ Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherele Fitzclarence dated 20 May 2022, p.9

Mr Keating remained throughout his incarceration, a significant risk to staff, particularly to females. This led to his designation as a high security escort prisoner and the requirement that he be double chained with metal and plastic when being reviewed by a non-custodial staff member. This did impact patient care at times, not the least of these was when he had his final cardiac arrest and the female nurses were unable to attend him directly but were required to provide support and instruction to non-clinicians. Nevertheless, he was provided with resuscitation performed to the best ability of those involved. There is clear indication of repeated efforts of more than 40 years to ensure Mr Keating still received all appropriate health care, despite the required custodial obstacles, necessary to ensure clinician safety.

49 Having carefully assessed the documents tendered into evidence, I accept these opinions provided by Dr Fitzclarence. Hence, I am satisfied that Mr Keating's various medical conditions, including his heart disease, were appropriately managed and the standard of supervision, treatment and care he received whilst he was in custody was appropriate.

CONCLUSION

50 Although Mr Keating was approaching 61 years of age when he died, he had only spent 17 days out of jail since his 18th birthday.²² He was a recidivist sex offender who targeted women, with his first conviction for an assault upon a female occurring when he was just 14 years old.²³ His violent and predatory sexual offending against women only became more entrenched after he was incarcerated. This rendered him incapable of being successfully rehabilitated and, ultimately, reintegrated back into society. The responsibility for his long incarceration rests entirely with him. He also bears the responsibility for the timing of his death. As stated by Dr Fitzclarence: "*Mr Keating passed away from natural causes, accelerated by his lifestyle choices and his declining to*

²² Fifteen of those days were during his escapes from prison

²³ Exhibit 1, Volume 1, Tab 15, Court History for Mr Keating, p.7

take medication that may have decreased his risk and prolonged his longevity.”²⁴

PJ Urquhart
Coroner
6 July 2022

²⁴ Exhibit 1, Volume 1, Tab 17, Health Review Report by Dr Cherelle Fitzclarence dated 20 May 2022, p.9