CORONERS COURT
OF NEW SOUTH WALES

Inquest:	Inquest into the death of Roger Caleb Rogerson
Hearing date:	29 October 2024
Date of findings:	29 October 2024
Place of findings:	NSW Coroners Court - Lidcombe
Findings of:	Magistrate Elizabeth Ryan, Deputy State Coroner
Catchwords:	CORONIAL LAW – death of person in custody - was custodial health care and treatment appropriate.
File number:	2024/25834
Representation:	Counsel assisting the inquest: M McAuliffe of Counsel i/b NSW Crown Solicitor The Commissioner, Corrective Services NSW: A McShane, Department of Communities and Justice, Legal. The Justice Health and Forensic Mental Health Network: H Norris, Justice Health and Forensic Mental Health Network The Rogerson family: Katsoulis + Co, Solicitors.

Findings:	**Identity** The person who died is Roger Rogerson **Date of death**: Roger Rogerson died on 21 January 2024 **Place of death**: Roger Rogerson died at Prince of Wales Hospital, Randwick Sydney. **Cause of death:** The cause of Roger Rogerson's death is an intracranial haemorrhage. **Manner of death:** Roger Rogerson died from natural causes, while he was in lawful custody.

Non publication orders prohibiting publication of certain evidence pursuant to section 74(1)(b) of the *Coroners Act 2009* [the Act] have been made in this inquest. A copy of these orders, and corresponding ones pursuant to section 65(4) of the Act, can be found on the Registry file.

Introduction

Section 81(1) of the Act requires that when an inquest is held, the Coroner must record in writing his or her findings as to various aspects of the death.

On 21 January 2024 Roger Caleb Rogerson aged 83 years died in Prince of Wales Hospital. Mr Rogerson had been an inmate of Long Bay Correctional Centre since 27 May 2014. An inquest into the circumstances of his death is mandatory, because he died while he was in custody. His health care was therefore in the hands of the State.

The role of the Coroner

The Coroner must make findings as to the date and place of a person's death, and the cause and manner of death.

In addition, pursuant to section 82 of the Act the Coroner may make recommendations in relation to matters which have the capacity to improve public health and safety in the future, arising out of the death in question.

Mr Rogerson's life

Roger Caleb Rogerson was born on 3 January 1941. He grew up in Sydney's Bankstown area, and joined the NSW Police Force in 1958 at seventeen years of age. During his career as a police officer Mr Rogerson became notorious for his alleged involvement in numerous serious crimes, including murder and the fabrication of evidence. He was dismissed from the NSW Police Force in 1986 due to his suspected involvement in the shooting of police officer Michael Drury.

At the age of 73 years Mr Rogerson was charged with offences of murder and of supplying a large commercial quantity of methamphetamine. On 15 June 2016 a jury found him guilty of both offences. He received a sentence of life imprisonment for the murder charge, and twelve years' imprisonment for the supply drugs charge.

Mr Rogerson is survived by his former wife and his two daughters, with whom he remained in regular contact.

Mr Rogerson's medical history

When Mr Rogerson entered custody on 27 May 2014 he was accommodated in protective custody due to his status as a former police officer with a high media profile.

At this time Mr Rogerson had diagnosed conditions of hypertension, gastro-oesophageal reflux disease, and diverticulitis. From June 2016 he was housed in the Kevin Waller Unit for elderly and frail inmates, in the Metropolitan Special Programs Centre. On a number of occasions he was admitted for medical treatment to Prince of Wales Hospital.

Mr Rogerson's health significantly declined in 2023. He had begun to suffer falls, and his treating doctor referred him for a CT scan on his brain. The scans revealed areas of dead tissue, indicating previous obstructions of blood vessels.

In September 2023 this was identified as the result of amyloidosis. Amyloidosis is a rare disease in which the protein amyloid builds up in organs, impairing their function. In Mr Rogerson's case amyloid built up the walls of the arteries within his brain. This condition causes bleeding into the brain (otherwise known as a haemorrhagic stroke) and dementia.

On 29 June 2023 Mr Rogerson was transferred on a permanent basis to the Aged Care Unit at Long Bay Hospital Correctional Centre. He then had a six week hospital admission for medical management of congestive cardiac failure. Mr Rogerson was bedridden and remained so until his death.

On 18 January 2024 staff at the Aged Care Unit noticed that Mr Rogerson's health was declining further. He was drowsy, confused, and had a decreased level of consciousness. He was taken to Prince of Wales Hospital, where he was assessed by neurologist Professor James Colebatch of the hospital's 'stroke team'. Professor Colebatch confirmed that Mr Rogerson had suffered a large left sided brain haemorrhage, which had caused a severe bleed into his brain.

On 19 January 2024 Mr Rogerson's treating team assessed that his condition had deteriorated further. After discussions with Mr Rogerson's family, it was decided that he should be placed on an '*end of life'* pathway and be given palliative care. He was provided with medications for pain relief, and his family members were able to spend time with him. He died on the night of 21 January 2024.

Did Mr Rogerson receive appropriate medical care while in jail and in hospital?

Mr Rogerson's medical care while in custody was provided by the Justice Health and Forensic Mental Health Network [Justice Health]. The coronial brief of evidence contained a large volume of documents recording the health care which Justice Health provided to Mr Rogerson during the almost ten years which he spent in custody. On the basis of this material I am satisfied that he received timely and appropriate care for his many medical conditions which, as noted, worsened significantly in his final seven months.

Similarly the care which Mr Rogerson received in Prince of Wales Hospital was entirely appropriate.

I note that Mr Rogerson's family did not express any concerns about the care and treatment which he had received in jail and in hospital.

Conclusion

On behalf of the Court I offer Mr Rogerson's family my condolences for his loss.

I thank Counsel Assisting and the NSW Crown Solicitors for their assistance in this inquest. I acknowledge also the work done by the Officer in Charge, in preparing the coronial brief of evidence.

Findings required by s81(1)

As a result of considering all of the documentary evidence and the oral evidence heard at the inquest, I am able to confirm that the death occurred and make the following findings in relation to it.

Identity
The person who died is Roger Rogerson

Date of death:
Roger Rogerson died on 21 January 2024

Place of death:
Roger Rogerson died at Prince of Wales Hospital, Randwick Sydney.

Cause of death:
The cause of Roger Rogerson's death is an intracranial haemorrhage.

Manner of death:
Roger Rogerson died from natural causes, while he was in lawful custody.

I close this inquest.

Magistrate E Ryan
Deputy State Coroner, Lidcombe

29 October 2024