



# OFFICE OF THE STATE CORONER

## FINDINGS OF INQUEST

CITATION: **Inquest into the death of Dr Karen Lee Mahlo**

TITLE OF COURT: Coroner's Court

JURISDICTION: Brisbane

FILE NO(s): 2008/41

DELIVERED ON: 13 June 2014

DELIVERED AT: Brisbane

HEARING DATE(s): 5 December 2013, 10 – 12 February 2014

FINDINGS OF: Christine Clements, Brisbane Coroner

CATCHWORDS: CORONERS: Suicide investigation.

REPRESENTATION:

Counsel Assisting:	Mr C Chowdhury
Dr Clive Fraser:	Ms M Zerner
Mr John Hehir:	Mr Simon Lewis

Karen Lee Mahlo was born on the 5 September 1955 in Forbes, New South Wales. She died on the 28 May 2008 at her home at William Street, Moffat Beach in Queensland. She was 52 years of age at the time of her death. She died due to a stab wound to her chest at her home. There were typed but unsigned notes directed to her two adult children and to her former de facto partner. Her family expressed concern about the circumstances of her death, which was the subject of criminal and coronial investigation. The issue to be explored and resolved at inquest if possible was whether Karen Mahlo's death was a suicide or a homicide.

### ***Background history leading up to Dr Mahlo's death***

This summary of events is based on the material investigated by the coroner and from the evidence at inquest.

Karen Mahlo was a medical doctor who had achieved significant success and held positions of responsibility and authority until she suffered from depressive illness. Dr Mahlo was the Executive Director of Medical Services at Nambour Hospital until concern for her health and capacity led to her being stood aside from her position. She was officially stood down on 5 October 2006.

She was treated by consultant psychiatrist, Dr Clive Fraser commencing in January 2007. There had been a number of occasions when Dr Mahlo made serious attempts to end her life, the most recent prior to her death was on about 11 April 2008 when she took an overdose of medication. She was admitted to Caloundra Hospital and airlifted to Royal Brisbane Hospital.

Dr Mahlo's depressive illness in the period leading up to her death, and the impact this had on her capacity to continue in her professional position, caused her further stress.

Dr Mahlo was involved in a personal relationship with John Hehir, whom she met in February 2006. The meeting was in his capacity as a financial advisor, but a personal relationship commenced in September 2006. At this time Mr Hehir was a married man still living with his wife and family. Dr Mahlo was also a married woman, having married in March 2006. Her husband moved out of the Moffat Beach home in August 2006. Dr Mahlo's mother described Dr Mahlo's final marriage as a matter of convenience to support a residency application.

John Hehir moved into Karen Mahlo's home in Moffat Beach at the end of November 2006.

By this time Dr Mahlo had already signed a Will on 14 November 2006 prepared by John Hehir, in his capacity as financial advisor. This document named John Hehir as executor, and also as one of the beneficiaries.

In the course of his evidence at the inquest, John Hehir denied that he was in any position of conflict of interest with respect to his advisory, financial and personal relationships with Dr Mahlo.

In December 2006 Dr Mahlo was able to obtain alternative professional employment at Redcliffe Hospital. The position was not at the same level and she found the work unsatisfactory. The position ended in January 2007. She remained frustrated in her attempts to return to her previous position.

There was an occasion during April that Dr Mahlo was distressed and cut her ankle and took some pills with alcohol.

In May 2007 Dr Mahlo consumed alcohol and cut her wrist.

By July 2007 there were signs of discord and controlling behaviour by John Hehir about Dr Mahlo's personal life. He arranged a birthday party said to be for her 50<sup>th</sup> birthday when she was 52. Long term friends and family members found John Hehir's influence and control over Karen disquieting and hard to understand why she tolerated this. An example was John Hehir quizzing Dr Mahlo's mother why a home purchased by Dr Mahlo and her siblings for their parents was held in the parents' name.

Dr Mahlo was subsequently hospitalised on 15 September 2007 under the care of her psychiatrist, Dr Fraser. This followed an incident where she had cut her hair by way of self mutilation. Dr Fraser was concerned for her safety. During this admission Dr Mahlo's mother fortuitously found out her daughter was in hospital but John Hehir refused to provide details of where she was.

By January 2008 Dr Mahlo's daughter moved out from her mother's home. There had been significant friction between John Hehir and Dr Mahlo's daughter who found his behaviour both to herself and to her mother to be controlling and manipulative.

In February 2008 another Will was prepared at John Hehir's financial advisor business for Karen Mahlo. She signed it, appointing John Hehir as executor and trustee and leaving him the house property and chattels at Moffat Beach.

Although there is some dispute from John Hehir, the weight of evidence is compelling that by early April 2008 the relationship between John Hehir and Karen Mahlo was at an end. Dr Mahlo's daughter was working in Mr Hehir's business and he orchestrated a so called 'April fool's joke' that humiliated and intimidated her in the workplace. This appears to have been the final catalyst for Dr Mahlo to end the relationship. From this time there was also evidence of Dr Mahlo preparing a new Will removing John Hehir as executor and beneficiary.

The disintegration of the significant personal relationship with John Hehir coincided with further decline in Karen Mahlo's mental wellbeing. In April 2008 Dr Mahlo overdosed requiring transfer from the Sunshine Coast to the Royal Brisbane Hospital. She then recovered in the New Farm Clinic. This was while her treating psychiatrist was away on leave.

In early May 2008 after recovering, Dr Mahlo travelled to New South Wales with her daughter to visit family and friends. She told her mother the relationship with John Hehir was over. She also confirmed this when she saw her psychiatrist, Dr Fraser on the 8 May 2008 and her general practitioner on the 22 May 2008.

During this period she was significantly depressed and her brother was very concerned for her. She asked her father to come from New South Wales and stay with her for a period. He did so, arriving on the Sunshine Coast on the 10 May. During this visit he attended with Karen on her next appointment with Dr Fraser on the 14 May 2008. She disclosed to her father that she had attempted suicide, and that she had changed her Will. She showed him a document, the details of which he cannot recall.

Her father flew back to New South Wales on the 19 May. During this ten day period Dr Mahlo's father did not see John Hehir at any time.

Another consultation with Dr Fraser occurred on the 21 May.

Subsequent to her death on the 28 May, John Hehir said he had stayed at Dr Mahlo's home at Moffat Beach every night from the 18 April until the 24 May. This evidence is not accepted. A neighbour who was aware of the occupants of Dr Mahlo's house contradicted Mr Hehir. Mr Hehir's evidence was at odds with what Dr Mahlo told her family and treating doctors. His evidence was totally unconvincing and appeared to be designed simply to support his financial claim against her estate.

The unresolved situation with Dr Mahlo's position at the Nambour Hospital continued to be a stressor. Two days prior to her death, Dr Mahlo attended another appointment with an independent psychiatrist, Dr Fredericks, to continue to monitor and assess her condition. This was on the 26 May.

The next day, there was an acrimonious and prolonged telephone exchange between John Hehir and Dr Mahlo. Some of this conversation was witnessed by Dr Mahlo's daughter, who was visiting and heard the phone conversation which was on speaker. He accused her of ruining his life and the lives of her children.

A BMW motorcycle was in dispute between them and Dr Mahlo decided, in an effort to resolve their differences, that she would transfer her interest into John Hehir's name. She and her daughter went to the Department of Transport to arrange transfer and then returned to her daughter's home. Karen appeared to be in a relaxed and good frame of mind when she returned to her own home at the end of that day. She spent time at her daughter's home and had a few drinks, but was said not to be intoxicated.

At about 5:30pm that afternoon of 27 May, John Hehir arrived at the Moffat Beach house and entered via access through the garage. It is noted that it was subsequently established by the police that John Hehir continued to be in possession of several electronic swipe cards which enabled access to Dr

Mahlo's house. These were finally seized by police executing a search warrant in January 2011.

John Hehir arrived to pick up the motorbike and other property. An argument occurred between John Hehir and Dr Mahlo and this was witnessed by some friends of Dr Mahlo's daughter who went to the house. It was also overheard by a neighbour from across the road. Mr Hehir left by about 6:30pm.

Dr Mahlo then made a series of phone calls between 7:00pm and 8:00pm that will be detailed later.

## **28 May 2008**

What happened between 8:00pm on the 27 May and 5:13am on the morning of the 28 May 2008, when the Queensland Ambulance Service officer declared Karen Mahlo deceased, is uncertain. There are however records of use of Dr Mahlo's computer and printer during this time.

John Hehir told police after leaving Dr Mahlo's house he returned to his office and remained there until midnight. He then went home to his unit at Maroochydore.

Subsequent forensic examination of Dr Mahlo's computer established that at 2:45am on the 28 May a USB stick named 'John's USB' (serial number 0B90747130A25935) was inserted into Dr Mahlo's computer.

At 2:47am a document addressed to Dr Mahlo's children was created.

At 2:48am a document first titled 'message John' was created and then re-named 'suicide John'.

At 2:51am a document titled 'last will and testament of Karen Lee Mahlo' was accessed.

At 2:52am a jpg (picture) of Dr Mahlo's daughter and then son was opened.

Police investigations established there was a telephone call made at 3:06am from the landline telephone at Dr Mahlo's home to John Hehir's mobile phone number. The call was for 10 seconds and went to message bank.

At 3:29am there was file activity recorded on the computer launching the control panel by a right click and selection of properties.

The next calls identified by police were from John Hehir's mobile number to Dr Mahlo's home line between 4:33am and 4:59am. Mr Hehir said he woke up and saw he had missed a call from Dr Mahlo and he tried to reach her. These calls went through to message bank.

Mr Hehir drove from Maroochydore to Moffatt Beach, arriving at about 5:00am and entered through the open front door. He discovered Dr Mahlo's body in her bed. There was a knife in her chest and she was deceased.

Mr Hehir had called triple zero requesting an ambulance to attend Dr Mahlo's house at 4.40am and 4.41am.

Ambulance officers arrived at 5.12 am and declared Dr Mahlo deceased very shortly afterwards.

Crucially, police investigation established that the mobile phone towers through which these calls were traced were consistent with Mr Hehir's subsequent account that he was driving from Maroochydore down Nicklin Way to Moffat Beach.

### ***Police investigation***

Detective Jodie Allan was appointed to investigate the circumstances surrounding the death of Karen Mahlo. She attended the address on the morning of the 28 May at about 5.30am. There were no signs of forced entry or any signs of struggle or disturbance. She discovered the two notes she considered to be suicide notes which were laying face down on the printer. This was the normal way they would have issued from the printer. Neither page was signed. One was addressed to Karen Mahlo's children and one was addressed to John Hehir. Forensic examination did not reveal fingerprints.

Detective Allan spoke with John Hehir who introduced himself as Karen Mahlo's ex-defacto. He was very distressed. He said he last saw Karen Mahlo late on the previous afternoon. He said when he left she was in good spirits, which was contrary to other information they had argued. He said later in the evening she rang him and they argued. He told the detective they had been arguing on and off, particularly when she drank alcohol and she had been drinking alcohol before he left her place at about 6:30pm. He confirmed he had gone there to pick up a motorbike which had been jointly owned but then transferred to him at the end of the relationship.

Detective Allan described Mr Hehir as 'a blubbering mess'. She thought his behaviour was unusual. She felt that they were like crocodile tears, but she conceded 'she did not take to the man'. She had seen many grieving people in the course of her job and she felt his behaviour was distinctly strange.

While at Karen Mahlo's house the three attending police officers examined the computer and at 7:24am the document titled 'last will and testament' was activated on screen. The printer and phone were also checked.

The USB named 'John's USB' was not recovered by police.

When interviewed by police at the police station on the morning of 28 May, Mr Hehir denied being at Dr Mahlo's home when the computer was used in the early hours and denied accessing the computer.

The house had a security access system in place requiring an authorised swipe card. Anyone with an access card could enter. Police could not

establish any records of who held access cards at any particular time or any recording system of the use of cards. After John Hehir completed his initial statement at the police station with Detective Allan, he was dropped back to where his car was parked outside Dr Mahlo's home. This was about 11:30am on the 28 May.

In evidence at the inquest, Mr Hehir admitted he entered Dr Mahlo's house on 28 May 2008 after police dropped him off outside to pick up his car. He said he had asked police if it was alright for him to pick up a few of his belongings. Under close questioning Mr Hehir conceded if the USB stick with his name on it was there (in Dr Mahlo's computer) he certainly would have taken it.<sup>1</sup>

Subsequently, when police seized Mr Hehir's laptop on January 2011, their expert examination established that the particular USB stick, with its own identifying serial number, had subsequently been inserted into Mr Hehir's laptop on 24 and 31 July 2008 and 13 February 2009.<sup>2</sup>

I am satisfied this conclusively proves Mr Hehir did remove that particular USB stick from Dr Mahlo's computer on 28 May 2008. However, that particular USB stick was never located by police, nor could it be discovered forensically what was stored on the USB stick on 27-28 May 2008.

Subsequent examination by police of Karen Mahlo's computer indicated the document titled 'Suicide John' was accessed at 1:20pm on the afternoon of 28 May 2008.

Dr Mahlo's daughter told police she did not enter the premises until 4:00pm that afternoon. She said the suicide note was open on the screen.

At the inquest, when asked directly whether he logged on to the computer that day, Mr Hehir said *I don't know whether I logged on or not.*<sup>3</sup>

Consistent with the evasive and calculated manner of responding to questions at the inquest, Mr Hehir said *I don't want to tell you that I didn't if you saw I did.*<sup>3</sup>

In all of these circumstances I am satisfied the identity of the person who accessed the document at 1:20pm on 28 May 2008 was most likely to be John Hehir.

A legal contest over Dr Mahlo's estate and a dispute over the validity of her testamentary wishes commenced from the day of her death. That dispute was filed in the Supreme Court and it is understood that a settlement was subsequently reached between Dr Mahlo's family and John Hehir.

Mr Hehir also subsequently arranged to access the storage facility where Dr Mahlo's possessions were stored pending the resolution of the estate

---

<sup>1</sup> T3-61

<sup>2</sup> T3-62

<sup>3</sup> T3-60

distribution. He did this with consent of the administrator and accompanied by an estate agent. However, I do not accept his account, subsequently contradicted by the estate agent, that the agent remained in attendance for all of the time Mr Hehir was at the storage facility. He said he wanted to recover some items of furniture, but at inquest, it appeared he accidentally said he was there to pick up 'documents'.

Afterwards it was established that the printer from Dr Mahlo's house was no longer in storage.

None of these matters are directly relevant to the cause of Dr Mahlo's death, but they were all matters that led her family to be concerned.

Also it was noted that despite Mr Hehir's constant protestations that the relationship with Dr Mahlo was not over at the time of her death, it did not take long before he formed a new relationship. This occurred within three months of Dr Mahlo's death (23 August 2008), and he re-married in October 2010.

### ***Cause of Death***

A full autopsy was performed on the 29 May 2008 by the forensic pathologist, Dr Alex Olumbe. A stainless steel chef's knife was still insitu through the chest wall in the midline when Dr Olumbe examined the deceased. The length of the blade was 135mm. The width of the blade was 30mm. The length of the handle was 110mm.

Externally, a single stab wound was observed on the middle section of the sternum. The whole length of the blade was imbedded in the chest.

On the lateral end of the wound there were two superficial linear abrasions (scratches) described by Dr Olumbe as follows- *the uppermost extends upwards diagonally measuring 5mm in length, and the lower part is curvilinear and extends downwards measuring 10mm in length.*

In evidence Dr Olumbe confirmed these two small superficial scratch marks were consistent with his experience of 'hesitation or tentative' use of the knife. He confirmed these types of injury were commonly seen in suicides where people subsequently inflicted stab wounds.

He also noted minor nicks on the palm. He considered these to be too minor to be possible defensive wounds which would have been more extensive and likely to be on the arms as well.

He noted old scarring on the wrist, consistent with previous self-harm.

Dr Olumbe confirmed there was a single stab wound in the sternum with three tracks in close proximity through the wound. This was consistent with the knife being forced through the breastbone and then being manipulated.

Dr Olumbe confirmed damage would not have caused immediate death. He said death was due to hypovolaemic shock due to loss of blood.



Dr Olumbe noted minor bruising on the back of the right hand which could have been caused by blunt impact.

He noted linear scars on the front of the right wrist and medial aspect of the left ankle were consistent with previous self-harm/suicidal ideation.

Toxicology testing revealed alcohol at a level of .114. Dr Olumbe remarked this suggested alcohol was ingested around the time of death.

Diazepam and its metabolite were detected at therapeutic level.

Citalopram, an antidepressant, and its metabolite were detected at slightly above therapeutic level.

A low level of Temazepam was detected.

No other drugs were detected.

Dr Olumbe concluded Dr Mahlo died due to a stab wound to the chest.

With respect to the degree of force necessary to have caused the injury, Dr Olumbe addressed the individual wound tracks. Although there was a single stab wound in the skin on the sternum, internally, there were three wound tracks into the chest extending from:

1. Medial left third intercostal muscle (muscle between the ribs). The path of this wound track through chest and depth of penetration through the soft tissues including skin, intercostal muscle, pericardium and pulmonary artery of 135mm was suggestive of use of a mild amount of force.
2. Medial left fourth intercostal muscle (muscle between the rib). This wound track in the medial aspect of the left fourth intercostal space penetrated through the chest and depth of penetration through soft tissues including skin, intercostal muscle and pericardium of 135mm was suggestive of a mild amount of force.
3. Lower sternum at the level of the fifth rib. This wound track was through the lower chest plate in the midline at the level of the fifth rib. The track penetrated the bony chest plate to a depth of 40mm. It did not enter the pericardial cavity. The path through the chest and depth of penetration through the skin and bony chest plate was suggestive of a severe amount of force.

Subsequently the Office of the State Coroner requested an independent review by forensic pathologist, Dr Linda Iles of the Victorian Institute of Forensic Medicine.

Dr Iles was requested to comment on the following –

1. The degree of force required to push the knife through the breastbone into the chest cavity of the deceased.
2. The presence of other injuries to the deceased including fresh cuts to her hands and wrists.
3. Whether the findings at autopsy were consistent with self-inflicted death.

Dr Iles was provided with the complete autopsy and toxicology report together with Queensland Police scene photographs and autopsy photographs.

Dr Iles considered the assessment of force required to inflict stab wounds was problematic. She considered the wound passing through the full thickness of the sternal bone would be at least severe force. The other two tracks passing through skin and intercostal muscle would be at least moderate force in her opinion. She qualified these opinions with the remark: *These degrees of force are relative and cannot be readily quantified in a meaningful way.*

With respect to the two minor marks on the skin below the wound, Dr Iles considered these were more suggestive of movement of the knife rather than typical hesitation marks. They were on the end of the stab wound which corresponds to the site where the blade was located. In her experience of stab wounds they are commonly seen in that context of some type of movement.

She confirmed with respect to the single wound into the chest there were three track marks inside the body. *There is only one defect in the skin, but the knife had been moved through the same defect – with three separate movements into the body.* Dr Iles confirmed the site of the wound was significant as it was in the general vicinity of the heart.

With respect to the cuts or incisions on the right hand, Dr Iles said it was possible that they might be defensive wounds, but they could also be due to potentially clumsy handling of the knife, or if the hand gripping the handle of the knife slipped forward and that part of the hand came in contact with the blade.

It was noted the particular knife had a triangular metal handle and there was no 'hilt', or barrier to guard the hand from extending onto the blade, particularly if the knife came up against firm resistance.

As to the question of whether the wound could be identified to be suicidal or homicidal, Dr Iles pointed out that it was always a question of considering all of the information rather than simply the pathological evidence. She acknowledged that three wound tracks were unusual but not unheard of. She had performed a literature review detailed in her report. Dr Iles said, *Evaluation of these case series (notably evaluated on the presumption that the manner of death has been correctly identified in all cases in all series) demonstrates that there is no one feature, nor is there a constellation of*

*features that can reliably be used to discriminate definitively between suicidal and homicidal stab wounds in an individual case.*<sup>4</sup>

The presence of three wound tracks passing through a single external wound and the perforation of the sternum by one of the wound tracks were features raising concern. But, these did not exclude self-infliction. There was nothing in the autopsy findings that precluded the possibility of Dr Mahlo's wounds being self-inflicted. The features did justify meticulous examination of other facts and circumstances surrounding the death of Dr Mahlo.

Finally, Dr Iles noted that in her opinion the level of alcohol of .114% would not render a person incapable of purposeful activity, particularly if that individual was an experienced user of alcohol.

### ***Time of Death***

Dr Iles' evidence was that it was not possible to reliably nominate the time of death.

The timeframe during which it can be inferred that Dr Mahlo died was between 3:06am on the 28 May and about 5:00am when her body was discovered by John Hehir.

Dr Mahlo made four calls on the evening of the 27 May to people that were important to her. The first call was to her mother and was for about 25 minutes. Her mother said Dr Mahlo rang at about 7 o'clock and sounded relaxed. Dr Mahlo spoke of spending time with her daughter that day. Dr Mahlo's mother did not form an opinion that her daughter sounded intoxicated during the course of that call.

Subsequently she tried to phone an interstate friend and colleague at 7:37pm. That person was not at home and a message was left.

She then called her son at 7:38pm. He recalled her sounding quite bubbly. She spoke of getting rid of the motorbike and telling her son about plans for the future. He thought she sounded in the best mood that year. He said she was not affected by alcohol as he would be able to recognise this in her voice.

Then she rang her daughter. Her daughter had spent significant time with her mother that day. During the phone call she thought her mother sounded fine, but stressed.

The next external evidence was the computer records subsequently accessed by police indicating use of the computer between 2:45 and 2:52am.

A review by police of telephone records confirmed there was a call made from the landline at Dr Mahlo's Moffat Street house to John Hehir's mobile phone at 3:06am. That call went to message bank.

---

<sup>4</sup> Exhibit G1, page 5

The next evidence available from an independent source was the record of phone calls made from John Hehir's mobile phone to Dr Mahlo commencing from 4:33am. Seven calls were made to the landline and one call was made to Dr Mahlo's mobile phone number. The last call in that sequence was at 4:59am.

The calls made to Dr Mahlo's landline went to message bank. Police subsequently transcribed those messages. Each of those messages was from John Hehir trying to speak with Karen (Dr Mahlo). The first message commenced, *Karen, Karen if you can hear me please come to the phone. Did you ring me a little while ago? I'm sorry I missed the call. Please come to the phone. Are you okay?*<sup>5</sup>

The following calls were all in a similar manner but made reference to his intention to ring triple zero and call the ambulance.

The fifth call at 4:49am included a statement, *I've rang triple zero. They will come. All I have to do is pick up the phone and ring them and they will turn around. But I have rang them.*

Of most significance with respect to John Hehir's whereabouts at the time, police were able to obtain data from mobile phone towers tracking the whereabouts of Mr Hehir's mobile phone during this sequence of calls. The mobile phone towers recorded during the sequence of calls from 4:33am until 4:45am was as follows: Alexandra Headlands, Alexandra Headlands, Alexandra Headlands, Maroochydore North, Buddina, Wurtulla, Currimundi and Battery Hill.

I accept this evidence establishes Mr Hehir's position was moving between those locations during that period of time, whilst talking into his mobile phone.

There was evidence of three 'free calls' made from Mr Hehir's mobile phone at 4:40am from Alexandra Headlands (54 seconds), 4:41am from Alexandra Headlands (3 minutes 38 seconds), and at 5:09am from Caloundra (3 minutes 8 seconds).

There is also a record of the call to Mr Hehir's mobile at 3:06am which was diverted to message bank. There is no mobile tower recording for calls diverted to message bank.

From all of this information it is most likely Dr Mahlo died between 3:06am and 5:00am on 28 May 2008.

### **Dr Mahlo's state of mind on 27-28 May 2008**

There was a lot of medical information about Dr Mahlo's health, particularly her mental health, available for review. This included medical information assessing her condition during the period when she was not at work.

---

<sup>5</sup> Exhibit E14

In particular, the information provided by her treating consultant psychiatrist Dr Clive Fraser, was most helpful. He had treated Dr Mahlo since January 2007. He diagnosed she was suffering from a major depressive disorder complicated by intermittent alcohol abuse. She was treated with a combination of medications, which changed over time. Her condition worsened at various times usually precipitated by additional stressors. The underlying cause of her stress was the suspension from her professional position and the unresolved status of this situation. Increased drinking, and eventually arguments with her partner (John Hehir) were identified by Dr Fraser as additional stressors.

He was aware of two attempts at suicide during 2007. In April she took pills and cut her ankle, and in May she cut her wrist. In Dr Fraser's opinion neither of these incidents could have caused her death, but *any attempt is serious*.

Dr Fraser considered she was at chronic risk of suicide, but he did not consider she needed involuntary treatment or was at imminent risk.

However, in September 2007 Dr Fraser became seriously concerned about her immediate risk of serious self-harm after an incident when she cut off her long hair as a self mutilation. It was the third incident involving a sharp implement and he was concerned that Dr Mahlo, who was proud of her own appearance and presentation, should act in this manner. She was also drinking more and was secretive about the level of drinking. She was admitted to hospital in Buderim for two weeks as a voluntary patient. He considered she used alcohol to self medicate and had only limited insight into her illness. Dr Fraser's records including from the Buderim Hospital recorded the hospital name sticker as Dr Karen Mahlo. He recalled there had been a discussion about the issue of her name, but in the end she was admitted under her own name.

Dr Fraser was away at the time of Dr Mahlo's admission to hospital on the Sunshine Coast in April 2008 before she was transferred to Brisbane and then a clinic at New Farm. This was after a serious medication overdose. She was particularly distressed when comparing her career demotion with others who had criticised her.

Dr Fraser recalled an occasion in April 2008 when she attended an appointment. On leaving, she asked him whether he thought anyone would care if she killed herself. He responded, assuring her that yes, everyone would care. She appeared to accept what he said and made a further appointment.

At her attendance for an appointment with Dr Fraser on 8 May 2008 she disclosed she was no longer living with Mr Hehir. Dr Fraser was not surprised as a month earlier she had separated from him and then briefly reconciled. She told him she decided to separate entirely on 3 April 2008.

Dr Fraser thought this was not a bad outcome as there was a lot of conflict in the relationship, particularly about Dr Mahlo's incapacity to stop drinking and

her unwillingness to stop smoking. On his observations and interactions with both Dr Mahlo and Mr Hehir he considered Mr Hehir was very controlling and calculating with Dr Mahlo. Mr Hehir had attended a number of consultations with Dr Mahlo and had also contacted Dr Fraser by phone and email with respect to Dr Mahlo and sought to intervene in her treatment. Dr Fraser said his observation was that Mr Hehir was 'running the show' and there was very little that Dr Mahlo did without consulting him.

Dr Fraser said he saw no reason to doubt that Mr Hehir was concerned for Dr Mahlo until the events of April 2008.

When asked about the possibility of Dr Mahlo's mood varying from a good mood to a depressed mood over a number of hours, Dr Fraser explained her pervasive mood was of depression. This could fluctuate and may deteriorate with the use of alcohol, typically occurring later in the day. There was also the possible range of moods described as 'diurnal'- associated with low mood in the morning but improving. But the pattern could also be reversed.

He was aware after her death that Dr Mahlo had consumed alcohol in a period of a couple of hours prior to her death.

At the last consultation with Dr Mahlo on 21 May she stated she had not been drinking for a few days. Dr Fraser had never seen her in an intoxicated condition or with alcohol on her breath. She always presented in a business like manner. He noted there were some positive improvements with her preparedness to compromise about conditions for her return to work.

On 27 May, the day before her death, Dr Mahlo rang Dr Fraser's secretary. She reported Dr Mahlo had seen Dr Fredericks on 26 May and the appointment had gone well. She wanted to postpone her appointment with Dr Fraser on 29 May as she had a conference. She wanted an appointment before her planned return to work at the Redcliffe Hospital on 2 June. She was said to sound positive and cheerful.

Dr Fraser attended Dr Mahlo's funeral. He said this was exceptional that he should do so, but it was at the specific request and invitation of Dr Mahlo's daughter and family. He was present when Mr Hehir spoke afterward to the gathering. He considered Mr Hehir's behaviour gave a false impression and was very unusual, and particularly out of all proportion for a person no longer in a relationship with Dr Mahlo at the time of her death. After appearing extremely distressed, Mr Hehir was able to read a written statement in a composed manner before suddenly decompensating to such a gross extent that he had to be assisted away. Dr Fraser thought it very strange behaviour.

Dr Fraser had no reason to think Dr Mahlo's death was other than self inflicted due to her chronic risk of suicide. However, he became aware of a different medical opinion and he felt it wise to report his concerns to police. He did so in a professional and measured way. He did not assert any professional forensic expertise but was simply uncomfortable and concerned that all information should be considered.

## **Conclusion**

The opinion of Dr Fraser was that Dr Mahlo was at chronic risk of suicide. Her history showed episodes of self-harm escalating in their severity over time and typically triggered by additional stressors and alcohol against a background of major depression.

On the day immediately prior to her death Dr Mahlo struggled to resolve the fall out from the termination of her relationship with John Hehir. It was clear that he was angry at the loss of his expectation that this was to be a life long relationship, including a significant financial enhancement to his lifestyle due to Dr Mahlo's earning capacity and existing assets. Examination of computer records had also confirmed Mr Hehir's own documentation of his hopes and aspirations for the couple and their future together. There was a clear financial component to Mr Hehir's future hopes.

During 27 May there were long arguments between Mr Hehir and Dr Mahlo, over the phone and in person. Dr Mahlo was denigrated for destroying their relationship and also criticised about her parenting of her children. This was against a recent background of a serious overdose and a known situation of continuing depression and alcohol abuse.

From the toxicology results it was evident Dr Mahlo had alcohol in her system at the time of her death, and had probably consumed more during the course of the evening and early hours of the morning.

## **Findings required by s. 45**

**Identity of the deceased** – Dr Karen Lee Mahlo.

**How she died** – Dr Mahlo died after stabbing herself in the chest with a knife at a time when she was severely distressed, suffering major depression and at a time when her judgment was affected by alcohol.

**Place of death** – 23a William Street at Moffatt Beach in Queensland.

**Date of death**– 28 May 2008.

**Cause of death** – stab wound to the chest.

In all of the circumstances it is concluded Dr Mahlo intended to cause her own death by knife wound to her chest. She did so at a time when she was affected by alcohol and was suffering from longstanding depressive illness for which she was being treated. She left notes for her children and for her former de facto partner. She had struggled to recover from her illness and to re-establish her career. At the time of her death Dr Mahlo, her family, friends and treating doctors had seen significant improvements in her mental

wellbeing and were looking forward to a successful return to her career and future happiness.

I close the inquest.

Christine Clements  
Brisbane Coroner  
Brisbane  
13 June 2014