



VICTORIAN INSTITUTE OF FORENSIC MEDICINE

SUPPLEMENTARY REPORT ON CASE NO. A00043/23 SAMANTHA RAYE

My name is Linda Elizabeth ILES and my professional address is the Victorian Institute of Forensic Medicine, 65 Kavanagh Street, Southbank, Victoria 3006.

I am a registered medical practitioner practising as a specialist in forensic pathology.

My qualifications are Bachelor of Medicine (MB), Bachelor of Medical Science (B Med Sci) and Bachelor of Surgery (BS) with Honours, from the University of Tasmania. I am a Fellow of the Royal College of Pathologists of Australasia by examination in anatomical pathology. I hold the Diploma in Medical Jurisprudence in Pathology from the Society of Apothecaries of London (DMJ (Path)), and am a founding fellow of the Faculty of Post Mortem Imaging of the Royal College of Pathologists of Australasia.

I am employed as a Forensic Pathologist at the Victorian Institute of Forensic Medicine and am an Adjunct Associate Professor in the Department of Forensic Medicine at Monash University.

My practical experience in Forensic Pathology commenced in 2000. I commenced full time professional forensic pathology practice in Victoria in 2005. I was subsequently employed as a Consultant Forensic Pathologist in the Section of Forensic Medicine and Science at the University of Glasgow from March 2007 until January 2009 and received specialised training in Forensic Neuropathology at the University of Edinburgh. I resumed practicing forensic pathology in Victoria in July 2009.

I am head of Forensic Pathology Services at the Victorian Institute of Forensic Medicine and co-ordinate the Institute's neuropathology service.

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In order to expand on opinions offered in this case, I have been provided with data on the extent of toxicological testing performed on specimens taken at autopsy from Ms Samantha Raye. This is outlined in a New South Wales Pathology document dated 30 June 2023. Of note, this extract documents the following:

1. Urine immunoassay negative for morphine, amphetamines, cannabinoids, cocaine and methadone; calorimetric screening negative for salicylates, tricyclics and phenothiazines.
2. Morphine radio immunoassay performed on blood reported as negative.
3. Thin layer chromatography and gas chromatography performed on liver tissue reported as “insignificant traces” of benzodiazepine only.

COMMENTS:

1. The baseline toxicological testing performed on urine, blood and liver was demonstrated to be negative to several central nervous system depressants including morphine, methadone, tricyclic antidepressants, and phenothiazines. “Insignificant traces” of benzodiazepines were noted in liver; no other drugs reported. The limited testing that has been performed has exclude the presence of a number of important central nervous system depressants. On the balance of probabilities given the information available, based on the histological findings, circumstantial evidence and the absence of common central nervous system depressing agents in urine, blood and liver, the most likely precipitant of a period of decreased consciousness prior to Ms Raye’s death is hypoglycaemia following the use of insulin in a non-diabetic person

2. Insulin is not regarded as a drug of abuse.
3. Based on the information above and in previous reports authored by myself, notwithstanding some of the limited data available and the limitations of the toxicological studies performed, on the balance of probabilities, it is most likely that Ms Raye had died as a consequence of hypoglycaemic brain injury secondary to insulin toxicity.

I, Dr Linda Iles, acknowledge for the purpose of Rule 31.23 of the Uniform Civil Procedure Rules 2005 that I have read the Expert Witness Code of Conduct in Schedule 7 to the said rules and agree to be bound by it.

I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to penalties of perjury.



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