

**Prepared for:**

Justice John Sackar  
Special Commission of Inquiry into LGBTIQ hate crimes  
Department of Premier and Cabinet  
121 Macquarie Street,  
Sydney NSW 2000

**Reference:** Richard Slater**Re:** Special Commission of Inquiry into LGBTIQ hate crimes

Friday 23 June 2023

Dear Emily

Thank you for your invitation for report for this inquiry. I have acknowledged your request for an expert opinion regarding specific questions arising from the review of the death of Richard Slater. You have supplied me with your letter of instruction, the pathology report from the Coroner Dr. Banathy, and an autopsy report from the same Practitioner Dr. Banathy acting as a pathologist.

I, Professor Anthony Costello, acknowledge that I have read the Expert Witness Code of Conduct in Schedule 7 to the Uniform Civil Procedure Rules 2005 (NSW) and agree to be bound by it. I give this report based on my qualifications and credentials as a consultant urologist. I attach brief Curriculum Vitae for your records, which entitles me to give an opinion as an expert witness. A summary of my credentials is outlined below.

**Anthony James Costello Career Credentials**

- 2015 AM Medal of the Order of Australia awarded by the Australian Government for outstanding contribution to education and research in surgery and medicine in Australia.

- 2020 Rated by Stanford University in the top 2% of 65000 scientists whose contributions to publications in research and clinical medicine in the field of genitourinary publications were assessed over the past 100 years.
- Editor in Chief of the world's 1st robotics textbook to be entitled Principles and Practice of Robotic Surgery 800 pages 67 chapters publication 2023.
- 2003 Pioneered the introduction of robotic surgery in Australia.
- 2004 Elected to Fellowship of the American Association of Genitourinary Surgeons. The first Australian Urologist so honoured. Established in 1877 the Society AAGUS comprises seventy-five American Urologists and twenty-five International Urologists who are outstanding leaders in their field.
- 2021 published over 300 peer-reviewed scientific manuscripts and 25 book chapters.
- 2015 Elected to Fellowship of the Royal College of Surgeons in Ireland for services to Irish and International Medicine and surgical training. The alumni of this Fellowship include Louis Pasteur, Nelson Mandela, and Jimmy Carter.
- 2017 Awarded the St Paul's Medal from the British Association of Urological Surgeons for outstanding contributions in the field of international urology.
- 2003-2020 Head of robotic surgical training fellowship, having trained over fifty International urologists for 1 year tuition in robotic surgery.
- 1999-2020 Head of Urology Department Royal Melbourne Hospital and Professorial Fellow University of Melbourne.
- 1991 -1999 Head of Urology St. Vincent's Hospital Melbourne and Western Hospital, Footscray 1985-1991.

**Summary**

Richard Slater was 69 years old at the time his death on 22 December 1980 from the effects of a traumatic brain injury and subsequent myocardial infarction after hospitalisation due to an assault on 19 December 1980.

I read your chronology with items 1 to 10 regarding the circumstances of his demise. In number 6 his grandson reported that on occasions he had been with his grandfather he had “noticed his grandfather stop at toilets before returning to his home for the purpose of urinating as he had a medical “history of prostate gland problems and had to continually relieve himself”

In item 7 and 8, a witness account, suggested that a man saw Mr Slater into the public toilet and Mr. Slater stood for some time without urinating and “stood there as if urinating”.

**Your Specific Questions****Question 1**

Your view as to whether a prostate gland problem as described by Richard Williams, could, in general terms, account for either or both of the following matters relating to Mr Slater:

- a. A need to urinate frequently resulting in frequent attendances at public toilets; and/or
- b. Difficulty urinating when attending a urinal, such that he might be standing at a urinal with his penis exposed over an extended period of time prior to commencing to urinate.

**Answer 1**

A man of 69 always has a degree benign prostatic enlargement. His grandson had observed his urinary frequency. I think it more likely than not that Mr Slater had untreated benign prostatic hyperplasia or hypertrophy (these terms are used interchangeably). There were no medications available at that time, 1980, to alleviate his symptoms. Medications to treat this condition only came in the 1990s. Treatment for this condition at that time was simply waiting until symptoms were bad enough for surgery to

remove some of the prostate to allow the bladder to empty. The symptoms of bladder neck obstruction due to prostatic enlargement relate to urinary frequency, difficulty in initiation of urination which we call hesitancy and poor urinary flow.

I think it more likely than not that he had symptoms of frequency and hesitancy. Delay in initiation of urination in these circumstances can take up to several minutes or even longer.

Urinary frequency, the constant urge to urinate is due to poor bladder emptying and the initiation of a urinary reflex for bladder emptying occurring more often than it should with urine remaining in the bladder after micturition.

Most men attending public events and urinals will have experienced a lengthy wait for a gentleman ahead of them to empty their bladder. This is due to prostatic obstruction with hesitancy and a poor flow.

## **Question 2**

Could Mr Slater have had a “prostate gland problem”, or some other relevant condition resulting in a frequency of need to urinate as described by Mr Williams, notwithstanding the reference in the autopsy report to the prostate gland appearing “normal”?

## **Answer 2**

The autopsy report only describes the gland as normal in as much as there was no obvious cancerous protrusion from beyond the capsule of the prostate. All men at aged 69 have prostatic enlargement, and the majority would have some symptoms of prostatic obstruction. The fact that the grandson of the deceased witnessed urinary frequency problems with his grandfather confirms from my point of view that Mr Slater had reasonably significant benign prostatic blockage symptoms. In this instance, the statement from the pathologist in the autopsy report has no relevance as to whether there was benign prostatic enlargement causing obstruction. The only way this condition could have been

reported from a pathology point of view would be to dissect the prostate and look at the histology, which was not done here as this was superfluous to need.

This report is based on my credentials and qualifications as an Expert Urology Witness, and I am happy to amplify on any of the relevant issues should this be necessary.

Yours sincerely,



**Prof Anthony J Costello**

Emeritus Professor Urology (Honorary), Royal Melbourne Hospital

---

Level 8, 14 – 20 Blackwood Street, North Melbourne, Vic 3051

Email: [REDACTED]

Web: [www.tonycostello.com.au](http://www.tonycostello.com.au)