



Mr Philip Barlow  
Assistant coroner  
HM Coroner for the Inner South District of Greater London  
1 Tennis Street  
London  
SE1 1YD

04 June 2021

Dear Mr Barlow

**Re: Regulation 28 report to prevent future deaths following the death of Ella Adoo-Kissi-Debrah**

Please find below the Royal College of Physicians' (RCP) response to your Regulation 28 report of 20 April 2021. As requested, we have responded to your concern that the adverse effects of air pollution on health are not being sufficiently communicated to patients and their carers by medical and nursing professionals. You will already be aware of the expert opinion we provided in a previous response to a Regulation 28 report in the form of our joint report with RCPCH, [Every breath we take: the lifelong impact of air pollution](#).

We think the actions we lay out will help increase understanding of and facilitate conversations with patients on avoiding and mitigating the dangers of air pollution. But the risk of air pollution to public health will only be significantly reduced if government and other policy makers agree to widespread societal measures, particularly more regulation of pollution generating activity. Initiatives need to be focused on reducing the exposure of women, children, older people, and people in lower socioeconomic groups, in which ethnic minorities are overrepresented.

Yours sincerely,

[REDACTED]

Dr [REDACTED]  
Registrar, Royal College of Physicians

## **RCP response to the Regulation 28 report to prevent future deaths following the death of Ella Adoo Kissi-Debrah**

1. The RCP accepts the evidence, presented at the inquest by our special adviser on air quality Professor [REDACTED] among others, that the adverse effects of air pollution on health are not being sufficiently communicated to patients and their carers by medical professionals. We thank the assistant coroner for the coroner area of Inner South London for bringing it to our attention.
2. Air pollution is of great concern to all physicians, not just respiratory specialists, which is why we helped established the [UK Health Alliance on Climate Change](#). Its impacts can be profound, particularly for the developing foetus, children and young people, and people living in more deprived areas. As well as adversely affecting lung development and growth, it can cause diseases and conditions of the lungs. It can also cause or exacerbate cancer, heart disease, cognitive problems and diabetes.
3. We produced this response with the Joint Royal Colleges of Physicians' Training Board (JRCPTB), the Faculty of Public Health, the British Thoracic Society, the Association of Cancer Physicians, Association of British Neurologists, the British Society for Clinical Neurophysiology, the Association of British Clinical Diabetologists and the Society for Endocrinology.

### **The medical curriculum**

4. The postgraduate internal medicine curriculum is followed by everyone training in the 32 physician specialties. It requires trainees to:
  - a. Understand the factors which influence the incidence of and prevalence of common conditions.
  - b. Understand the factors which influence health – psychological, biological, social, cultural and economic especially work and poverty.
  - c. Understand the influence of lifestyle on health and the factors that influence an individual to change their lifestyle.
  - d. Understand the relationship between the health of an individual and that of a community.
  - e. Understand the role of other agencies and factors including the impact of globalisation in protecting and promoting health.
  - f. Identify opportunities to prevent ill health and disease in patients.
  - g. Identify opportunities to promote changes in lifestyle and other actions which will positively improve health, e.g. to encourage smoking cessation and / or weight reduction.
  - h. Work collaboratively with others to encourage patients to safely reduce their weight if obese and increase their physical activity / exercise.

5. The curriculum does not specifically mention air pollution, but it does reference the GMC's General Professional Capabilities, which do include Health Promotion and Illness Prevention. We accept that there needs to be better understanding by doctors of the impacts of air pollution on health so we will
  - a. review the delivery of the curriculum at local level
  - b. add some questions on air pollution to the exams we administer
  - c. work with the relevant specialist societies to decide how to increase knowledge among physicians of the impacts of air pollution on health.

### **Communication with patients, families and carers**

6. There is lots of information available about the impacts of air pollution and the medical community does produce its own reports and events. The RCP and RCPCH 2016 report [Every Breath You Take](#) and its [2018 update](#), for example, were widely read and are still referenced and discussed. But we need to do more to communicate the large amount of scientific evidence available as it makes the case for why medical practitioners need to communicate with patients.
7. Doctors, and all healthcare professionals, need to understand that they have a responsibility to talk to patients about air pollution and how to avoid it. But knowing about the dangers of air pollution is very different from talking to patients about them, and we recognise that we have an important role to play in helping doctors do this. Many patients and their families will not be able to make the changes that will have the most benefit – that is, change where they live, work and play - so doctors and other clinicians may be uncertain of the benefits of such a conversation. It is understandable that they may shy away from these conversations, so we must give them the confidence to know there is something they can do to help.
8. We will therefore look to produce and actively promote resources that will help medical professionals to better understand the impacts of pollution and have effective conversations with patients. The resources may include written guides, podcast episodes, online learning and events. They may be produced by the RCP, specialist societies, or in collaboration through the Academy of Medical Royal Colleges and with other partners. We will urge all of our 32 specialties to help develop and subsequently promote such resources through their networks. The March 2021 updated [NICE guideline on asthma](#), plus its [guideline on air pollution: outdoor air quality and health](#) and its [guideline on indoor air quality at home](#), will be instructive.

9. While we will work with our members to develop them, we think the resources to help facilitate conversations should focus on outlining what most people might be able to do to reduce their or their family's exposure to pollution. That is likely to include how someone can
  - a. reduce indoor air pollution, such as what cleaning products to use, not smoking in the home, not burning fuel in the home, ventilation and when not to open windows
  - b. mitigate the adverse biological effects of exposure to the air pollution that they may have no control over, such as by eating certain foods and improving nutrition
  - c. avoid outdoor air pollution when possible, including the promotion of apps that provide information about local pollution levels
  - d. understand which conditions exacerbate the impacts of air pollution, such as obesity, and how they can be addressed.
10. At the same time, more needs to be done to help doctors and others know when to have these conversations. For example, electronic patient record systems in primary and secondary care could alert them when someone is living in an area of high pollution. An indicator could be added to the Quality and Outcomes Framework (QOF).
11. Finally, we will consider how we might help medical professionals become local advocates for reducing air pollution. The NHS' adoption in 2020 of a multiyear plan to become the world's first carbon net zero national health system and its Greener NHS campaign offer opportunities to raise the medical voice on this issue.

### **Regulation of pollution generating activity**

12. Most important is government action to reduce air pollution, particularly more regulation of pollution generating activity. There needs to be a particular focus on initiatives that reduce the exposure of women, children, older people, and people in lower socioeconomic groups, in which ethnic minorities are overrepresented.
13. We agree with the assistant coroner that the national limits for particulate matter are too high, that the WHO guidelines should be seen as minimum requirements, and that legally binding targets based on them would reduce deaths in the UK. The environment bill currently making its way through Parliament is an opportunity to do just this.
14. We need more clean air zones in the most polluted towns and cities. The use of Ultra Low Emission Zones, such as that in London, should be expanded. Every attempt should be made to ensure that traffic is directed away from areas of socioeconomic deprivation, as this exacerbates health inequalities.

15. Greater thought needs to be given to housing regulations. Particularly in the construction of social, low-income and affordable housing, regulations must reduce indoor pollutants. Careful consideration must be given to where new housing is built so that areas of high pollution are avoided.

#### **Public information**

16. In many other countries, such as the US, Australia and Japan, it is common to have daily reports of pollution on television and radio. These reports help people to manage their own exposure and risk. Daily pollution reports should be added to weather reports on TV, radio and online in the UK. At times of particularly high pollution levels, the government should issue alerts. The government should also promote apps that people can use to monitor levels locally, much as the NHS COVID-19 app alerts people to the level of coronavirus risk in their postcode area.

17. Local authorities have an important role to play, not least in communicating local pollution scores and explaining what they mean to the community. This may include recommending that certain groups do not go out at times when pollution is particularly high, avoid particular roads or areas, and don't open windows at certain times. Local authorities also have a role in making sure air pollution is a factor in housing allocation decisions.

18. Schools could also be a good vehicle for communicating the dangers of air pollution and how to avoid or mitigate them. Physicians could have a role in working with them.

19. Integrated care systems, which will soon be put on a legal footing through the forthcoming health and care bill, present us with an opportunity in this regard. As partnerships between local authorities, health and care services, and the voluntary and community sector, they will be ideal forums for discussing the local situation and deciding how best to bring all this together for the better health of their populations.

## Summary of actions

The Royal College of Physicians will work with specialist societies, the Academy of Medical Royal Colleges and other royal college partners, the UK Health Alliance on Climate Change and others to

- continue to raise the profile of the impacts of air pollution on health
- review the delivery of the internal medicine curriculum in light of this report
- work with specialist societies to decide how to increase knowledge among physicians of the impacts of air pollution on health
- produce and actively promote resources that will help medical professionals
  - better understand the impacts of pollution
  - have conversations with patients and their families about avoiding air pollution and mitigating its impacts
- work with government and the NHS to improve incentives to have these conversations and systems that indicate when they are necessary
- consider how we might help medical professionals become local advocates for reducing air pollution
- urge national and local government to tighten regulation of pollution generating activity and improve public information.