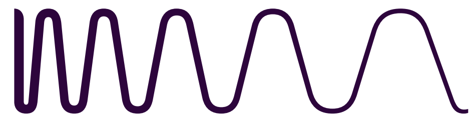

Assistant Coroner Ms L Bradford
North London Coroner's Service
28 Wood Street
London
EN5 4BE

12 December 2024

Sent by email: [redacted]

Dear Ms Bradford,

RCR Response to Regulation 28: Prevention of Future Deaths report issued on 11 October 2024 in relation to the death of Kingsley Efosa Imafidon.

I was very sorry to read about the death of Mr Kingsley Imafidon and I would like to express my deepest condolences to Mr Imafidon's family.

I sincerely apologise for the delay in sending this response. We have reviewed the reasons for this delay, and I can confirm that we have put additional measures in place to refine our process when responding to important correspondence such as your report.

We take the matters raised in your report very seriously and I hope this reply will be helpful in outlining how we are committed to learning from them and supporting our members and Fellows to develop and maintain excellent medical care.

The hospital at which Mr Imafidon was treated has referenced the *Guidelines on the use of liver biopsy in clinical practice from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology* and you refer to them in your report. You have asked us to specifically consider that "These guidelines do not appear to give consideration (and therefore guidance) in relation to the use of liver biopsy for patients with other pathologies such as HbSS."

All patients having a liver biopsy will, by definition, have some concern relating to their liver function and many will be at increased risk of bleeding compared to a healthy population. The guidelines note that although techniques have been refined, all invasive procedures have an associated risk of both morbidity and mortality. The guidelines also note that the benefits of a biopsy must be balanced against the risks involved and discuss the need for this to be through a process which incorporates informed consent.

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Within the guidelines there is detailed consideration of the different possible technical approaches for liver biopsy and also consideration of where the procedure should occur. Management of the inherent risks is not explicitly referenced at each paragraph but is the underpinning reason for these considerations to inform services and operators about the relevant factors when arriving at a decision, which will include many judgement calls and should be a process approached in partnership with their patients.

The guidance document does not reference HbSS, and it would not be possible to attempt to exhaustively list every condition which might put a patient at higher risk through risk of bleeding. The guidance does, however, reference many different groups of patients who are at higher risk and some of those groups are likely to include patients in Mr Imafidon's position.

For instance, when discussing the site of the biopsy and post-procedure monitoring the guidance states:

> *Outpatient day case liver biopsy*
>
> *It is recommended that patients undergoing day case percutaneous liver biopsy should have no conditions that might increase the risk of biopsy; these include encephalopathy, ascites, malignancy, hepatic failure with severe jaundice or evidence of significant extrahepatic biliary obstruction, significant coagulopathies or serious diseases involving other organs, such as severe congestive heart failure or advanced age. Pragmatic issues that will affect the decision not to undertake day case biopsy includes the travel time between the hospital and patient's home (or place of recovery), domestic situation and time of day that the biopsy is done.*

It then goes on to make a recommendation:

> ► *Liver biopsy may be safely done as a day case procedure if there are no increased risk factors and the patient can be looked after when they have left hospital, can seek appropriate advice and access appropriate medical help if needed.*

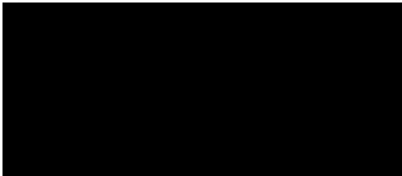
Tragically, it appears that no matter how well-intentioned plans might have been before the procedure, on this occasion Mr Imafidon was not able to be looked after and seek such help when it was required.

Particularly in a resource limited environment where continued additional efficiencies are required, many decisions around place of care or exact approach are difficult. The trust has replied to your report that they intend to use a more specialist liver MDT as a decision-making vehicle to improve how decisions around route and location of biopsy are taken in future and this is certainly one mechanism where additional expert input will be possible which would be expected to be better able to balance risk and benefit.

This guidance was developed by the British Society of Gastroenterology in collaboration with the Royal College of Radiologists and Royal College of Pathology. At the time in which this guidance is due to be reviewed, we will facilitate expert radiological input, and we will specifically include your report in the material to consider.

I am grateful to you for bringing these matters of concern to our attention and for giving us the opportunity to respond. Once again, I do apologise for the delay in our response and express my deepest condolences to Mr Imafidon's family and loved ones.

Yours sincerely,



RCR President