



**Association  
of Anaesthetists**



**Royal College of Anaesthetists**

2<sup>nd</sup> December 2025

Dear Dr Cummings,

**Re: Regulation 28: Report to Prevent Future Deaths in the matter of William King**

Thank you for sending us a copy of your report regarding the sad death of William King. The information available has been reviewed by our [Safe Anaesthesia Liaison Group \(SALG\)](#). SALG is a collaborative project between the Association of Anaesthetists, NHS England's Patient Safety team and the Royal College of Anaesthetists. One of its core objectives is to analyse anaesthesia-related serious incidents and to share the learning with the specialty across the UK.

Your report highlights your concerns regarding the process and documentation of discussions leading to informed consent regarding the insertion of a nasogastric (NG) tube. Your report outlines that an NG tube was offered to Mr King at different stages of his treatment, but it is not clear whether any of those discussions addressed the risks and benefits of inserting an NG tube that relate specifically to anaesthesia. An NG tube can be one of the components used during rapid sequence induction (RSI) to manage patients with a higher risk of aspiration. Our organisations are shortly to publish a Good Practice guide on the topic of RSI and this addresses considerations about the use of NG tubes and emphasises the need for patients to understand the risks to the airway associated with lack of an NG tube in these circumstances.

The Association of Anaesthetists' guidance "[Consent for anaesthesia 2017](#)" outlines the expectations for the anaesthetic consent process, including the requirements for documentation. One of the key aspects emphasised in this guidance, and in its forthcoming update due to be published in early 2026, is the need for consent discussions to occur prior to patients coming to the anaesthetic room. This is to ensure that patients have the time and space to consider the risks and benefits of the treatment options available and the anaesthetist's recommended course of action. It is not clear from the report at what stage an anaesthetist spoke to Mr King regarding the anaesthetic procedure and the risks/benefits of the rapid sequence induction (RSI), including the additional considerations of proceeding with or without an NG tube. A discussion between the anaesthetist and a patient regarding the risks/benefits of the anaesthetic should take place as soon as practicable after the decision to list a patient for emergency surgery was made.

The Association guidance recommends that details of the discussion with the patient should be documented, although there is no separate consent form for anaesthetic procedures that are done to facilitate surgery. This documentation should include the risks, benefits and alternatives discussed. As in the General Medical Council's "[Decision Making and Consent](#)" guidance, the guidance is clear that discussions around treatments that the patient refuses should be documented with as much care as those they consent to.

We will disseminate these key learning points through our regular [Patient Safety Update](#) publication, which is distributed to all members of the Association of Anaesthetists and Royal College of Anaesthetists. We will also work with our surgical colleagues to ensure that the shared learning points are shared with members of the Royal College of Surgeons of England and the

Royal College of Surgeons of Edinburgh through the [Confidential Reporting System in Surgery \(CORESS\)](#) reports.

We would be happy to respond to any questions that you might have.

Yours Sincerely



President  
Royal College of Anaesthetists

President  
Association of Anaesthetists

### **References**

1. Association of Anaesthetists of Great Britain and Ireland. AAGBI: Consent for anaesthesia 2017. *Anaesthesia* 2017; 72: 93-105 (<https://anaesthetists.org/Home/Resources-publications/Guidelines/Consent-for-Anaesthesia>)
2. General Medical Council, Decision and consent, 2020 (<https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent>)