



By email  
Dr Sean Cummings  
Assistant Coroner for the coroner area of Milton Keynes  
[REDACTED]

19 November 2025

Dear Dr Cummings

Thank you for sending your “*Regulation 28: report to prevent future death*” letter to the RCS England, and for giving us the opportunity to respond.

We were saddened to read the circumstances of Billy King’s death and we offer our sincere condolences to his family.

Your report highlights a number of concerning issues in relation to the shared decision-making process between Billy and the surgical care team, that occurred in the perioperative care of this patient. Although we have no regulatory powers, the College provides extensive advice and guidance to the surgical care team on all aspects of their practice, including matters around consent, communication and team working.

With regard to our currently published advice and guidance:

- The College has produced guidance on [Consent: Supported Decision-Making](#) which lays out the key principles that underpin the consent process. This guidance emphasises that for the patient’s consent to be considered informed, surgeons must be satisfied that the patient has received and understood full and sufficient information about the proposed treatment and its implications. This includes presenting the various treatment options and discussing their relative risks and benefits side by side. It makes clear that consent should be patient-specific, and that surgeons should communicate the risks that are material to the particular patient and their circumstances. Our guidance also emphasises that surgeons should maintain a written decision-making record that contains contemporaneous documentation of the key points of the consent discussion, including documentation of any discussion around consent with the patient’s supporters and with colleagues.

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- The same principles around the consent process are emphasised in our core standards document, [Good Surgical Practice](#), which was recently updated and published in 2025.
- In collaboration with other Colleges and relevant specialty associations recently (in June 2021) we produced [guidance on the Preoperative Assessment and Optimisation for Adult Surgery](#). This guidance emphasises the need for individualised risk assessment as an essential part of patient selection for surgery to reduce risk of complications and death.

In terms of further actions:

- **Advice and guidance:** We were concerned to read of the confusion between surgeons and anaesthetists in Billy's care team around the responsibility for communicating the risks of not placing a nasogastric tube. Although our guidance is clear the surgeon discussing treatment with the patient has the responsibility for communicating the relevant associated risks and complications in the patient's treatment, we appreciate that, in some cases, some aspects of anaesthetic consent are complex and may require an additional conversation. We are currently in the process of updating our consent guidance to take into account our recent revision of Good Surgical Practice, and we will seek to consult with colleagues at the Royal College of Anaesthetists for coordinated advice in this area.
- **Implementation:** We have recently consulted with the GMC on the development and publication of practical tools and checklists to assist in the implementation of our guidance on consent. We plan on publishing these additional tools alongside our updated guidance on consent over the coming year. We are also in the process of developing a brief e-learning module on consent based on our guidance which can be used by hospitals to train their teams locally.
- **Dissemination of learning:** The risks of aspiration in patients with intestinal obstruction being anaesthetised for surgery are well-recognised and are covered in the Intercollegiate Surgical Curriculum Programme (ISCP) general surgery curriculum. We confirm that we will publicise this event to the Association of Surgeons of Great Britain and Ireland (ASGBI), and to the Confidential Reporting System for Surgery

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(CORESS) which publishes anonymised educational vignettes of relevance to surgical teams, in the Journals of the Royal College of Surgeons of England and the Royal College of Surgeons of Edinburgh.

We hope that this response is clear and helpful and provides you with reassurance in relation to the serious consideration we have given to these matters and the actions we shall be taking in response.

Yours sincerely



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