

Assistant Coroner Mr Hassan Shah
West Northamptonshire Council
The Guildhall
St Giles' Square
Northampton
NN1 1DE

14 April 2025

[REDACTED]
[REDACTED]

Dear Mr Shah,

RCR Response to Regulation 28: Prevention of Future Deaths report issued on 14 March 2025 in relation to the death of Mr Dominic Martin Philip.

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

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 Royal College of Radiologists (RCR) is a charity which works with our members and Fellows to improve medical care across the specialties of Clinical Radiology and Clinical Oncology. We promote excellence in professional practice within our specialties and we produce a range of publications, including standards for the delivery of high-quality radiology services.

There are several different manufacturers of iso osmolar iodinated contrast medium (ICM) which is typically used when a CT scan is performed. For a number of years the UK radiology community has looked to the [European Society of Urogenital Radiology](#) and the [Royal Australian and New Zealand College of Radiologists](#) guidelines on the use of such ICM. The RCR has recently established a working party to develop ICM guidance that will provide recommendations on the administration of iodinated ICM and gadolinium. We anticipate this guidance will be published in early 2026.

It is correct that X-ray imaging has limited diagnostic value in assessing bowel obstruction. A computed tomography scan with ICM is a much more sensitive investigative test for this condition.

Regarding drug allergies, it is an inherent characteristic of all medications that a patient may not be aware of an allergy until they are exposed to the drug. Given the very low incidence of allergic reactions, routine pre-exposure testing for all patients is not standard medical practice for most medications and ICM has a lower incidence of provoking an anaphylactoid reaction than many other medications which are similarly not assessed..

It is important to note that any delay in conducting necessary diagnostic tests may be harmful as recognition and treatment of a potentially life-threatening condition would not be made in a timely manner. If testing for allergy was instituted then this would lead to delays in conducting CT for all patients, the vast majority of whom would be exposed to additional risk through delay but would not benefit as they are not allergic to ICM. Furthermore, allergic reactions can sometimes be idiosyncratic, manifesting unpredictably even after uneventful prior exposure.

Anaphylaxis management is commonly included as part of statutory and mandatory training in hospitals, including basic life support, immediate life support, and advanced life support training programmes. In keeping with other medical emergencies there is typically a balance between training staff who will be present to recognise and provide an immediate response with a recognition that frequent practice enables greater expertise and ensuring that suitable assistance is available to respond to such rare events.


We are unable to provide an explanation for the presence of lidocaine in the patient's blood and trust that the other parties to whom you have sent the notice are better placed to address this concern.

Whilst we do not have specific knowledge of the practices at Kettering General Hospital, we can provide general observations. Local policies are usually in place to ensure clear differentiation between medications. Published literature, such as that from the [Anesthesia Patient Safety Foundation](#), has noted that certain vials of medication, including lidocaine and saline, can have similar appearances, which underscores the importance of robust stock management and pharmacy oversight.

It would be technically possible to track an individual dose of medication to an individual patient. While such tracking would be technically feasible, implementing this process would necessitate significant IT system upgrades, which are currently beyond the capabilities of most NHS hospitals and would have staff training and workload implications.

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 express my deepest condolences to Mr Philip's family and loved ones.

Yours sincerely,

A large black rectangular box redacting the signature of the RCR President.A small black rectangular box redacting the name of the RCR President.

RCR President

