Coroner ME Hassell
HM Senior Coroner
Inner North London

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** • **Chair, Medicines and Healthcare Products Regulatory Agency** • **Chief Executive, Association of the British Pharmaceutical Industry** • **Chief Executive, Medicines UK**
1	**CORONER** I am Sarah Bourke, HM Assistant Coroner for the coroner area of Inner North London.
2	**CORONER'S LEGAL POWERS** I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	**INVESTIGATION and INQUEST** On 21 August 2025, Senior Coroner Hassell commenced an investigation into the death of Clive Mark Hyman aged 64 years. The investigation concluded at the end of the inquest on 13 January 2026. The conclusion of the inquest was that "*Mr Hyman presented with severe brain injuries a few days after falling and hitting his head. He died in hospital on 10 August 2025".* I returned a conclusion that death was due to accident.

	The medical cause of death was: 1a traumatic subdural haemorrhage (operated); 2 atrial fibrillation (treated with apixaban), coronary artery bypass graft.
4	**CIRCUMSTANCES OF THE DEATH** Mr Hyman was 64 years old, active and in good general health. He was prescribed apixaban following treatment for atrial fibrillation and a coronary artery bypass graft. On 1 August 2025, Mr Hyman tripped on the stairs whilst making a telephone call. He informed his colleague that he had hit his head but was feeling "fine". He subsequently told his wife about falling on some marble steps. Mr Hyman did not seek medical advice following the fall. Neither he nor his wife was aware that taking apixaban presented a risk in relation to head trauma. Mr Hyman presented normally until 1 pm on 5 August 2025 when he developed a sudden, severe headache. His blood pressure was also extremely high. His wife called the ambulance service and was told that it was a "non-emergency". Mr Hyman took some paracetamol and went to bed. Around 3.45 pm, his wife heard him choking. She saw that he had vomited and was unresponsive. A further call was made to the ambulance service, paramedics attended and conveyed Mr Hyman to his local emergency department. A CT scan revealed that Mr Hyman had a left-sided subdural haemorrhage. He was given prothrombin and tranexamic acid to help reverse apixaban and given hypertonic saline prior to being transferred to the regional trauma centre. Mr Hyman underwent an emergency left-sided decompressive craniectomy on arrival which was uneventful. He was transferred to the adult critical care unit. A CT scan taken on 6 August showed that Mr Hyman had bleeding within the pons and changes consistent with an ischaemic stroke. Sedation was withdrawn on 8 August, but Mr Hyman continued to have a profoundly decreased level of consciousness. Further imaging on 9 August established that he had had an extensive stroke affecting the entirety of the left hemisphere of the brain. Neurosurgeons advised that the prospects of any meaningful recovery were poor. Mr Hyman died in the early hours of 10 August.
5	**CORONER'S CONCERNS** During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you. The **MATTERS OF CONCERN** are as follows. – 1) NICE guidelines NG232 on the Assessment and Early Management of Head Injury state at paragraph 1.2.1 "*Public health literature and other*

	non-medical sources of advice … should encourage people who have any concerns after a head injury … to seek immediate medical advice. Paragraphs 1.2.3 and 1.2.4 of the guidance state that remote advice services and community health services *"should refer people who have sustained a head injury to a hospital emergency department … if there are any of these risk factors … current anticoagulant or antiplatelet (except aspirin monotherapy) treatment*" 2) Having reviewed several patient information leaflets issued with apixaban, it is evident that patients are routinely advised not to take the drug if they are "bleeding excessively". In addition, they are advised to seek medical advice if they are at "increased risk of bleeding". None of the patient information leaflets that I reviewed expressly addressed the steps to be taken by a patient if they sustain trauma to the head. 3) Patients who have experienced head trauma may not realise that they have sustained an intracranial bleed. As head injuries can be asymptomatic for some time following trauma, apixaban users may continue taking the medication and avoid seeking medical advice because they feel well. As a result of taking apixaban, bleeding may continue. By the time symptoms of a brain injury emerge (e.g. a sudden, severe headache) the patient may be critically ill and have a reduced potential for recovery.
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you and your organisation have the power to take such action.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by 19 March 2026. I, the coroner, may extend the period. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise, you must explain why no action is proposed.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons: • Family of Clive Hyman

	I am also under a duty to send the Chief Coroner a copy of your response. The Chief Coroner may publish either or both in a complete or redacted or summary form. She may send a copy of this report to any person who she believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	**SARAH BOURKE** **HM Assistant Coroner** **22 January 2026**