REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** **1.** The Medicines and Healthcare products Regulatory Agency **2.** National Institute for Health and Care Excellence **3.** British National Formulary
1	**CORONER** I am Ian Wade KC, Assistant Coroner for the Coroner Area of Berkshire
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. http://www.legislation.gov.uk/uksi/2013/1629/part/7/made
3	**INVESTIGATION and INQUEST** On 3rd February 2026 the inquest into the death of Alexander Warrick Mulroney was opened and the inquest was heard and concluded by me on 6th August 2026.
4	**CIRCUMSTANCES OF THE DEATH** I found and recorded the facts as follows: Alex was an intelligent and successful lawyer with a wife and children he loved, in a secure relationship. He had no history of emotional or mental ill-health. He experienced a repeat of a previously suffered physical condition causing urinary and genital symptoms for which he sought and was prescribed ofloxacin, after a first line antibiotic had not cured his illness. He took this medicine as prescribed from 16th December 2025. Late in the evening of 17th December 2025 he left his home in Reading, in his pyjamas and a coat, asserting that he was in substantial discomfort because of a rash, and telling his wife that he was going to the hospital, which was untrue. In the early hours of 18th December 2025 he drove t[redacted], stopping en route to send his wife a text message expressing sorrow for what he was about to do, deliberately drove his motor car at speed [redacted] in a failed attempt to end his life and immediately thereafter returned on foot to the highway [redacted] giving that vehicle no opportunity to avoid striking him. He suffered catastrophic injuries from which he died at the scene. On the balance of probability the prescribed ofloxacin did not cause death but induced a determination to end his life. The conclusion was suicide
5	**<u>CORONER'S CONCERNS</u>** The **MATTERS OF CONCERN** are as follows. –

	Ofloxacin is an antibiotic medicine within the class described as fluoroquinolones. It is known to be associated with or give rise to a variety of harms or risk of harms to the patient, which are recognised by MHRA, which are catalogued as such in professional publications such as the British National Formulary and software applications in widespread use by healthcare professionals providing on-screen alerts when prescribing the drug, and which are stated within Patient Information Leaflets provided by manufacturers within the product packaging. The warnings refer to a wide range of possible harms, mainly of possible physical harm to tissue, or organs, or joints, or of convulsions, or other injurious consequences, by and large in patients known to be suffering from, or who have previously suffered from, defined pre-disposing conditions. They are broadly referred to as side effects. The warnings include reference to the risk of psychiatric harm, including suicidal thoughts, self-harming behaviour and suicide. The warning includes the statement: "Fluoroquinolones can cause psychiatric side-effects, including depression and psychosis, even after the first dose. In rare cases, these can lead to thoughts or attempts of suicide, and have been associated with the completed suicide of a patient without a history of psychiatric disorders." I heard evidence that these warnings within software applications are expressed as either High Severity Warning (of which there is one) or Medium Severity Warnings (of which there are 12). The high severity warning refers in non-specific terms to "very rare reports of disabling and potentially long-lasting or irreversible side effects" without mentioning suicide. The terms used would not ordinarily prompt consideration of death. The medium severity warnings begin with a reference to MHRA advising the use of Ofloxacin with caution in psychiatric disorders – can exacerbate existing symptoms which may lead to thoughts of suicide or suicide attempts. After the recital of many other warnings comprising some 41 lines of dense and small print text, all relating to non-fatal outcomes, the 12th warning states, "Alert - MHRA advises quinolones can cause psychiatric side effects including depression and psychosis which can lead to thoughts or attempts of suicide." I heard evidence that in a typical time constrained doctor/patient consultation, the placing of an under stated reference to the possibility of suicidal thoughts at the end of a relatively long and complex list of so-called medium severity alerts is missed, or is misleading, or is ineffective. The death by suicide of Alexander Mulroney, a patient with no previous history of emotional or mental ill-health, nor a person considered to be at risk of self-harm, soon after commencing a course of a fluoroquinolone is not the first such fatal outcome linked to such medication. Ofloxacin is a dangerous product, notwithstanding its benefits and widespread use. The current approach to publishing warnings of possible harm provides insufficient safeguards and fails properly and adequately to inform both prescribers and patients of danger.
6	**ACTION SHOULD BE TAKEN** In my opinion action should be taken to prevent future deaths and I believe you 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. 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, to the next of kin, to the prescribing general practitioner and to the Patient Safety Commissioner. 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. He may send a copy of this report to any person who he 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	**7th August 2026** [redacted] **Ian Wade KC**