ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Association of Ambulance Chief Executives

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BY EMAIL

David Ridley
Senior Coroner for Wiltshire and Swindon

Dear Mr Ridley

REGULATION 28: JOHNSON AND INGALL

I am writing in response to the Regulation 28 report to prevent future deaths touching the deaths of Mary Grace Johnson and Vhari Ingall which you issued on 7 May 2020 to the Association of Ambulance Chief Executives (AACE).

AACE is a private company owned by the English Ambulance NHS Trusts. It exists to provide ambulance services with a central organisation that supports, co-ordinates and implements nationally agreed policy. Our primary focus is the ongoing development of the English ambulance services and the improvement of patient care. It is a company owned by NHS organisations and possess the intellectual property rights of the Joint Royal Colleges Ambulance Liaison Committee UK ambulance service clinical practice guidelines (the "JRCALC guidelines"). AACE is not constituted to mandate or instruct ambulance service however it has national influence via the regular meetings of ambulance Chief Executives and Trust Chairs along with a network of national specialist sub-groups. One of its specialist sub groups is the National Ambulance Service Medical Directors (NASMeD); this response is from AACE having been informed by NASMeD.

Your concern is that the Do Not Resuscitate document applies to allow specifically a natural death, and that a person dying as a result of self-harm, specifically overdose, cannot be regarded as natural. In this circumstance the decision not to resuscitate should not be left to frontline paramedics. You have asked AACE to review the guidance provided to paramedics in these situations. The JRCALC guidelines do include guidance on resuscitation in relation to patients that may have a DNACPR form.

With regard to DNACPR forms, there is specific guidance on validity, including the statement that the DNACPR form should "explicitly identify the circumstances in which the DNACPR recommendation applies". Application of a DNACPR instruction should not occur until the patient is in need of resuscitation, ie. until they are in cardiac arrest. The presence of a DNACPR form in isolation should not deter a paramedic from treating a patient who is still alive, and if the cause of a cardiac arrest is amenable to immediate treatment, eg. choking, then a resuscitation attempt should be initiated. There are also a number of circumstances contained in the guidance that require paramedics to consider transporting patients to hospital without delay, and with resuscitation ongoing, due to being potentially amenable to treatment. These include instances of suspected drugs overdose or poisoning.

In any event, when a patient lacks capacity to make their own decisions, paramedics are encouraged to make best interest decisions based on clinical presentation, likely futility of a

resuscitation attempt, and the patient's wishes, if known. The presence of a DNACPR form assists in reaching that decision, and reference to the JRCALC guidelines should be made.

AACE, through NASMeD, has undertaken to review the JRCALC guidelines relating to the circumstances in which resuscitation attempts should not be undertaken, and the application of DNACPR forms, and strengthen the guidance in an attempt to prevent recurrence of these unfortunate situations. I trust that this response addresses your concerns.

If I may be of further assistance, please do not hesitate to make contact.

On behalf of AACE, I would like to extend our sincere condolences to the family of Mary Grace Johnson and Vhari Ingall

Yours sincerely

[redacted] OBE
Managing Director