

It is not within the coroner's remit to advise paramedics how they should approach their professional practice

It should be obvious, to anyone who has read my writing for the past decade, that central to my issues with End-of-Life-at-Home is my belief that when 999 Paramedics are interacting with family-carers, the paramedics should start by assuming that family-carers and relatives are being truthful. It shouldn't be that relatives 'have to prove their 'honesty' during an emergency' (something which it is not possible to prove!) and assertion that 'the relative is being dishonest' is what must be 'proven' [and mere confusion, isn't sufficient 'proof'].

Several times, I have come across paramedics who have said to me what amounts to 'if I simply accepted as true what the family were saying to me, then I would be in trouble with the Coroner' – obviously, if that is true, or even if it isn't true but it is widely-believed by 999 paramedics, then I can't make progress towards my objective of properly utilising and combining the clinical expertise of 999 Paramedics and the expert-understanding-of-their-loved-one-as-a-person which family-carers, relatives and friends possess.

So, I decided to try my luck, by sending an e-mail to coroners. I wasn't confident that I would get any useful responses to my e-mail, but I am grateful for some helpful responses from some of the coroners: **the message, in a nutshell, is that it is not within the remit of a coroner to tell 999 Paramedics 'you are not allowed to believe what the family are telling you'.**

I will show the e-mail I sent, and some replies which I received (I am not giving details of which of the coroners sent those replies).

On 29 November 2022 09:40 I sent the following e-mail to my local coroner, and I copied-in about 70 other coroners – as I mention in the e-mail, a Paramedic at a Coventry University Open Day had just given me this '... I would be in trouble with the coroner if I believed the family' line:

Subject: I hope you will answer a question for me

Dear Coroners,

I am hoping you will answer a question for me, but I admit I am not confident that you will answer it.

Since my mother's death in 2008, I have

<https://www.dignityincare.org.uk/Discuss-and-debate/download/315/>

been engaged in debate about end-of-life, the Mental Capacity Act and cardiopulmonary resuscitation. I usually examine the issues, from my family-carer-during-EoL-at-Home perspective (and to an extent from the 'potential patient' perspective).

I was recently talking to a Paramedic at a Coventry University open day. It was a brief conversation, during which he said what amounts to 'I would never accept a relative's word that the patient wouldn't want CPR - I would always [if it appeared that CPR might be clinically successful] attempt CPR unless there was documentation'. He also said, that he believed he would be in trouble with the Coventry Coroner, if he did believe the word of a relative.

THIS IS MY QUESTION: are coroners effectively telling 999 paramedics, that paramedics should not believe what relatives say to them?

If coroners are 'saying that', then it creates a problem, which I would rather not have, when I write about End-of-Life. I write about situations such as the scenario in a Journal of Medical Ethics paper which I contributed to:

<https://www.dignityincare.org.uk/Discuss-and-debate/Dignity-Champions-forum/Clinicians-and-Relatives-Consensus-Uncertainty-Emergency-and-Trust-a-continuation-from-a-Journal-of-Medical-Ethics-paper/1112/>

In a nutshell, imagine that I am sharing a home with my terminally-diagnosed father. On a Sunday evening, my dad makes it crystal-clear to me that he would never want CPR to be attempted. Suppose at the end of a [lengthy] conversation, my dad says '... we'll sort this out when the GP visits tomorrow afternoon'. Now suppose, that the following morning (so before the GP's visit) my dad collapses, and I think his heart has stopped. I might not be 100% certain that my dad's heart has stopped: I would like to summon 999 to confirm the collapse is due to cardiopulmonary arrest [and not, for example, a collapse with a stroke - which my dad would want treatment for if the stroke wasn't going to kill him]; I would be 100% sure that my dad didn't want CPR if it was a cardiopulmonary arrest; so if I also believe that if I involve 999 Paramedics they would attempt CPR whatever I said to them, should/could I 'risk' calling 999?

It is stressful when a loved-one is dying. The paramedic I was talking to, correctly said 'I don't know the relatives - how do I know they are trustworthy'. Clearly paramedics and relatives will not know each other: but, I suspect that the majority of relatives are trying to do their best in sometimes very stressful situations. I find it intolerable, to add '... and we will distrust the family by default because they cannot prove they are honest'. It is 'accusation of all, based on a minority of 'bad apples', and with NO POSSIBLE 'DEFENCE' (i.e. it is impossible to prove that you are being truthful, when talking to a 999 paramedic, standing over a collapsed loved-one).

If I could attempt CPR on my dad (and many people are taught CPR as first aid), then I shouldn't be attempting CPR if he had told me not to (as an aside - I know of someone who told her daughter 'don't attempt CPR on me' and discovered that her daughter said 'well - I'd attempt CPR anyway, whatever you've said to me'): and if I could attempt CPR but I wasn't going to do it because my dad had told me not to, I wouldn't phone and involve someone who might then attempt CPR, would I?!

Do we want a co-operative future, with well-informed relatives and 999 Paramedics working together to support dying loved-ones/patients? Or do we want a confrontational future, with well-informed relatives and 999 staff increasingly 'at war with each other'? So far as I can see, relatives are not required to involve 999 staff:

<https://www.dignityincare.org.uk/Discuss-and-debate/Dignity-Champions-forum/DNACPR-at-Home-and-a-Twitter-thread-what-is-the-legal-situation-for-relatives/1110/>

At the moment, I find that I have to tell relatives what amounts to [for the scenarios of the type I've described] '999 Paramedics are not told to trust you as the default position - so, unfortunately, you

can't 'trust' 999 Paramedics, and you need to consider whether to involve them or not'. Which ISN'T what I would like to be writing.

It is not the fault of relatives and family-carers that sudden and unanticipated clinical events sometimes happen during EoL. It is not the fault of relatives that we are often there to listen during EoL-at-Home, while clinicians are not normally present in the home. I suspect, that if you asked EoL doctors 'what is the most-important thing?' most of them would say 'listening to the patient'. It simply isn't either reasonable or acceptable, to imply/suggest that our listening to our loved-ones 'doesn't count because no clinician was also present to listen' when a clinician will [almost] inevitably not be present to listen.

When I come across the assertion that 'we should not trust any relatives, because some relatives are nefarious' I am angered whoever is making the assertion - doctor, nurse or paramedic. Nurses, around CPR, tend to think '... but if I don't attempt CPR, then the NMC ...'. And nurses have, unfortunately, got good reason to be terrified of the NMC.

It is paramedics, who say '... if I accepted what I'm being told by the family, the coroner would ...'.

Regards,

Mike Stone

Some of the 'helpful replies' which I received from a few coroners, were:

Good afternoon Mr Stone,

Thank you for your email below.

The Senior Coroner [name redacted] has advised that Coroner's only investigate unnatural deaths or deaths that occur in state detention - issues such as DNACPR processes are a matter for clinical practitioners so you should address any concerns you have about these to the Ambulance Service and wider medical profession.

Dear Mike Stone

I did understand that but I just wanted to clarify with you that the incident did not confirm in our jurisdiction. I have now spoken to the Senior Coroner for [district redacted] and he wishes you to know that training & instructions for paramedics are not within his remit. We suggest that you contact the relevant NHS trust.

Dear Mr Stone

It is not within the coroner's remit to advise paramedics how they should approach their professional practice but it would not be appropriate for the coroner to comment further in relation to the example.

Good Afternoon Mike,

I have passed this email to the Senior Coroner – [name redacted] to review.

Following the review, he has assured me that any case such as those described below would be considered on a case by case basis within the remit of an inquest.

An inquest is a fact finding process that looks to answer four main questions;

- 1) Who has died
- 2) When and Where the Person died
- 3) The medical cause of death
- 4) How the person died

As such the coroner is unable to deal with any other matters. This means that the court cannot attribute blame neither civil nor criminal.

The below issues are, therefore, political rather than coronial.

FOOTNOTE: I am not going to dig into the detail here – I am currently thinking about writing a piece, which will be a more-appropriate place to do that – but I will point out a couple of things. While 999 Paramedics can get into serious trouble, if they arrive at a patient in cardiopulmonary arrest and do not attempt CPR without an acceptable justification, finding a person alone and collapsed, is **different from** the situation of a paramedic arriving and finding a person in arrest and the family forcefully saying 'don't attempt CPR – I/we know he wouldn't want CPR'.

And, as the court-analysis of best-interests withdrawals of life-sustaining CANH made clear [at great length, for such an obviously-logically-true point] it isn't the removal of CANH [or the non-application of CPR] that kills the patient – it is the medical situation of the patient which kills the patient. So if 999 Paramedics are blamed for not attempting CPR, the 'crime' is either of not fulfilling the requirements imposed on them by their job as paramedics, or of not applying the law correctly.