

Coroner wants nationwide allergy service to avoid needless deaths from adverse reactions

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Manchester's coroner has warned that more unnecessary deaths will occur unless the government sets up a nationwide allergy service in the NHS so that patients who are thought to have had an allergic reaction to drugs can be tested. The service could also alert health professionals to potential risks of specific drugs.

The coroner Nigel Meadows was one of several speakers at a conference in London last week, organised by the pressure group APRIL (Adverse Psychiatric Reactions Information Link).

His call follows an inquest into the death of a man given antibiotics but who was known to have had an allergic reaction to such treatment in the past. Despite Mr Meadows making a request under rule 43 of the Coroner's Act that a national allergy service should be set up, the health secretary has so far refused to do so. Rule 43 applies where the coroner thinks there is a risk that other similar deaths could occur.

"Inevitably there will be other deaths which would be prevented by the implementation of a national service," said Mr Meadows.

In a letter sent last week he told health secretary, Alan Johnson, "I fear that either you or your successors at some time in the future is going to have to explain to the bereaved family of a loved one why they died from a preventable anaphylactic reaction because of the lack of a national service."

Mr Meadows was coroner for the inquest into the death of Anthony O'Gorman, who died from a combination of anaphylactic reaction to antibiotics, long standing bronchiectasis, and recurrent pseudomonas infection at Wythenshawe Hospital in Manchester in May 2005. The man was on the list for a lung transplant and had had a series of hospital admissions, including several treatments with antibiotics.

Although the hospital has held an investigation into the death and tried to set up a local allergy service, Mr Meadows thinks that this does not go far enough.

In July 2007 the Lords science and technology committee called for at least one allergy centre led by a full time allergy specialist to be established in each strategic health authority. However, there has been little progress.

Although Manchester is seen by some as a centre of excellence it is staffed by just one trainee in allergy, said Andrew Bentley, consultant in respiratory medicine and critical care at Wythenshawe Hospital.

In his response Mr Johnson admitted that there is a problem. "I acknowledge that access to allergy services are variable across the country and that more work needs to be done to address the current imbalance," he said.

The health secretary said that North West Strategic Health Authority was to take forward work on a pilot project that could eventually be used in all strategic health authorities and has asked the

National Institute for Health and Clinical Excellence to draft guidance on allergy and anaphylaxis.

But Mr Meadows argues that this does not go far enough: "It is a postcode lottery as to whether or not any service exists and, if so, the quality and the extent of the service provided. It has much wider implications to other patients who can have adverse and anaphylactic drug reactions."

Meanwhile, speaking at the same conference, Anita Holdcroft, consultant anaesthetist at Chelsea and Westminster Hospital and emeritus professor of anaesthesia at Imperial College, London, outlined the potential adverse psychiatric effects of various anaesthetics, some of which can cause agitation, confusion, and hallucinations.

She had analysed psychiatric adverse reactions reported in the yellow card system to intravenous agents, including ketamine, etomidate, propofol, methohexitone, and thiopentone. Ketamine showed the highest incidence (22.8% of 3884 adverse psychiatric reactions with intravenous agents occurred with this drug).

Although such reactions are now more widely known than has been the case, more needs to be done to ensure accurate reporting of such events, she said.