Introducing the BMJ EBM series: Coroners' Concerns to Prevent Harms - A series of coroners' case reports to serve patient safety and educate the public, clinicians, and policymakers

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Understanding the causes of deaths, and how they can be prevented is critical for improving healthcare outcomes. At a population level, over- or under-reporting of deaths can have a profound impact on policy decisions, which in turn affect global economies and the day-to-day lives of citizens. At the individual level, understanding how and why deaths occur may prevent similar deaths or serious harms from occurring in the future.

One in 20 patients are exposed to preventable harms in medical settings globally with 12% of preventable harms resulting in disability or death [1]. Coroner reports hold a wealth of information on the circumstances of individual deaths. In England and Wales, the law requires coroners to report and communicate a death when the coroner believes that action should be taken to prevent deaths [2]. These reports, named Prevent Future Deaths or PFDs, are mandated under Paragraph 7 of Schedule 5 of the Coroners and Justice Act 2009, and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 [3,4]. Under these regulations, individuals or organizations that receive a PFD report are required to respond to the coroner within 56 days of receiving the report, to outline actions proposed or taken to address the coroner's concerns. The Courts and Tribunals Judiciary website hosts the PFD reports and the responses to the reports.

As these reports contain valuable lessons, concerns have been raised regarding the lack of dissemination and communication of these lessons [5]. Alerting national rather than local organizations about the lessons from these deaths has been one recommendation for serving patient safety initiatives in the NHS [6]. However, the lessons from these deaths are not just applicable to the NHS, and so we launch this new series titled the 'Coroners' Concerns to Prevent Harms' in BMJ Evidence Based Medicine to identify relevant case reports that have important lessons for the public and professional communities, and the potential to prevent similar deaths.

Evidence-based medicine incorporates clinical expertise, patient values, and the best external evidence [7]. Although systematic reviews and randomized controlled trials (RCTs) are the

strongest forms of evidence, case reports increasingly have an important role in identifying harms [8].

Each month we aim to publish a new PFD case report that is relevant to evidence-based medicine and the wider community, and provides valuable lessons to prevent harm. Our articles will include information on the coroner's report, what concerns were raised by the coroner, what the evidence says, and the implications or recommendations to prevent harms and potential deaths. We shall document responses and actions taken by individuals and organizations that received the coroner's report, and highlight when a response to the report is unrecorded and overdue.

This month we publish the first in this series, on the toxicity and lethality of alcohol-based hand sanitizers, a pertinent issue as our exposure to and demand for these products increase. While acknowledging the importance of improving hand hygiene to prevent the transmission of diseases such as COVID-19, this article provides seven recommendations that require urgent action to safeguard vulnerable individuals, including children, elderly people, and high-risk patients with substance abuse or histories of self-harm.

We have collected all coroners' PFD cases uploaded to the Courts and Tribunals Judiciary website, using an open and reproducible method called 'web scraping', which automates the collection of all reports, responses to the reports, and creates a database to contain case information. We have recently described the power of web scraping for those eager to learn [9]. This web scrape can be re-run to update the database as new coroner's cases and responses to cases are uploaded. The web scrape is openly available at Github [10], and we are creating a website interface to display the scraped data and other details about this series. We are continually screening coroners' PFD reports to identify pertinent cases with lessons to prevent harm. This process is iterative, and we welcome your thoughts, and feedback as we develop the BMJ EBM series on Coroners' Concerns to Prevent Harms.

Acknowledgements
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Competing Interests
GCR is financially supported by the National Institute of Health Research (NIHR) School for Primary Care Research (SPCR), the Naji Foundation, and the Rotary Foundation to study for a Doctor of Philosophy (PhD) at the University of Oxford. GCR is the Editorial Registrar of BMJ Evidence Based Medicine. JKA is an Associate Editor of BMJ Evidence Based Medicine; he has published articles and edited textbooks on adverse drug reactions and interactions and has

often given medicolegal advice, including appearances as an expert witness in coroners' courts. CH is Editor in Chief of BMJ Evidence-Based Medicine. CH is an NIHR Senior Investigator and has received expenses and fees for his media work (including payments from BBC Radio 4 Inside Health), received expenses from the WHO, FDA, and holds grant funding from the NIHR, the NIHR SPCR, the NIHR SPCR Evidence Synthesis Working Group [Project 380], the NIHR BRC Oxford and the WHO. CH has received financial remuneration from an asbestos case and given free legal advice on mesh cases. CH has also received income from the publication of a series of toolkit books published by Blackwells. On occasion, CH receives expenses for teaching EBM and is also paid for his GP work in NHS out of hours (contract with Oxford Health NHS Foundation Trust). CH is Director of CEBM, which jointly runs the EvidenceLive/EBMLive Conference with the BMJ and the Overdiagnosis Conference with international partners, based on a non-profit making model. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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