

Marcus
Coates-Walker
Call: 2013



Marcus has a specialised practice focused on clinical negligence, inquest, and personal injury work in addition to being a trained mediator.

Before coming to the Bar, Marcus spent a year as a Director and Trustee of a £7 million turnover company and charity in the Higher Education sector. Before starting pupillage he spent two years as Project Manager of a high-profile independent review at a top-tier commercial law firm in London. During this time he instructed a number of junior barristers, which has given him a thorough understanding of what is required by professional clients.

"His knowledge – both legal and strategic knowledge are beyond his years. He's very impressive, he's very approachable and he's very contactable."

Chambers & Partners 2024

"He is really good with clients and puts them at ease." "He's very good at advocacy."

Chambers & Partners 2024

"A compassionate, patient and articulate junior."

Legal 500 2024

Clinical Negligence

Marcus has a broad clinical negligence practice. He represents both claimants and defendants in cases across a range of medical and dental specialisms.

He is regularly instructed to draft pleadings and to advise on issues of breach of duty, causation, quantum and

settlement tactics. He acknowledges the need for practical advice, a hands-on approach to cases and a quick turnaround of paperwork. In conference, he recognises that many clinical negligence cases can involve extremely sensitive issues for both those who have been injured and those who delivered the treatment. He is well-versed at dealing with a range of clients and experts often in difficult cases.

Marcus is very comfortable dealing with complex expert evidence and has a particular interest in cases involving difficult causation arguments and quantum assessments. He is regularly instructed to draft schedules and counter-schedules.

Selected Cases

- Acted as junior for a Claimant in a high value claim concerning the failure to diagnose and treat a subarachnoid haemorrhage.
- Failure to diagnose a brain stem cyst present on imaging which resulted in a delay in neurosurgery and long term neurological deficit.
- Settled a cancer claim concerning a misdiagnosis of cancer in the Claimant's mouth, involving multiple disciplines of experts and a breakdown in care and communication across three NHS Trusts in diagnosing cancer patients prior to treatment.
- An extravasation injury caused to the hand during the intravenous administration of chemotherapy, which resulted in surgical reconstruction of the right hand with skin grafts.
- A claim arising from substandard surgical technique and treatment decisions, including cataract surgery which resulted in loss of sight in both eyes.
- Failed to identify and treat retinal detachment, causing the loss of an eye and the need for prosthetic replacement.
- Substandard performance of a septorhinoplasty, resulting in a saddle deformity of the nose and reconstructive surgery.
- Dental negligence case involving facial nerve injuries arising from the negligent use of dental instruments.
- Settled a claim at mediation concerning prolonged orthodontic treatment (fixed appliance braces) which has caused extensive root resorption and will lead to the future loss of multiple teeth and significant dental restoration work.
- A patient who was misdiagnosed as having community acquired pneumonia instead of congestive cardiac failure which resulted in pulmonary oedema, cardiac arrest and death.
- Inadequate interpretation of an ECG, which showed a patient had suffered acute myocardial infarction, resulting in cardiac rupture and death.
- A competitive runner, with pre-existing hypertrophic cardiomyopathy, who had not been advised to avoid strenuous exercise and suffered cardiac arrest shortly after a long run.
- Case involving a misdiagnosis of spontaneous pneumothorax and pneumonia.
- Three day trial in a case concerning a failure to diagnose vascular injury to the omentum during laparoscopic entry of a diagnostic procedure. This caused an internal bleed which was not identified during the index procedure. The bleed was allowed to progress resulting in two litres of blood loss, an unnecessary midline laparotomy, blood transfusion and prolonged recovery.
- Defended a claim pleaded at £1.2 million concerning the substandard repair of a third degree perineal tear. Key issues included whether the failure of the surgical repair was due to negligent surgical technique or non-negligent and whether the Claimant's subsequent incontinence and inability to work were caused by substandard surgery.

- Case concerning the retention of products of conception following surgical termination of pregnancy.
- The failure to diagnose and treat a gynaecological fibroid resulting in unnecessary invasive surgery and post-operative consequences.
- The failure to diagnose an ectopic pregnancy which resulted in rupture and loss of fallopian tubes and ovaries.
- Inadequate administration of epidural medication during a caesarean section.
- Stillbirth case involving a failure to identify reduced fetal movements which resulted in delayed delivery and a period of acute profound hypoxia-ischaemia and death.
- Settled a claim at JSM where the Defendant negligently inserted a colonoscope into the Claimant's vagina rather than her rectum and took biopsies from her cervix having mistaken it for a stricture.
- Case concerning the failure to administer antibiotics before a surgical procedure for orthopaedic injuries leading to infection.
- Settled a claim at mediation concerning the delay in an ambulance response to a gentleman suffering a severe asthma attack, which resulted in cardiac arrest and death.
- Substandard performance of arterial surgery to re-vascularise limbs.
- Case involving the complex evaluation of pressure management measures, tissue viability expert evidence, the resulting impact on care needs and the application of the principles in *Reaney v University Hospital of North Staffordshire NHS Trust*.
- Substandard performance of colonic hydrotherapy, which caused perforation of the bowel, septicaemia and permanent nerve damage.
- Prolonged application of a chemical peel to the face, which caused facial scarring.
- Cases where the deceased took their own life as a result of a psychiatric disorder, including issues with assessments completed by professionals, the administration of medication or the management whilst sectioned under the MHA.
- Case involving the application of *Montgomery* and the exploration of causation with regards to the issue of informed consent.
- Claim involving secondary victims, including the application of the 'Alcock' criteria and recent developing case law.
- Claim involving issues of vicarious liability and non-delegable duties of care in a clinical context.

Inquests

Marcus has experience in a broad range of inquest work on behalf of a variety of Interested Persons, including both bereaved families and state institutions. This includes representing clients at Article 2 and jury inquests with multiple lay and expert witnesses in cases involving deaths in hospital, care homes, psychiatric institutions and prisons. To date, he has been instructed in over 30 inquests and a number of these have also attracted media attention.

Selected Cases

- Three day inquest into the death of a man who had called 999 following the onset of significant respiratory problems. The issues centred on the delay of the Ambulance Service to triage and allocate resources in line with their training, guidelines and practices.
- One week inquest into the death of a 13-year old girl who had a history of a worsening cough and weight

loss. Issues included whether she should have been reviewed at hospital earlier, the adequacy of her examination and the delay in taking her for treatment.

- Three day inquest into the death of a baby who was born prematurely and suffered a perforation of an oesophageal pouch (having developed a trachea-oesophageal fistula) during the insertion of a NG tube.
- Three day inquest into the death of a baby who was born prematurely and died from cardiac arrest shortly after birth. The principal issue was the cause of the cardiac arrest, which the Coroner concluded was a combination of her deterioration in respiratory condition and a reaction to muscle relaxant therapy administered prior to intubation.
- Two day inquest into the death of a care home resident who suffered from epilepsy and vascular dementia. He was subject to a DOLS and was not allowed to leave unaccompanied, however, he was allowed to leave undetected by means of a fire door which was not alarmed nor under surveillance.
- Two week jury inquest into the death of a man who suffered from Asperger's Syndrome and Paranoid Schizophrenia who was detained under the MHA. He died in a fire which he started whilst he was on unescorted leave from a psychiatric hospital.
- Two week jury inquest into the death of a woman who suffered from post-partum psychosis and intentionally took her own life via a ligature whilst detained in hospital under the MHA.
- A four day jury inquest into the death of a woman who hanged herself whilst sectioned under the Mental Health Act, which involved Prevention of Future Death issues.
- Two day inquest into the death of a 23 year old man who suffered from psychosis and hanged himself after becoming overwhelmed with voices in his head.
- Two day inquest into the death of a man who had a history of drug and alcohol misuse and significant mental health difficulties. He attended hospital but was discharged with no follow up and was found that evening having hanged himself in nearby woodland.
- Two week Article 2 jury inquest into the death of a man who was found hanged in his cell in prison having taken an excessive amount of anti-depressant medication and had traces of psychoactive substances in his system.
- Inquest into the death of an elderly man who attempted a 'U'-turn on a major road in Cornwall.

Personal Injury

Marcus has an extensive practice encompassing all aspects of personal injury litigation. He has acted for both claimants and defendants in a wide variety of matters: road traffic accidents (including allegations of fundamental dishonesty), occupiers' liability, employer's liability, health and safety, public liability, Highways Act cases and Limitation Act disputes.

He has a very busy practice which is balanced between court and paper work. He has extensive court experience in the County Court and is frequently instructed to appear in trials and interim hearings in multi-track cases. He is regularly instructed to provide advice on liability, quantum and settlement tactics and also to draft pleadings, skeleton arguments and agendas / questions to experts.

Additionally, he has strong experience in costs litigation within the personal injury or wider civil context. He is regularly instructed in CCMCs and is very familiar with costs budgeting.

Education

- Kaplan Law School, BPTC (Outstanding)
- Cardiff University, LLB Law (First Class)

Memberships

- AvMA
- PIBA
- APIL
- Western Circuit

Publications

- Contributor to the 1COR Quarterly Medical Law Review (QMLR)