INQUEST

14 February 2022

Gaia Young (deceased): born: 4 March 1996 died: 21 July 2021

Application by Dorit Young

Address to the Court

Introduction

The jurisdiction of the inquest arises where the cause of death is unknown (as in Gaia's case).

The central purpose of the inquest is to inquire how the deceased came by his or her death.

The inquiry as to how the deceased came by her death necessarily requires investigation of the cause of death. The investigation must be proportionate, reasonable, and necessary. By law there must also be sufficient inquiry.

This application concerns issues of law: I am entitled to make legal submissions (*R v HM Coroner for East Berkshire ex parte Buckley* (1993) 157 JP).

My applications

I make three applications:

1. This hearing is part heard and is confined to evidence of the medical attendants to provide for the record their account of Gaia's medical care.

2. The court commissions independent expert reports from a neurologist and a neuroradiologist.

3. University College Hospital revises its updated report dated 7 February 2022 to provide a report that is fit for purpose. This latest report is not fit for purpose and should not be admitted in evidence.

These three applications are related and have a common origin: the inadequacy of the evidence to investigate Gaia's cause of death. At present the investigation shows legally insufficient inquiry because it is incapable of addressing Gaia's cause of death.

Reasons

I repeat and adopt all previously stated submissions and reviews; the court has these on record. The medical evidence is unsatisfactory, incoherent, and incomplete. The reasons include:

1. The pathology evidence is still unclear regarding the cause of death. Both revised reports now talk of no evidence of tonsillar herniation.

2. The neuroradiology evidence is unsatisfactory. It is explicitly contradictory with respect to the first CT scan. The recorded report of the NHNN was “the brain looks swollen and tight”. The UCLH report was “No acute intracranial finding”.

3. Neither post-mortem report was able to provide a cause of death. Dr Sheaff’s report stated: “The brain injury was irreversible and catastrophic but it appears to be a secondary event as no primary pathology was identified within the brain on specialist examination… a pathological process, which clears soon after provoking the initial insult.”

4. The inquest process is familiar with specific causes of death where post-mortem findings are uninformative, and the death is due to a pathophysiological process without any morbid anatomical correlate: see “Chief Coroner Joint Guidance on Sudden Cardiac Death – Inherited Heart Conditions” at paragraph 4.

5. It is inherently obvious that if post-mortem findings are uninformative then ante-mortem findings should be reviewed to investigate any fatal pathophysiological process. This is an inquiry for the clinicians, not for the pathologists. This approach has been disappointingly lacking in the clinicians.

6. The initial report prepared by UCLH was not fit for purpose; it scarcely considered the primary pathology triggering Gaia’s death. There were many other reasons why this report was unsatisfactory: these I have set out previously.

7. This court required UCLH to produce an updated report. It remains unsatisfactory: the UCLH report has failed to consider ante-mortem findings, to consider any pathophysiological process causing death. The assessment of medical care necessarily requires some consideration of provisional diagnosis.

8. Much is made of hyponatraemia even though experienced clinicians stated they had not come upon fatality at this level. This accords with the conclusions of the publication: Mortality and Serum Sodium: Do Patients Die from or with Hyponatremia? Clin J Am Soc Nephrol. 2011 May; 6(5): 960–965. A Chawla and others. The conclusion was that hyponatraemia was not of itself lethal. In any event, hyponatraemia does not represent a diagnosis.

9. As the published literature and the clinical experience indicate that hyponatraemia is not lethal, the UCLH report’s preoccupation with hyponatraemia is disproportionate. It is not relevant to this court’s inquiry.

10. The interpretation of the first CT scan is crucial. It remains unsatisfactory; the updated report does not add to the initial report – it merely repeats that there is a “spectrum of views”. No effort has been applied to obtain a definitive neuroradiological review. This is unacceptable.

11. The updated report refers to “rapidly progressive oedema”. However, if the first CT scan was correctly reported as showing “No acute intracranial finding” – this represents evidence of absence of cerebral oedema. The cerebral oedema would have developed progressively after coning: it was the effect rather than the cause of coning.

12. Fundoscopy is part of the basic examination at admission of any patient with a central neurological condition; failure to perform it denotes an inadequate assessment. The updated report does not make this clear.

13. The consideration of the cause of her death by the clinicians is superficial and limited. It is inadequate inquiry for the purposes of the inquest. It gives no consideration to processes other than hyponatraemia – which it accepts is not lethal in patients like Gaia. This restricted view denotes a lack of curiosity.

14. Most importantly the UCLH report does not consider the primary pathology (see Dr Sheaff's report: "a pathological process, which clears soon after provoking the initial insult.").

15. There is no consideration of any differential diagnosis that is the basis of clinical reasoning: metabolic encephalopathy, exposure to drug or toxin, congenital malformation, idiopathic intracranial hypertension. As previously indicated, such reasoning would inform the assessment of the medical care.

16. It is accepted that Gaia's death did not conform to any recognised disease. However, it is disappointing that the report did not explore disease processes, which in deranged and extreme presentation could have caused her death.

17. It does not explore the reason for the syndrome of inappropriate ADH (Gaia's response to saline infusion was worsening hyponatraemia), which was the likely marker for the primary intracranial pathology (as per Dr Sheaff's comment). This requires an independent expert endocrinologist's report.

18. The updated report does not consider the possibility of critically raised intracranial hypertension presenting with acute abrupt catastrophic decompensation. Such presentations are known (for example, see see *Rose v R (Rev 1)* [2017] EWCA Crim 1168). It does not consider the possibility of idiopathic intracranial hypertension – presenting in an overwhelming fulminant deranged manner.

19. Paragraph 9 of the court's order stated:

> "UCLH will specifically consider whether a consultant with neurology training should attend inquest to assist."

    I am unable to find any indication that UCLH have addressed this issue.

20. Notwithstanding that I consider that this order to be an unlawful delegation of a judicial function, the superficial and limited consideration by UCLH of the aetiology of the primary pathology causing Gaia's death mandates the requirement of an independent neurology expert.

21. Similar considerations apply to the requirement of an independent neuroradiologist expert.

22. The constant delays by the UCLH Trust in delivering / forwarding documentary evidence, made it impossible for me to properly read and digest such documents. As a matter of procedural fairness, I require more time.

Conclusion

My proposals are proportionate, reasonable, and necessary; the state of the medical evidence denotes insufficient inquiry at law.

The evidence in this case conveniently divides into two phases: (1) primary evidence of historical fact relating to Gaia's care; and (2) expert opinion evidence on the aetiology of Gaia's underlying primary pathology.

It is disappointing that the UCLH updated report remains unfit for purpose; it is limited and superficial with respect to investigating the cause Gaia's death – it shows a casual lack of curiosity. It fails to assist the court in its central inquiry.

Any further revised report of UCLH can be admitted in evidence at a resumed hearing.

These three applications though separate are related. They originate from the unsatisfactory state of the evidence. This deficiency in the state of evidence can be rectified by granting my application.

I am grateful to the Court for its consideration.

Dorit Young
10 February 2022