

**University College London Hospitals London NHS Foundation Trust**

**Serious Incident Report into the unexpected deterioration of a young person on the  
Acute Medical Unit SI619 (Catherine Mooney, February 2026)**

**Response of Dorit Young, mother of Gaia Young (deceased)**

07/04/2026

Introduction

Gaia Young (deceased)  
Born 4 March 1996  
Died 21 July 2021

This is the response of Dorit Young, mother of Gaia (“Gaia”) Young (deceased) to the Serious Incident Report (the “Report”) dated February 2026 prepared by University College London Hospitals London NHS Foundation Trust (the “Trust”).

The Report is unsatisfactory, selective, and incomplete. This is hugely disappointing; the Report does not reflect the information that has been obtained nor the relevant published medical literature. It repeats your continuing defensive posturing and demonstrates lack of medical critique and curiosity.

Please refer to all materials and correspondence; further information, medical records, inquest papers, and pathology reports can be found on the website:

[www.truthforgaia.com](http://www.truthforgaia.com)

The main issues arising are set out below. The Trust is invited to respond.

The central issue: the aetiology of Gaia’s final and fatal illness

The central issue concerns the aetiology of Gaia’s illness. The issues concerning the adequacy of her care and the specific treatment flow from the diagnosis of her illness.

Gaia’s case conforms exactly to the urea cycle disorder, ornithine transcarbamylase (“OTC”) deficiency hyperammonaemia crisis. None of the evidence refutes the diagnosis. The available evidence either supports the diagnosis or is consistent with it. It is not only the best fit but the perfect fit.

The Trust are yet again asked to find a viable alternative diagnosis to OTC. This is a simple, clear, robust and complete explanation. Dr Gross has stated:

“I am not disagreeing with anything you [Dorit Young] have analysed.” (Letter 19 December 2025)

It is disappointing that the Trust persistently refuses to address the issue of the aetiology of Gaia’s illness.

The blood ammonia was not known because of the Trust’s failure to measure it in a case of acute unexplained worsening encephalopathy. Had it been measured, it is likely to have been raised.

### Hyponatraemia

It is disappointing that the Report continues to give undue prominence to hyponatraemia. It is a mere distraction that deflects the appropriate question as to Gaia’s primary encephalopathy. There was no evidence to suggest salt depletion or water intoxication. Hyponatraemia is a non-specific secondary common phenomenon of any brain condition due to SIADH and cannot by itself explain Gaia’s death. Gaia’s sodium fell to 122 mmol/L in response to 3L of intravenous Hartmann’s infusion over 9 hours. Hyponatraemia was epiphenomenal rather than causal. I have previously referred to:

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

#### Conclusions

The nature of underlying illness rather than the severity of hyponatremia best explains mortality associated with hyponatremia. Neurologic complications from hyponatremia are uncommon among patients who die with hyponatremia.

The Trust refuses to consider Gaia’s “underlying illness”, thus failing to consider that the primary encephalopathy was driving the SIADH, the cause of Gaia’s hyponatraemia.

Dr Gross stated:

“I personally would not have been concerned about a sodium level of 129. Most neurologists are used to dealing with people who have sodium levels as low as 99 or below 110...” (report at paragraph 41)

A sodium level of 98 mmol/L was reported with recovery following treatment of fluid restriction and normal saline infusion: see Severe Hyponatraemia Due to Water Intoxication in a Schizophrenic Patient April 2008; *Journal of the Intensive Care Society* 9(1):51-53, T Day and P Nightingale.

### Genetic testing

The NHS genetic panel test results for known OTC deficiency variants have been negative; the Report stated:

“In summary there was extensive genetic testing on a sample of the patient’s DNA which looks at over 750 genes associated with inborn errors of metabolism. This covers the urea cycle disorders (including OTC deficiency) and also many other possible causes of hyperammonaemia. No clinically relevant genetic changes were identified.”

This is not conclusive evidence of absence. There may be other unidentified genes; it is a complex and developing area. I am advised that there is a likelihood of a new de novo variant in an adult female.

The Trust refuses to engage in considering any alternative aetiology to explain Gaia’s death.

### The initial CT scan

Gaia underwent a CT head scan on 18 July 2021; the initial report included the following:

No acute intracranial finding

The CT was considered in the Trust SI Report dated 7 February 2022 as follows:

There is a spectrum of views about the patient’s first CT scan (on 18th July): the Consultant Radiologist reported no acute intracranial finding, and subsequent Radiology review concluded changes on the initial CT were subtle and of uncertain significance; whereas a Consultant Neurologist reported features of generalised brain swelling. It is noted that emergency CT brain scans are routinely reported by a general radiologist, in this case a Consultant Radiologist. (At page 32)

The Trust (which has access to leading neuroradiology expertise) did not seek internal neuroradiological opinion, let alone independent specialist review.

Gaia coned two hours after the first CT scan. The striking issue was: how could coning arise following the report of a normal CT head scan? This question was explicitly put to the coroner and the Trust (see below). The coroner and the Trust refused Dorit Young’s request for an independent neuroradiological review.

The independent neuroradiological report in January 2025 described the first CT scan as: “gross global cerebral and cerebellar swelling”, “very abnormal”, “severe cerebral swelling”, “hindbrain herniation”.

It demonstrates the failure of non-specialist radiologists and non-independent radiologists to identify gross abnormality of head scans. It demonstrates the failure of the Trust to investigate itself adequately. The expert evidence put before the coroner by the Trust was not appropriate.

There is also an issue concerning general patient safety in respect of the reporting of emergency CT head scans.

### Fundoscopy

Fundoscopy was clinically indicated. In the event it ought to have been performed prior to lumbar puncture. You state:

“...we would rely on a CT scan and this would have been an equivalent diagnostic approach in this case ie it was therefore necessary to rely on CT scan to determine whether there was any finding - such as evidence of brain swelling - which would be a contraindication to lumbar puncture.”

The CT head scan is not an equivalent diagnostic approach to fundoscopy; the Trust statement is incorrect. For example, in idiopathic intracranial hypertension the neuroimaging is normal despite raised intracranial pressure and papilloedema (Dandy-Friedmann criteria).

### The inquest

Gaia’s death was the subject of an inquest.

My memorandum dated 13 December 2021 to the court and the Trust requested expert witnesses in disciplines including neurology and neuroradiology. It proposed metabolic encephalopathy as the likely aetiology. Both the Trust and the court ignored my submissions.

On 28 January 2022 the court held a pre-inquest review. The directions order included the following:

"UCLH will ensure the attendance at the inquest of such medical witness or witnesses to give oral evidence as are best able to assist HMC with the likely medical cause of the deceased's cerebral oedema and thus her death. UCLH will specifically consider whether a consultant with neurology training should attend the inquest to assist."  
(Paragraph 9)

The Trust were invited by the court to determine the scope and direction of the investigation; the Trust was invited to investigate itself.

At the inquest on 14 February 2022 there were no independent clinicians to give evidence. There was no neuro-radiologist to consider a CT head scan reported as “no acute intracranial finding” where coning occurred two hours later; there was no neurologist to consider an acute unexplained brain death in a previously healthy young woman. If the witnesses cannot address the relevant questions the inquiry is aimless.

The inquest lasted less than one day with a 10-minute lunch break. The court’s conclusion as to cause of death was “unclear”. It was uninformed and uninformative – a waste of time and public money. Given the selection of witnesses by UCLH, it is difficult to see what other conclusion was available. A cause of death that is “unclear” is a convenient result; it limits scrutiny of the causal consequences of any failings in diagnosis and management.

The inquest is an independent fact-finding judicial process, not concerned with fault; it was an opportunity for the Trust to subject itself to independent expert scrutiny. Instead, the Trust investigated itself placing its unsatisfactory SI Report before the court.

Further details of Gaia’s inquest can be found in my submission of evidence to Parliament:

<https://committees.parliament.uk/writtenevidence/127051/pdf/>

## Treatment of Gaia's illness

You state:

“[Dr Gross] acknowledges that although the initial assessments were poor and scanning might have been done a little earlier, it does not seem that any particular treatment would have been beneficial as the underlying process was exceptionally rapid and severe.”

This appears to originate from his letter dated 14 October 2025; that letter stated:

“Although the initial assessments were poor and scanning might have been done a little earlier, it does not seem that any particular treatment would have been beneficial. The challenge with regard to thinking about treatment is the absence of a definite diagnosis even after Gaia had passed.”

This comment is predicated on the diagnosis being unknown; subsequently (letter dated 8 January 2026) he referred to this publication which was supportive of the diagnosis of OTC deficiency:

Case report

Hiding in plain sight: a case of ornithine transcarbamylase deficiency unmasked post liver transplantation

American Journal of Transplantation

Volume 17, Issue 5 May 2017 pages 1405 -1408

M Ramanathan, S Uppalpu, NM Patel

The Ramanathan case report exactly matches Gaia's story (apart from the incidental venous thromboembolism). It provides support for Gaia's fatal condition having been hyperammonaemia encephalopathy due to OTC deficiency. The paper referred explicitly to specific treatment of dialysis, ammonia scavengers, and hypothermia. There are several non-specific measures to reduce acute intracranial hypertension, including emergency craniectomy. It is thus incorrect to suggest that Gaia's condition was untreatable. I understand that she had a good chance of survival as she was awake and responsive right up to the time she coned during the second lumbar puncture attempt.

Dr Gross is not a neuro-intensivist. A neuro-intensivist would be able to provide detailed information on the treatment – but the Trust has stopped this investigation: see below.

## Correspondence between Dr Gross and Dorit Young

The Report has provided a summary of the course of correspondence between Dorit Young and Dr Gross.

The Trust attempted to suppress correspondence between Dorit Young and Dr Gross; the Trust stated:

“We have advised Dr Gross that we do not expect him to reply to your latest correspondence, as this is beyond the scope of our request to him.” (Trust letter 12 December 2025)

Dr Gross rightly ignored the Trust's crude attempt to stifle medical inquiry and debate which had implications for patient safety. It is a tribute to his professionalism and independence.

I am concerned that your Report omits my letter dated 9 December 2025 (copied to you) in response to the letter dated 20 November 2025 from Dr Gross. This is an important detailed letter which invited Dr Gross to review his reasoning; I ask that your Report with attachments is amended to include my letter (copy enclosed).

#### Your redactions

I am baffled by your redactions and what purpose they serve.

The website [www.truthforgaia.com](http://www.truthforgaia.com) appears in your reproduced copy of my letter dated 6 November 2025 to Dr Gross. The identity of "Rohan Godhanian" and gender are also set out.

You appear to obscure the gender of patients with OTC deficiency. Gaia's gender is set out in the Serious Incident Report: Unexpected deterioration of a young woman on the Acute Medical Unit: updated report (February 2022). The redaction of gender is crass as it omits medically relevant information. OTC deficiency is X-linked recessive which can affect adult women, but not usually young girls. Gaia was an adult woman.

Whatever your reasons your redactions are inexplicable and clumsy. They are also futile.

#### Your premature termination of our agreed independent investigation

You state:

"A decision was made in December 2025 by the Trust to complete the serious incident investigation process and not to pursue the further report from a neuro-intensivist."

Sadly, your reasons and reasoning remain unsound. It typifies your approach to the investigation of Gaia's death; you appear not to understand the importance of independent scrutiny.

The Trust investigation report was unfit for purpose: an institution investigating itself. It took an independent neuroradiologist in 2025 to recognise that the first CT head scan was "very abnormal" – which the Trust failed to recognise both in real time (18 July 2021) and in the investigation report (7 February 2022).

The agreed moratoria set out in your solicitor's letter dated 11 October 2022 with respect to the Letter of Response and limitation remain in place. Any variation of our agreement is necessarily a consensual process: *pacta sunt servanda*. Any assertion by you that the limitation period is running will, if necessary, be opposed in court. The clock restarts when you complete the agreed investigation process. If you disagree then the court will expect you to state so giving reasons. If necessary, any silence by you will be put to the court as evidence of your agreement.

## Conclusion

The Report does not address the central question; if it was not OTC deficiency then what condition killed Gaia? The Trust has provided nothing whatever to undermine this diagnosis.

The Trust is kindly requested to jointly commission a report from a neuro-intensivist.

Dorit Young looks forward to receiving the Trust's response.

**Dorit Young**