

<div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</div> <div>IN THE COURT OF COMMON PLEAS OF CUYAHOGA COUNTY, OHIO ----- LESLIE WALTER, ADMINISTRATOR, ETC., Plaintiff, vs Case No. 393899 METROHEALTH MEDICAL CENTER, et al., Defendants. ----- DEPOSITION OF J. JEFFREY ALEXANDER, M.D. TUESDAY, JANUARY 9, 2001 ----- Deposition of J. JEFFREY ALEXANDER, M.D., a Witness herein, called by counsel on behalf of the Plaintiff for examination under the statute, taken before me, Vivian L. Gordon, a Registered Diplomate Reporter and Notary Public in and for the State of Ohio, pursuant to agreement of counsel, at the offices of MetroHealth Medical Center, 2500 MetroHealth Drive, Cleveland, Ohio, commencing at 3:30 o'clock p.m. on the day and date above set forth.</div>	<div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</div> <div>J. JEFFREY ALEXANDER, M.D., a witness herein, called for examination, as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, was deposed and said as follows: EXAMINATION OF J. JEFFREY ALEXANDER, M.D. BY MS. TOSTI: Q. Doctor, would you please state your name for us. A. John Jeffrey Alexander. Q. And your home address, please? A. 590 Chagrin River Road, Gates Mills, Ohio. Q. And your zip code? A. 44040. Q. That's a single-family home? A. Yes. (Discussion off the record.) Q. Is your current business address here at MetroHealth Medical Center's main campus? A. Yes. Q. And is your current employer MetroHealth Medical Center? A. Yes. Q. In March of 1998, was your business</div>
<div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</div> <div>APPEARANCES: On behalf of the Plaintiff Becker & Mishkind, by JEANNE M. TOSTI, ESQ. Skylight Office Tower Suite 660 Cleveland, Ohio 44113 216-241-2600 On behalf of the Defendant MetroHealth Medical Center Reminger & Reminger,, by JAMES MALONE, ESQ. The 113 St. Clair Building Cleveland, Ohio 44114 216-687-1311 On behalf of the Defendant Emergency Professional Services and Thomas W. Graber, M.D. Mazanec, Raskin & Ryder, by PAUL J. CRISTALLO, ESQ. 100 Franklin's Row 34305 Solon Road Solon, Ohio 44139 440-248-7906 -----</div>	<div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</div> <div>address and your employer the same? A. Yes. Q. Aside from the services that you render for MetroHealth Medical Center, do you render professional services for any other entity? A. I'm currently on staff at St. Vincent Charity Hospital and the V.A. Hospital. Q. And the services that you render at those two hospitals, are those in regard to patient care involving vascular medicine? A. Vascular surgery. Q. Vascular surgery? A. Yes. Q. Have you had your deposition taken before, doctor? A. Yes. Q. How many times? A. Four or five. Q. Was your deposition being taken as a defendant in a medical negligence case in any of those four or five times? A. Twice. Q. In regard to those two times, what was the allegation of negligence?</div>

<p style="text-align: right;">5</p> <p>1 (Mr. Cristallo entered the room.) 2 Q. In regard to the two times that you 3 just referred to, would you tell me what the 4 allegation of negligence was in those two cases? 5 A. In the first case, which occurred 6 about 12 years ago, I don't remember. The second 7 case, which is pending, it's not clear to me what 8 the allegation is. 9 Q. Well, what was the allegation in the 10 complaint that you received? 11 A. I don't remember. 12 Q. Has your deposition been taken on the 13 one that is currently pending? 14 A. Yes. 15 Q. Do you recall who the plaintiff's 16 attorney is in that case? 17 A. Yes. 18 Q. Who is that? 19 A. William Carlin. 20 Q. And what is the plaintiff's name in 21 that case? 22 A. Ezekiel Green. 23 Q. And that case is filed in Cuyahoga 24 County here? 25 A. Yes.</p>	<p style="text-align: right;">7</p> <p>1 medical/legal proceeding? 2 A. No. 3 Q. Have you ever given testimony in any 4 case involving issues dealing with bacterial 5 endocarditis? 6 A. No. 7 Q. Now, counsel has provided me with a 8 copy of your curriculum vitae that has been 9 marked as Plaintiffs Exhibit 1. 10 ----- 11 (Thereupon, ALEXANDER Deposition 12 Exhibit 1 was marked for 13 purposes of identification.) 14 ----- 15 Q. Doctor, if you would just please 16 identify this document and tell me if it is 17 current and up to date or if there is any 18 corrections you would like to make to it or 19 additions. 20 A. This is my current curriculum vitae. 21 Q. Are there any corrections or additions 22 that you would like to make to this? 23 A. I haven't reviewed it today, but I 24 believe it's up to date and without need for 25 corrections.</p>
<p style="text-align: right;">6</p> <p>1 Q. Doctor, I am sure counsel has had an 2 opportunity to talk with you about some of the 3 ground rules for deposition. I am going to go 4 over those with you. This is a question and 5 answer session. It's under oath. 6 It's important that you understand my 7 question. If you don't understand it, let me 8 know and I'll be happy to repeat the question or 9 to rephrase it. Otherwise, I'm going to assume 10 that you understood my question and that you are 11 able to answer it. 12 It's important that you give all of 13 your answers verbally, because the court reporter 14 cannot take down head nods or hand motions. 15 At some point in time, defense counsel 16 may choose to enter an objection. You are still 17 required to answer my question unless counsel 18 instructs you not to do so. 19 And if at some point -- I see that 20 counsel has provided you with medical records. 21 If you would like to refer to the medical 22 records, feel free to do so. 23 Do you understand those directions? 24 A. Yes. 25 Q. Have you ever acted as an expert in a</p>	<p style="text-align: right;">8</p> <p>1 Q. Doctor, you are licensed to practice 2 medicine in the State of Ohio: correct? 3 A. Yes. 4 Q. And you were also so licensed in March 5 of 1998; is that correct? 6 A. Yes. 7 Q. You are board certified in several 8 areas of medicine; is that correct? 9 A. Yes. 10 Q. Would you tell me what areas your 11 board certifications are in? 12 A. I am certified in general and vascular 13 surgery. 14 Q. How long have you been employed at 15 MetroHealth Medical Center? 16 A. Sixteen years. 17 Q. Do you hold any administrative titles 18 with MetroHealth Medical Center? 19 A. I'm chief of vascular surgery at 20 MetroHealth and I am head of the noninvasive 21 vascular laboratory. I also serve on several 22 committees, but I don't have any administrative 23 title. 24 Q. Did you hold those titles in 1998? 25 A. Yes.</p>

<p style="text-align: right;">9</p> <p>1 Q. In April and May of 1998, did you have 2 any privileges at any hospitals besides 3 MetroHealth Medical Center? 4 A. Yes. 5 Q. What hospitals? 6 A. St. Vincent Charity Hospital and the 7 V.A. Hospital. 8 Q. Were those admitting privileges? 9 A. Actually, I am not sure I had my V.A. 10 privileges at that time. 11 Q. In regard to whichever hospitals you 12 had privileges with in 1998, were they admitting 13 privileges, also? 14 A. Yes, they would allow me to admit 15 patients. 16 Q. Have you ever had your hospital 17 privileges called into question, suspended or 18 revoked? 19 A. No. 20 Q. Now, doctor, you have a number of 21 publications that are listed on your curriculum 22 vitae. 23 Do any of these publications deal with 24 the subject matter of bacterial endocarditis? 25 A. No.</p>	<p style="text-align: right;">11</p> <p>1 A. No, I can't. 2 Q. If you have them in front of you, if 3 you would like to just tell me the date of the 4 visit. 5 (Pause.) 6 Q. Well, let me ask you this, doctor. Do 7 you know if it was in March or in May that you 8 saw the emergency room records from Southwest? 9 A. No, I don't. I didn't look at the 10 date when I reviewed. I thought there was only 11 one visit. 12 Q. There was one that immediately 13 preceded her admission to Metro, her in-house 14 stay, and then there was one that occurred 15 several months before. 16 A. I believe it was the March visit that 17 I saw her. 18 MS. TOSTI: Doctor, if you need to 19 take that page, go ahead. 20 THE WITNESS: Let me just step out for 21 a minute. 22 (Recess had.) 23 Q. Doctor, we were discussing what you 24 had reviewed in preparation for this deposition, 25 and you had indicated to me that you reviewed</p>
<p style="text-align: right;">10</p> <p>1 Q. Do any deal with emboli from cardiac 2 origin? 3 A. No. 4 Q. Have you ever taught or given formal 5 presentation on the subject of arterial 6 embolization as a result of infective 7 endocarditis? 8 A. No. 9 Q. Tell me what you have reviewed in 10 preparation for this deposition. 11 A. I have reviewed the medical record, or 12 I should say selective parts of the medical 13 record, and I have also read through the 14 depositions of Dr. Graber and Dr. Einstadter. 15 Q. Now, in regard to the medical records, 16 are you referring to MetroHealth medical records? 17 A. Yes. I also reviewed briefly the 18 records from Southwest General. 19 Q. There were two emergency room visits 20 to Southwest General Hospital, I believe, on 21 March 10th, and again on May 8th. Did you look 22 at records from both of those visits? 23 A. No. 24 Q. Can you tell me which records you did 25 look at?</p>	<p style="text-align: right;">12</p> <p>1 selected records from MetroHealth Medical Center, 2 and we have kind of identified that it may have 3 been the emergency room records from the March 4 Southwest General Hospital visit that she had. 5 In regard to the MetroHealth medical 6 records, there were some outpatient department 7 records as well as inpatient department records. 8 Did you look at both of those? 9 A. I looked at the emergency room visits 10 where the vascular surgery service was consulted, 11 and I looked at the visit or the admission 12 leading up to our consultation. 13 Q. So I take it you did not review the 14 outpatient records, I believe that Dr. Einstadter 15 provided care and Dr. Rakita? 16 A. I didn't review Dr. Rakita's notes. 17 Some of these were discussed in Dr. Einstadter's 18 deposition, and there were a few outpatient notes 19 earlier prior to all of the current problem. 20 Q. Did you review any Cleveland Clinic 21 records? 22 A. No. 23 Q. Any from her nursing home stay after 24 discharge from Cleveland Clinic? 25 A. No.</p>

<p style="text-align: right;">13</p> <p>1 Q. And the deposition testimony that you 2 reviewed was just from two individuals, Dr. 3 Graber and Dr. Einstadter; is that correct? 4 A. Yes. 5 Q. Since the filing of this case, have 6 you discussed this case with any other 7 physicians? 8 A. No. 9 Q. And other than with counsel, have you 10 discussed the case with anyone else? 11 A. No. 12 Q. Aside from any records that may appear 13 in the MetroHealth Medical Center medical records 14 of Earline Mizsey, do you have any personal file 15 or personal notes on this case? 16 A. No. 17 Q. Doctor, is there a particular textbook 18 in your field of vascular surgery that you feel 19 is the best or the most reliable? 20 A. No. 21 Q. Are there any publications as you sit 22 here today that you believe have particular 23 relevance to the issues in this case? 24 A. No. 25 Q. Have you participated in any research</p>	<p style="text-align: right;">15</p> <p>1 Q. Is there a residency specifically in 2 vascular surgery here at Metro? 3 A. No. 4 Q. So the residents that you were 5 supervising, what residency, what type of 6 residency were they in? 7 A. They were in the general surgical 8 residency program at Case Western Reserve 9 University. 10 Q. Now, in regard to the residents that 11 you were supervising, were they required to 12 discuss their findings? If they were seeing 13 patients, were they required to report back to 14 you if you were supervising them as to what their 15 findings were with particular patients? 16 A. Yes. 17 Q. And were you required to review their 18 written documentation in the patient's charts? 19 A. No. 20 Q. Now, if a patient was seen in Metro's 21 ER -- and I am speaking back in April, May of 22 1998 -- and there was a consult to vascular 23 surgery, how would that consult be handled? How 24 would it go through the process and get to the 25 appropriate person, from your knowledge?</p>
<p style="text-align: right;">14</p> <p>1 dealing with the subject of infective 2 endocarditis? 3 A. No. 4 Q. I am going to be a little more 5 specific. Any dealing with vascular 6 complications arising from infective 7 endocarditis? 8 A. No. 9 Q. Would you describe for me just in 10 general terms your professional practice as it 11 was in April through May of 1998. 12 A. My job responsibilities included the 13 clinical diagnosis and treatment of peripheral 14 vascular disorders, teaching of residents and 15 medical students and performing of research. 16 Q. Was the majority of your time spent in 17 clinical practice? 18 A. Yes. 19 Q. And in the supervision of residents, 20 did you also supervise any medical students or 21 people of less training, or were they all 22 residents that you supervised? 23 A. We have medical students rotating 24 through the service on occasion, but we don't 25 always have a student on our service, no.</p>	<p style="text-align: right;">16</p> <p>1 A. The patient would first be evaluated 2 by an emergency department physician, and if it 3 was felt appropriate, then the vascular resident 4 would be called to evaluate the patient. The 5 resident would then examine the patient and would 6 contact me to discuss the findings and to 7 determine a treatment plan. 8 Q. Now, if a consult was directed to you 9 and you weren't available, how would that be 10 handled? 11 A. The same way. The resident would 12 evaluate the patient and then contact me. 13 Q. Were you available 24 hours a day, 14 seven days a week? 15 A. Yes. 16 Q. Was there any other -- I'm going to 17 call you an attending vascular surgeon -- that 18 was also supervising the residents that may take 19 some of the consults from the emergency room? 20 A. No. 21 Q. So you were the only person that would 22 receive consults from the emergency room? 23 A. At that time, yes. 24 Q. Who is Dr. Storoe? 25 A. He was a resident on the vascular</p>

<p style="text-align: right;">17</p> <p>1 surgery service.</p> <p>2 Q. Do you know what year resident he was</p> <p>3 in 1998?</p> <p>4 A. No.</p> <p>5 Q. Now, if there was a consult for</p> <p>6 vascular surgery that was requested from the</p> <p>7 emergency room and the patient was seen, would</p> <p>8 there be a separate consult note written by</p> <p>9 vascular surgery?</p> <p>10 A. Generally, there would be, yes.</p> <p>11 Q. Doctor, in your practice, have you</p> <p>12 seen patients that have experienced vascular</p> <p>13 complications as a result of bacterial</p> <p>14 endocarditis?</p> <p>15 A. I can only remember one.</p> <p>16 Q. When did you see that particular</p> <p>17 patient?</p> <p>18 A. Several years ago. It was actually a</p> <p>19 patient treated at University Hospital, though.</p> <p>20 Q. Was that an arterial embolization or a</p> <p>21 stroke?</p> <p>22 A. It was a femoral embolization.</p> <p>23 Q. Patients that have bacterial</p> <p>24 endocarditis can in some instances have</p> <p>25 vegetative embolisms to the arteries in the lower</p>	<p style="text-align: right;">19</p> <p>1 usually sudden in onset?</p> <p>2 A. Yes.</p> <p>3 Q. And is the pain associated with emboli</p> <p>4 to the lower extremity usually present even at</p> <p>5 rest?</p> <p>6 A. Generally, yes.</p> <p>7 Q. Are there any diagnostic tests that</p> <p>8 are helpful in determining if there has been</p> <p>9 emboli to the arteries supplying the lower</p> <p>10 extremities?</p> <p>11 A. There are no tests that will tell you</p> <p>12 specifically if the patient has embolic</p> <p>13 occlusion.</p> <p>14 Q. My question was, are there any that</p> <p>15 are helpful in determining if there has been</p> <p>16 emboli?</p> <p>17 A. I wonder if you could rephrase.</p> <p>18 Helpful in what way?</p> <p>19 Q. Helpful to the physician, clinician to</p> <p>20 come to a determination as to whether there has</p> <p>21 been emboli to the lower extremity.</p> <p>22 A. Many times the diagnosis is based on</p> <p>23 clinical findings and doesn't require testing.</p> <p>24 Q. Well, doctor, I'm asking you then --</p> <p>25 and correct me if I am wrong. You don't consider</p>
<p style="text-align: right;">18</p> <p>1 extremities, though; correct?</p> <p>2 A. Yes.</p> <p>3 Q. What signs or symptoms may be seen if</p> <p>4 that does occur? What would be some of the signs</p> <p>5 and symptoms that might be observable if that</p> <p>6 occurs?</p> <p>7 A. It depends on the size of the embolus.</p> <p>8 Q. If you could describe for me the</p> <p>9 variations as to what signs and symptoms you</p> <p>10 could see, the small embolizations, large</p> <p>11 embolizations.</p> <p>12 A. Large emboli would result in larger</p> <p>13 artery occlusion, which would lead to coldness,</p> <p>14 neurologic symptoms, absence of pulses, and</p> <p>15 pain. Smaller emboli would probably not cause</p> <p>16 those same symptoms, but may lead to</p> <p>17 discoloration of the toes, and they are called</p> <p>18 petechia or splinter hemorrhages beneath the nail</p> <p>19 beds.</p> <p>20 Q. Does the place in the arterial system</p> <p>21 where the embolism becomes lodged have an impact</p> <p>22 on the type of symptoms it produces?</p> <p>23 A. It can, yes.</p> <p>24 Q. Is the pain that may be associated</p> <p>25 with arterial emboli to the lower extremities</p>	<p style="text-align: right;">20</p> <p>1 any particular diagnostic test to be helpful to</p> <p>2 you in making the diagnosis of peripheral emboli?</p> <p>3 A. We are not talking about endocarditis,</p> <p>4 or are we talking about any peripheral emboli?</p> <p>5 Q. My question was peripheral emboli.</p> <p>6 A. I think physical exam is probably the</p> <p>7 most important in determining the history.</p> <p>8 Physical examination are probably the most</p> <p>9 important findings.</p> <p>10 Q. But no particular diagnostic tests,</p> <p>11 like arteriograms, you don't find those helpful?</p> <p>12 A. Generally, we don't do arteriography</p> <p>13 for embolization. If a patient has EKG changes,</p> <p>14 that might be helpful in increasing one's index</p> <p>15 of suspicion, but it's not diagnostic.</p> <p>16 Q. And there aren't any other vascular</p> <p>17 studies that you consider to be particularly</p> <p>18 helpful if you are trying to determine if a</p> <p>19 patient has had peripheral emboli?</p> <p>20 A. No.</p> <p>21 Q. Doctor, if an emboli lodges in an</p> <p>22 artery in the lower extremities, in some</p> <p>23 instances can thrombus start to form at the site</p> <p>24 of the blockage in addition to the emboli?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">21</p> <p>1 Q. What is ischemia?</p> <p>2 A. Ischemia is a condition of inadequate</p> <p>3 circulation to a tissue bed.</p> <p>4 Q. And what is peripheral vascular</p> <p>5 disease?</p> <p>6 A. It's a general term describing any</p> <p>7 disease of peripheral arteries or veins.</p> <p>8 Q. And what is claudication?</p> <p>9 A. Claudication is a symptom of pain,</p> <p>10 cramping or tiredness of muscle groups, which is</p> <p>11 brought on by activity and relieved with rest.</p> <p>12 Q. So if a patient continued to have pain</p> <p>13 at rest, that would argue against claudication?</p> <p>14 A. Patients can have claudication and</p> <p>15 pain at rest simultaneously.</p> <p>16 Q. Doctor, is there any way to</p> <p>17 differentiate between occlusion caused by</p> <p>18 peripheral vascular disease and occlusion caused</p> <p>19 by emboli?</p> <p>20 A. It's not easy to do. I would say</p> <p>21 there are no studies that can distinguish between</p> <p>22 these two, no.</p> <p>23 Q. What would be the indicators for</p> <p>24 surgical intervention -- and by that I mean</p> <p>25 removal of a thrombus or emboli in the lower</p>	<p style="text-align: right;">23</p> <p>1 A. Dr. Storoe discussed it with Dr.</p> <p>2 Limsrichamrern, who was our chief surgical</p> <p>3 resident.</p> <p>4 Q. Dr. Storoe didn't speak to you</p> <p>5 directly about that?</p> <p>6 A. No.</p> <p>7 Q. Did he, after he spoke with the</p> <p>8 individual that you just mentioned, ever speak to</p> <p>9 you about that particular visit?</p> <p>10 A. I don't remember.</p> <p>11 Q. So, in effect, you did not participate</p> <p>12 in the evaluation of Earline Mizsey on April 26th</p> <p>13 of '98; is that correct?</p> <p>14 A. Dr. Limsrichamrern would've notified</p> <p>15 me and discussed the case.</p> <p>16 Q. Do you have recollection of him doing</p> <p>17 that?</p> <p>18 A. No.</p> <p>19 Q. Now, I believe Earline Mizsey was seen</p> <p>20 in Metro's ER again on May 6th of '98, and there</p> <p>21 is a referral note that is directed to you. Did</p> <p>22 you consult on Earline Mizsey on May 6th of '98</p> <p>23 when she was seen in the emergency room</p> <p>24 department?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">22</p> <p>1 extremities, arterial system -- what would be the</p> <p>2 determinant factors as to whether surgery was</p> <p>3 indicated?</p> <p>4 A. Whether it's thrombosis or</p> <p>5 embolization, surgery is performed for a limiting</p> <p>6 claudication, rest pain, gangrene or a nonhealing</p> <p>7 ischemic ulceration.</p> <p>8 Q. Doctor, do you have an independent</p> <p>9 recollection of Earline Mizsey, as you sit here</p> <p>10 today? Do you recall her?</p> <p>11 A. Yes.</p> <p>12 Q. When is the first time that Earline</p> <p>13 Mizsey came under your care?</p> <p>14 A. She was first seen by my service on</p> <p>15 April 26th, 1998.</p> <p>16 Q. Was that by Dr. Storoe?</p> <p>17 A. Yes.</p> <p>18 Q. And that was for right lower extremity</p> <p>19 and thigh pain that started suddenly after</p> <p>20 stepping out of the shower: is that correct?</p> <p>21 A. According to the record, that's</p> <p>22 correct.</p> <p>23 Q. Did Dr. Storoe bring that particular</p> <p>24 assessment that he did to your attention on the</p> <p>25 26th? Did he discuss it with you?</p>	<p style="text-align: right;">24</p> <p>1 Q. There is a consult note, I believe, in</p> <p>2 the record. Is that consult note written by you?</p> <p>3 A. No.</p> <p>4 Q. Who is that written by?</p> <p>5 A. I can't read the signature.</p> <p>6 Q. Did you actually go to the emergency</p> <p>7 room and see her?</p> <p>8 A. Yes.</p> <p>9 Q. Do you recall seeing her with anyone</p> <p>10 else from the vascular surgery service?</p> <p>11 A. No.</p> <p>12 Q. Did you see her with any resident that</p> <p>13 you were supervising at the time?</p> <p>14 A. I don't recall.</p> <p>15 Q. Who requested that you see her on May</p> <p>16 6th of '98?</p> <p>17 A. This request would have been made by</p> <p>18 the emergency department.</p> <p>19 Q. And how were you contacted for that</p> <p>20 consult?</p> <p>21 A. I don't recall.</p> <p>22 Q. What would be the usual way? Would</p> <p>23 they call you on the phone?</p> <p>24 A. They would generally call the resident</p> <p>25 and the resident would evaluate the patient and</p>

<p style="text-align: right;">25</p> <p>1 would call me.</p> <p>2 Q. Were you provided with any information</p> <p>3 about her before you actually saw her?</p> <p>4 A. The resident most often would give me</p> <p>5 a summary of the chief complaint and the</p> <p>6 findings.</p> <p>7 Q. And in this instance, do you recall</p> <p>8 what that summary was that you were given; what</p> <p>9 information was in the summary?</p> <p>10 A. NO, I don't.</p> <p>11 Q. When you went to the emergency room on</p> <p>12 May 6th of '98, did you discuss Earline Mizsey</p> <p>13 with the emergency room physician? I believe it</p> <p>14 was a Dr. Giles.</p> <p>15 A. I don't remember.</p> <p>16 Q. In regard to her right lower</p> <p>17 extremity, was there any particular history that</p> <p>18 you found pertinent?</p> <p>19 A. As recorded on the note?</p> <p>20 Q. Either that you recall from any</p> <p>21 source, or that is recorded in the note.</p> <p>22 A. I don't have great personal</p> <p>23 recollection of this visit, so, no.</p> <p>24 Q. In regard to the information that is</p> <p>25 recorded in the note, is there anything that you</p>	<p style="text-align: right;">27</p> <p>1 you read over that particular consult note?</p> <p>2 A. Yes, I did.</p> <p>3 Q. Was there anything that you disagreed</p> <p>4 with that is contained in that May 6th, '98</p> <p>5 vascular note?</p> <p>6 A. No.</p> <p>7 Q. Did you do any physical assessment</p> <p>8 when you saw Earline Mizsey on May 6th, '98 in</p> <p>9 the emergency room?</p> <p>10 A. Yes.</p> <p>11 Q. And what were your findings on</p> <p>12 physical assessment?</p> <p>13 A. I don't recall, but they would</p> <p>14 normally correspond with the findings that the</p> <p>15 resident has recorded.</p> <p>16 Q. He has recorded, I believe, on the</p> <p>17 extremities, cold feet, right toe cyanotic,</p> <p>18 capillary refill. Is that less --</p> <p>19 A. Greater than two seconds.</p> <p>20 Q. No ulcers, sensation, motor intact.</p> <p>21 Unable to obtain ABI's.</p> <p>22 What does the ABI stand for?</p> <p>23 A. Ankle brachial index.</p> <p>24 Q. Is that significant that he was unable</p> <p>25 to obtain ankle brachial indexes?</p>
<p style="text-align: right;">26</p> <p>1 consider to be pertinent in regard to her right</p> <p>2 lower extremity?</p> <p>3 A. The fact that the patient had</p> <p>4 described pain ongoing with walking for four</p> <p>5 months, and the fact that her pain increased on</p> <p>6 the day that she was being seen.</p> <p>7 Q. Now, in regard to the consult sheet</p> <p>8 that appears with those emergency room visit</p> <p>9 notes that is directed to you, has your name on</p> <p>10 the consult sheet, if you were seeing this</p> <p>11 patient with a resident, would the resident</p> <p>12 normally write the note for you?</p> <p>13 A. Yes.</p> <p>14 Q. Is it likely that this particular</p> <p>15 consult note then was written by a resident that</p> <p>16 was seeing this patient when you saw the patient?</p> <p>17 A. Yes.</p> <p>18 Q. Would you review the note that the</p> <p>19 resident was putting into the patient's chart,</p> <p>20 the information that he was including or she was</p> <p>21 including in the chart?</p> <p>22 A. I wouldn't necessarily review the</p> <p>23 note, but we would review the findings and the</p> <p>24 treatment plan.</p> <p>25 Q. In preparing for this deposition, did</p>	<p style="text-align: right;">28</p> <p>1 A. It's not clear why he was not able to</p> <p>2 obtain them.</p> <p>3 Q. If there is some type of compromise of</p> <p>4 circulation, is it sometimes difficult to obtain</p> <p>5 that reading?</p> <p>6 A. Yes. It can be.</p> <p>7 Q. After you had an opportunity to</p> <p>8 evaluate Earline Mizsey, what were your</p> <p>9 impressions?</p> <p>10 A. The impression was that she had fairly</p> <p>11 acute ischemia of her right lower extremity.</p> <p>12 Q. And what led you to believe that it</p> <p>13 was acute?</p> <p>14 A. By virtue of the history that she</p> <p>15 gave.</p> <p>16 Q. And would you tell me which portion of</p> <p>17 the history you are referring to?</p> <p>18 A. She complained of worsening right foot</p> <p>19 pain and burning sensation since this morning.</p> <p>20 Q. Now, doctor, Earline Mizsey had had an</p> <p>21 echocardiogram done on April 9th of '98, and that</p> <p>22 report at the bottom of the page indicates a</p> <p>23 finding that the results suggest bioprosthetic</p> <p>24 deterioration, which could be a potential embolic</p> <p>25 source. And it goes on to say a TEE may be</p>

<p style="text-align: right;">29</p> <p>1 helpful for further clarification. 2 When you saw her on May 6th of '98, 3 were you aware that there was a suggestion that 4 she was having bioprosthetic valve deterioration 5 that may be a potential embolic source? 6 A. I don't recall whether I was or not. 7 Q. Would that have been an important 8 piece of information in your evaluation of her 9 peripheral vascular function? 10 A. Not necessarily. 11 Q. Could her symptoms that you observed 12 on May 6th of '98 have been caused by emboli to 13 the arterial system to her lower extremities? 14 A. Based on her history, we thought it 15 was more likely that she had chronic occlusive 16 disease. 17 Q. I think you previously told me, 18 though, it's difficult to make a determination 19 between peripheral vascular disease and emboli. 20 MR. MALONE: I am going to object. He 21 did not say that. He said there is no specific 22 test that would make the distinction. He didn't 23 say it was difficult or anything of the sort. 24 A. What I said was that the distinction 25 is best made through taking a good history and</p>	<p style="text-align: right;">31</p> <p>1 that she had stepped out of the shower and had 2 sudden onset of aching pain in her right leg, 3 radiating from her foot all the way up to her 4 hip. 5 When you saw her on May 6th, did you 6 have access to those notes from that emergency 7 room visit? 8 A. I don't remember if the notes were 9 present at the time. 10 Q. Typically, when you are called to come 11 down to see a patient in the emergency room, do 12 they have the patient's old chart available? 13 A. The charts can be made available if 14 it's necessary. 15 Q. Do you have any recollection of 16 requesting it? 17 A. No, I don't. 18 Q. Were you aware that vascular surgery 19 had seen her just ten days before when you saw 20 her on May 6th? 21 A. Yes. 22 Q. How were you aware of that? 23 A. Because my residents would have called 24 me and were probably involved in this evaluation, 25 as well.</p>
<p style="text-align: right;">30</p> <p>1 doing a physical examination, but there are no 2 tests that can distinguish between the two. 3 Q. Tell me why you felt that this was 4 more likely the peripheral vascular disease and 5 not from emboli, in her case 6 A. Well, first, the patient had multiple 7 risk factors for peripheral vascular disease 8 She had known coronary disease which correlates 9 highly with peripheral vascular disease, and she 10 has a more extensive history of claudication, 11 which had been worsening over a period of what is 12 described as four months. 13 Q. Could she have both peripheral 14 vascular disease and peripheral emboli at the 15 same time? 16 A. That's possible. 17 Q. And based on your observations, could 18 she have had both of those on May 6th of '98 when 19 you saw her? 20 A. I can't rule it out. 21 Q. Now, she had been in Metro's ER just 22 ten days before. And we just previously 23 mentioned that, which was April 26th of '98, when 24 she was seen by the vascular surgery service. 25 And she had indicated at that visit</p>	<p style="text-align: right;">32</p> <p>1 Q. What was your plan of care for her 2 when you saw her on May 6th of '98? 3 A. The plan was to obtain doppler studies 4 through the vascular laboratory and it was also 5 felt that she would likely require an angiogram, 6 so arrangements were made to perform the 7 angiogram the following Monday. 8 Q. Why were you going to do the doppler 9 studies? 10 A. Doppler studies can be helpful for 11 baseline assessment of peripheral flow. If the 12 patient needed reconstruction, it's helpful for a 13 postoperative evaluation. 14 Q. And why would she need the angiogram? 15 A. The angiogram would show us the extent 16 and the exact location of the occlusive disease 17 and help us determine the best form of therapy. 18 Q. What would be the options that you 19 would have as far as therapy? 20 A. Well, on patients with chronic 21 occlusive disease, often your options may be 22 limited to angioplasty or bypass surgery. 23 Q. Now, she did undergo a lower extremity 24 vascular study, I believe, on May 7th of '98. Is 25 that one of the tests that you ordered for her?</p>

<p style="text-align: right;">33</p> <p>1 A. The doppler study, correct.</p> <p>2 Q. I take it that was done at the</p> <p>3 vascular lab at Metro Hospital?</p> <p>4 A. Yes, it was.</p> <p>5 Q. Were you present for that particular</p> <p>6 testing?</p> <p>7 A. No.</p> <p>8 Q. Did you receive a report of the</p> <p>9 testing after it was completed?</p> <p>10 A. Well, I interpreted the study, so I</p> <p>11 was aware of the results.</p> <p>12 Q. Now, I would like you to refer to the</p> <p>13 report of that 5-7-98 vascular study and tell me</p> <p>14 the significance of the finding of that study.</p> <p>15 A. The significance confirms the clinical</p> <p>16 evaluation that the patient has occlusive disease</p> <p>17 in the right leg.</p> <p>18 Q. And in regard to the severity, did you</p> <p>19 make any judgment or did you have an opinion as</p> <p>20 to how severe that condition was?</p> <p>21 A. Yes. That the study would put her in</p> <p>22 the severe ischemia category.</p> <p>23 Q. So at the time that you did that</p> <p>24 study, what were you thinking in regard to</p> <p>25 options for treatment for her?</p>	<p style="text-align: right;">35</p> <p>1 Q. And did you, after that first study</p> <p>2 have any contact with her family to talk about</p> <p>3 the results of the study?</p> <p>4 A. I don't remember having contact with</p> <p>5 the family.</p> <p>6 Q. Would you provide that information to,</p> <p>7 say, Dr. Einstadter, her doctor that was</p> <p>8 following her in the outpatient department?</p> <p>9 A. He normally would get a copy of the</p> <p>10 report.</p> <p>11 Q. So normally you would pass that on to</p> <p>12 her primary care physician and he would discuss</p> <p>13 the results with her? Would that be the usual</p> <p>14 way that that would be handled?</p> <p>15 A. It depends on the acuteness and</p> <p>16 severity of the problem.</p> <p>17 Q. Well, we are talking about Earline</p> <p>18 Mizsey. As to what your assessment was at the</p> <p>19 time that she had this study, I am trying to get</p> <p>20 a feel for what the likely scenario was in regard</p> <p>21 to the results of this study, if you would have</p> <p>22 approached the family or whether it would have</p> <p>23 probably been her primary care physician that</p> <p>24 would have talked to the family about the</p> <p>25 results.</p>
<p style="text-align: right;">34</p> <p>1 A. Well, this study really provided us a</p> <p>2 baseline for her circulation. The options for</p> <p>3 treatment depend more on the arteriogram which</p> <p>4 had been scheduled for, I believe, two days</p> <p>5 later.</p> <p>6 Q. And were you able from the results of</p> <p>7 this study to determine whether the occlusions</p> <p>8 were caused by emboli, or whether it was caused</p> <p>9 by peripheral vascular disease, or whether it was</p> <p>10 a combination of both?</p> <p>11 A. That can't be determined from these</p> <p>12 studies.</p> <p>13 Q. It did indicate, though, that she had</p> <p>14 some blocked arteries in her leg, at least on the</p> <p>15 basis of this initial study?</p> <p>16 A. Yes.</p> <p>17 Q. So your plan from this point then was</p> <p>18 to proceed then with arteriograms to evaluate</p> <p>19 further the circulation in her lower extremities?</p> <p>20 A. Yes.</p> <p>21 Q. Now, in between the date of this study</p> <p>22 on May 6th and her admission to the hospital,</p> <p>23 which I believe was on May 8th, did you see her</p> <p>24 at any time or have any contact with her?</p> <p>25 A. No,</p>	<p style="text-align: right;">36</p> <p>1 A. We discussed our clinical suspicion</p> <p>2 with the family, I believe on the day she came to</p> <p>3 the emergency department. I did not speak with</p> <p>4 them after this study was done.</p> <p>5 Q. Now, when she was admitted to Metro on</p> <p>6 May 8th, did you see her on May 8th --</p> <p>7 A. No.</p> <p>8 Q. -- the day of her admission?</p> <p>9 A. No.</p> <p>10 Q. When did you first see her?</p> <p>11 A. I saw her for the second time on May</p> <p>12 11th.</p> <p>13 Q. Did they notify you that she was being</p> <p>14 admitted on May 8th, even if you didn't see her?</p> <p>15 Did someone call you and say that she was coming</p> <p>16 into the hospital?</p> <p>17 A. I don't remember.</p> <p>18 Q. Now, there is a note in the chart on</p> <p>19 May 11th. It says, I think, May 11, 1998</p> <p>20 vascular, with the name Alexander at the end of</p> <p>21 it. Is that a note that you wrote?</p> <p>22 A. Yes.</p> <p>23 Q. I am going to ask you to turn to that</p> <p>24 note, and prior to May 11th, do you recall being</p> <p>25 consulted on Earline Mizsey?</p>

<p style="text-align: right;">37</p> <p>1 A. No, I don't. 2 MR. MALONE: You mean during that 3 confinement? He was consulted in the emergency 4 department. 5 MS. TOSTI: I am talking between -- 6 well, he said the first time he saw her was on 7 May 11th. 8 Q. Correct? 9 A. No. 10 Q. You saw her when, in the emergency 11 room? 12 A. On her second visit. 13 Q. Wait, let me back up here. 14 On the admission that occurred on May 15 8th of '98, did you see her when she came into 16 Metro Hospital? 17 A. No. 18 Q. The first time you saw her during that 19 admission was May 11th; is that correct? 20 A. Yes. 21 Q. Were you consulted at any point during 22 that admission which began on May 8th prior to 23 the time that you saw her on May 11th? 24 A. I don't remember being consulted, no. 25 Q. So why is it then on May 11th that you</p>	<p style="text-align: right;">39</p> <p>1 have ischemia on the right and requires 2 revascularization, probably thromboembolectomy. 3 Would suggest angio and treatment before 4 beginning Coumadin. Patient would not be a very 5 good candidate for thrombolytic therapy in view 6 of her stroke. 7 Q. Now, at the time that you saw her on 8 May 11th of '98, was the ischemia in her right 9 foot still severe? 10 A. Yes. 11 Q. Now, you mention that she had rest 12 pain in the right foot confirmed by doppler. 13 What is the -- 14 A. No, she had ischemia of the right foot 15 confirmed by doppler. Rest pain is a clinical 16 finding. 17 Q. Well, I am looking at your note. 18 A. It's a little confusing. She had 19 severe ischemia. I did say rest pain, but rest 20 pain is a clinical finding, so dopplers confirm 21 severe ischemia, but dopplers don't confirm a 22 clinical finding. 23 Q. So she had rest pain and she had 24 severe ischemia confirmed on doppler? 25 A. Correct.</p>
<p style="text-align: right;">38</p> <p>1 saw her? 2 A. I believe because I was consulted at 3 that time. 4 Q. Somebody called you and said they 5 would like you to come in and take a look at her? 6 A. Yes. 7 Q. Do you know who that was? 8 A. No. 9 Q. Doctor, the note that you have written 10 on May 8th, I would like you to just read it to 11 us. 12 A. May 11th you are referring to? 13 Q. Yes. 14 A. 73-year-old woman with a history of 15 aortic valve replacement, coronary bypass graft, 16 stroke, hypertension -- 17 Q. Go slow enough that our court reporter 18 can take it down, please. Go ahead. 19 A. -- hypertension and diabetes melitis. 20 Recently seen in the emergency room with severe 21 ischemia and rest pain of the right foot 22 confirmed by doppler. Patient was scheduled for 23 angio Monday but was admitted over the weekend 24 with acute left hemispheric stroke. Patient most 25 likely has had embolic events. She continues to</p>	<p style="text-align: right;">40</p> <p>1 Q. So back to my question. In her case, 2 what is the significance of the rest pain that 3 you mention? 4 A. Rest pain is a clinical feature of 5 severe ischemia. 6 Q. Now, you indicate that the patient 7 most likely has had embolic events. What was 8 your basis for that statement? 9 A. I discussed her case with Dr. McKinley 10 at that time, and in view of her recurrent 11 strokes, and also based on her -- there was a 12 question on her echo that -- the general feeling 13 of her treating physicians was that she was 14 having embolic events at that time. 15 Q. Did you think that the ischemia in her 16 leg was related to those embolic events? 17 A. No. 18 Q. Now, you mention that she would 19 probably need a thromboembolectomy. 20 A. Yes. 21 Q. Part of that word, the root is emboli, 22 I assume, isn't it? 23 A. Yes. 24 Q. Did you think that she may have had an 25 emboli to her leg?</p>

<p style="text-align: right;">41</p> <p>1 A. I use that term thromboembolectomy if 2 we think there is occlusion, but we don't know 3 whether it's thrombus or embolus. 4 Q. In this case you didn't know whether 5 it was thrombus or embolus; correct? 6 A. I was basing my opinion on really the 7 emergency room findings. Again, we discussed 8 that. We talked about her reason for having 9 chronic disease and the history which suggested 10 chronic disease, so it basically was unclear. 11 Q. But thromboembolectomy refers to some 12 type of a thrombus or an emboli? 13 A. Right. 14 Q. As opposed to atherosclerotic disease? 15 A. No, you can have thrombus on top of 16 atherosclerotic disease. 17 Q. And in her case, did you know what she 18 had when you saw her? 19 A. No. 20 Q. And when you saw her on the 11th, what 21 was your plan of care? 22 A. We discussed proceeding with the 23 angiogram, because it was really unclear at that 24 point. We had a strong suspicion she had chronic 25 disease, and I wanted to image that so I could</p>	<p style="text-align: right;">43</p> <p>1 right and requires revascularization, probably 2 thromboembolectomy. Was the reason that you 3 thought at that time that she may require 4 revascularization was because of the degree of 5 ischemia that she had? 6 A. Yes. 7 Q. So when you talked about the criteria 8 for doing surgery, in her case it was because the 9 ischemia seemed to be severe when you saw her on 10 the 11th and that's why you were considering 11 surgery for her: correct? 12 A. Yes. 13 Q. When you saw her on the 11th, were any 14 of Earline Mizsey's family present? 15 A. I don't remember. 16 Q. And do you have any recollection of 17 talking with them at any time on the 11th or 18 shortly thereafter? 19 A. No. 20 Q. Just in general terms, what was her 21 condition when you saw her on the 11th? I 22 understand that she had severe ischemia in her 23 leg, but what was your impression of her general 24 condition? 25 A. It seemed very poor. She had just had</p>
<p style="text-align: right;">42</p> <p>1 get more information, so we could determine 2 2 plan of care 3 Q. Doctor, if she had had several events 4 that her attending physicians thought were 5 embolic in nature, didn't it raise a concern in 6 your mind that perhaps some of the ischemic 7 problems she was having in her leg may also be 8 embolic in nature? 9 A. Well, it doesn't rule it out, but the 10 nature of her findings and her history also 11 suggested that she had chronic occlusive disease 12 Q. Granted. But she could also on top of 13 her chronic occlusive disease have had embolic 14 events that compromised the circulation in her 15 extremities further; correct? 16 A. I couldn't rule that out. 17 Q. Were you concerned about that when her 18 other treating physicians informed you that they 19 thought she was having embolic events? 20 A. Sure. You mean on the 11th? 21 Q. Yes. 22 A. Yes, that was a possibility. 23 Q. Now, you had suggested that -- let me 24 get this correct. 25 She continues to have ischemia on the</p>	<p style="text-align: right;">44</p> <p>1 a recent stroke 2 Q. Was she able to answer any questions 3 that you put to her? 4 A. Not coherently, no. 5 Q. Now, you mention, I believe, in your 6 note, that she would not be a very good candidate 7 for thrombolytics in view of her CVA. If you 8 could just tell me in a little more detail as to 9 why thrombolytics would not be recommended in her 10 case. 11 A. Because that could potentiate bleeding 12 in the area of her stroke. 13 Q. And that would be true even if her 14 strokes were embolic in nature; is that correct? 15 A. Yes. 16 Q. Now, there is a note on May 12th of 17 '98 by Dr. McKinley which indicates a discussion 18 about Earline Mizsey's popliteal artery 19 occlusion, and Dr. McKinley indicates a 20 discussion with you. Do you have recollection of 21 talking with Dr. McKinley? 22 A. Yes, I do. 23 Q. Did that discussion occur on the 12th? 24 A. Yes. I spoke with Dr. McKinley on the 25 11th and the 12th.</p>

<p style="text-align: right;">45</p> <p>1 Q. What did you discuss when you talked 2 with Dr. McKinley? 3 A. Dr. McKinley and I discussed the 4 fairly extreme degree of debilitation that the 5 patient had, and we felt that she wasn't at that 6 point a candidate for any surgical intervention, 7 so Dr. McKinley essentially told me that she 8 would call me again if she needed my services, 9 but that she didn't feel that the patient should 10 undergo any form of surgery at that time. 11 Q. If her condition had been better, 12 would she have been a candidate for surgery? In 13 other words, was her condition something that you 14 would have recommended surgery if her physical 15 condition from her stroke had been better? 16 A. Her rest pain was stable, and normally 17 I would say yes. She had, of course, multiple 18 other medical problems which would put her at a 19 higher risk category. 20 Q. Let me put my question a little bit 21 differently. 22 Aside from her poor physical 23 condition, would you have recommended surgery if 24 there wasn't an extreme risk involved? 25 A. Under most circumstances, I would.</p>	<p style="text-align: right;">47</p> <p>1 A. I believe it was on the 11th. 2 Q. So at the time, was it at the time 3 that you saw her on the 11th that you were aware? 4 A. I believe so, yes. 5 Q. And knowing that her presumptive 6 diagnosis at that point in time was endocarditis, 7 did you think that the endocarditis contributed 8 in any way to the ischemia that she had in her 9 right lower extremity? 10 A. I didn't know. 11 Q. Now, doctor, after the angiogram that 12 we just talked about, what was your prognosis for 13 her in regard to her lower extremity vascular 14 problems? 15 A. I thought her -- you mean the 16 prognosis of her extremity? 17 Q. Yes. 18 A. I thought the prognosis was poor and 19 that she might likely require amputation. 20 Q. After the angiograms were done, did 21 you have any conversations with Earline Mizsey's 22 family? 23 A. No. 24 Q. After the angiograms were completed, 25 did you discuss the results with Dr. McKinley?</p>
<p style="text-align: right;">46</p> <p>1 Q. Now, I believe she had arteriogram 2 that were then performed on May 13th of '98; is 3 that correct? 4 A. Yes. 5 Q. Did you participate in the 6 arteriograms? Were you present for them? 7 A. No. 8 Q. What is your understanding as to what 9 was found on the arteriogram? 10 A. The arteriogram demonstrated 11 significant chronic atherosclerotic change. 12 Q. And did they not also show that there 13 was occlusions and thromboembolic disease of the 14 right profunda femoris artery? 15 A. It showed by the radiologists 16 thromboembolic disease of the right profunda 17 femoris artery. 18 (Recess had.) 19 Q. Doctor, you are aware that she was 20 diagnosed with endocarditis while she was a 21 patient during her May 8th through 15th admission 22 at Metro Hospital; correct? 23 A. Yes. 24 Q. When did you become aware of that 25 diagnosis of endocarditis?</p>	<p style="text-align: right;">48</p> <p>1 A. I don't recall the discussion 2 specifically. I probably would have, though. 3 Q. Now, after she had the angiograms done 4 on the 13th, I believe there is a note written in 5 the chart that she seemed to suffer more aphasia 6 after the procedure. Do you have any opinion as 7 to why she suffered more aphasia after the 8 completion of the arteriograms? 9 A. I didn't see her on the 13th, so I 10 don't have any opinion. 11 Q. Aside from your note that was written 12 on May 11th of '98, are there any other notes 13 that you are aware of in the chart that you wrote 14 during that admission between May 8th and May 15 15th? 16 A. There are none. 17 Q. Aside from the day of May 11th when 18 you saw her, did you see her on any other days? 19 A. During the hospitalization? 20 Q. I'm sorry, yes, during the May 8th 21 through May 15th hospitalization at Metro. 22 A. I saw her on May 12th, as I mentioned 23 to you. 24 Q. Are those the only two days that you 25 saw her then?</p>

<p style="text-align: right;">49</p> <p>1 A. Yes.</p> <p>2 Q. Did any of the other physicians at</p> <p>3 Metro request your opinion as to whether Earline</p> <p>4 Mizsey should undergo valve replacement surgery?</p> <p>5 A. No. That wouldn't be in my field.</p> <p>6 Q. Do you have an opinion as to whether</p> <p>7 or not she should have undergone valve</p> <p>8 replacement?</p> <p>9 A. No.</p> <p>10 MR. MALONE: I think for the record he</p> <p>11 has no opinion. He is not saying no, that she</p> <p>12 should not have it.</p> <p>13 I just used a double negative there.</p> <p>14 That's confusing too.</p> <p>15 Q. Did you participate in any way in the</p> <p>16 decision to transfer her to Cleveland Clinic?</p> <p>17 A. No.</p> <p>18 Q. During the course of that</p> <p>19 hospitalization between May 8th and May 15th, did</p> <p>20 you have any conversations with Dr. Einstadter,</p> <p>21 Dr. Rakita or Dr. Vrobel about her?</p> <p>22 A. No.</p> <p>23 Q. I am going to ask you a couple</p> <p>24 questions, and if you have no opinion, just tell</p> <p>25 me.</p>	<p style="text-align: right;">51</p> <p>1 where you want her to send the transcript.</p> <p>2 -----</p> <p>3 (Deposition concluded at 5:00 p.m.)</p> <p>4 (Signature not waived.)</p> <p>5 -----</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>																																										
<p style="text-align: right;">50</p> <p>1 Do you have an opinion as to when</p> <p>2 Earline Mizsey developed prosthetic valve</p> <p>3 endocarditis?</p> <p>4 A. No, I don't.</p> <p>5 Q. And do you have an opinion as to</p> <p>6 whether the stroke that she suffered on May 8th</p> <p>7 was likely caused by emboli from prosthetic valve</p> <p>8 endocarditis?</p> <p>9 A. No.</p> <p>10 Q. After her transfer out of MetroHealth</p> <p>11 Medical Center, did you have any contact with any</p> <p>12 of the Mizsey family members?</p> <p>13 A. No.</p> <p>14 Q. Did you speak to any physicians at</p> <p>15 Cleveland Clinic that participated in her care?</p> <p>16 A. No.</p> <p>17 Q. And do you have any opinion as to what</p> <p>18 caused Earline Mizsey's death?</p> <p>19 A. No, I don't.</p> <p>20 MS. TOSTI: Doctor, I don't have any</p> <p>21 further questions for you. I don't know if</p> <p>22 defense counsel may have some additional ones.</p> <p>23 MR. CRISTALLO: No, I don't.</p> <p>24 MR. MALONE: You have the right to</p> <p>25 read it. I want you to do that. Just tell her</p>	<p style="text-align: right;">52</p> <p>1 AFFIDAVIT</p> <p>2 I have read the foregoing transcript from</p> <p>3 page 1 through 51 and note the following</p> <p>4 corrections:</p> <table><thead><tr><th>5 PAGE LINE</th><th>REQUESTED CHANGE</th></tr></thead><tbody><tr><td>6</td><td></td></tr><tr><td>7</td><td></td></tr><tr><td>8</td><td></td></tr><tr><td>9</td><td></td></tr><tr><td>10</td><td></td></tr><tr><td>11</td><td></td></tr><tr><td>12</td><td></td></tr><tr><td>13</td><td></td></tr><tr><td>14</td><td></td></tr><tr><td>15</td><td></td></tr><tr><td>16</td><td></td></tr><tr><td>17</td><td></td></tr><tr><td>18</td><td></td></tr><tr><td>19</td><td></td></tr><tr><td>20</td><td></td></tr><tr><td>21</td><td></td></tr><tr><td>22</td><td></td></tr><tr><td>23</td><td></td></tr><tr><td>24</td><td></td></tr><tr><td>25</td><td></td></tr></tbody></table> <p>J. Jeffrey Alexander, M.D.</p> <p>Subscribed and sworn to before me this</p> <p>day of , 2001.</p> <p>Notary Public</p> <p>My commission expires</p>	5 PAGE LINE	REQUESTED CHANGE	6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25	
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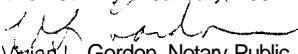
53

1 CERTIFICATE

2 State of Ohio,
3 S.S.:
4 County of Cuyahoga.

5 I, Vivian L. Gordon, a Notary Public within
6 and for the State of Ohio, duly commissioned and
7 qualified, do hereby certify that the within
8 named J. JEFFREY ALEXANDER, M.D. Was by me first
9 duly sworn to testify to the truth, the whole
10 truth and nothing but the truth in the cause
11 aforesaid; that the testimony as above set forth
12 was by me reduced to stenotypy, afterwards
13 transcribed, and that the foregoing is a true and
14 correct transcription of the testimony.

15 I do further certify that this deposition
16 was taken at the time and place specified and was
17 completed without adjournment; that I am not a
18 relative or attorney for either party or
19 otherwise interested in the event of this action.
20 IN WITNESS WHEREOF, I have hereunto set my
21 hand and affixed my seal of office at Cleveland,
22 Ohio, on this 15th day of January, 2001.

23 
24 Vivian L. Gordon, Notary Public
25 Within and for the State of Ohio
My commission expires June 8, 2004.

**WORD
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CURRICULUM VITAE
John Jeffrey Alexander, M.D.

BORN: March 6, 1952 Washington D.C.

CITIZENSHIP: USA

SOCIAL SECURITY: 171-38-6955

MARITAL STATUS: Married
Children: Marin (9/2/87)
Christopher (5/11/90)
Wyeth (2/10/92)

HOME ADDRESS: RR 590, Chagrin River Road
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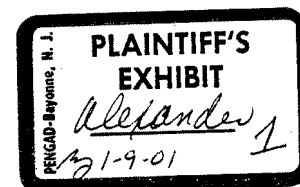
BUSINESS ADDRESS: Department of Surgery
MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109

EDUCATION:	1970	Diploma (Valedictorian)	Harriton High School Rosemont, PA
	1974	A.B. (Dean's List)	Cornell University Ithaca, NY
	1978	M.D.	Univ. of Pittsburgh Pittsburgh, PA
	1978-79	Surgical Internship	Univ. of Chicago Chicago, IL
	1979-82	Surgical Residency	Univ. of Chicago Chicago, IL
	1982-83	Chief Residency	Univ. of Chicago Chicago, IL
	1983-84	Fellowship Vascular Surgery	Univ. of Chicago Chicago, IL

PROFESSIONAL
APPOINTMENTS: Associate Professor of Surgery with Tenure
Case Western Reserve University, 1992-Present

Director, Blood Flow Laboratory
MetroHealth Medical Center, 1984 - Present

Director of Vascular Surgery
MetroHealth Medical Center, 1994 - Present



PROFESSIONAL APPOINTMENTS CONTINUED:

Assistant Professor of Surgery
Case Western Reserve University, 1984-1992

Staff Surgeon
MetroHealth Medical Center, 1984-Present

Consulting Vascular Surgeon
Mt. Sinai Medical Center, 1997
St. Vincent Charity Hospital, 1997

MILITARY SERVICE: None

LICENSURE: National Board of Medical Examiners, 1979
State of Ohio, 1983 (35-05-0377)

CERTIFICATION: American Board of Surgery, 1984 - Cert #29966,
Recertification, 1993
Special Qualifications in General Vascular
Surgery, 1988 - Cert #732; Recertification, 1996

FELLOWSHIP: Fellow, American College of Surgeons, 1987
Fellow, American College of Angiology, 1989

PROFESSIONAL SOCIETIES: Society for Non-invasive Vascular Technology, 1986
Association for Academic Surgery, 1986
New York Academy of Sciences, 1986
Cleveland Surgical Society, 1987
Cleveland Vascular Society, 1987
Ohio Chapter, American College of Surgeons, 1987
American College of Angiology, 1989
Academy of Surgical Research, 1989
Midwestern Vascular Surgical Society, 1990
International Society for Cardiovascular Surgery,
North American Chapter, 1991
Society for Clinical Vascular Surgery, 1993
Society for Vascular Surgery, 1994
Society of University Surgeons, 1995
Central Surgical Society, 1995

EDITORIAL BOARDS: Guest Editorial Reviewer, Journal of Surgical
Research 1991, 1992, 1994, 1995, 1996
Guest Editorial Reviewer, Journal of Vascular
Surgery, 1993
Editorial Board, Journal of Surgical Research, 1997
Guest Editorial Reviewer, Cardiovascular Surgery 1997

HOSPITAL COMMITTEES/FUNCTIONS:

Director, Vascular Laboratory
Sponsor, MetroHealth Medical Center Vascular Conference
Member, Human Investigation Committee, 1984-present
Member, Quality Assurance Committee, 1984-1994
Member, Surgical Outpatient Management Team, 1984-1994

CURRICULUM VITAE

JOHN JEFFREY ALEXANDER, M.D.

HOSPITAL COMMITTEES/FUNCTIONS CONTINUED:

Member, Drug Utilization Review Committee,
1985 - 1987
Member, Planning Committee, Cardiovascular Clinical
and Research Program, 1990 - 1993
Medical Staff Committee for Scientific Review,
Institution Review Board and Product Evaluation
Committee, 1992 - Present
Member, Ad Hoc Committee for Revision of the
Department of Surgery Practice Plan, 1993
Chairman, Ad Hoc Committee for Revision of
Outpatient Clinics, MHMC, 1994
Member, Board of Trustees, Harold H. Brittingham
Memorial Library
Editorial Board, MetroHealth Monitor
Member, Ad Hoc Committee for Monitoring Standards of
Vascular Surgery, Cleveland Health Quality Choice

PRESENTATIONS:

"The Effect of Sepsis on Insulin Binding and Glycogen
Synthesis in Isolated Rat Hepatocytes" American
College of Surgeons, October 1981, San
Francisco, California.

"Alterations in Glucagon-mediated glycogenolysis in
Septic Rats"
American College of Surgeons, October, 1982, San
Francisco, California,

"Prosthetic Graft Infection"
Temple University Surgical Ground Rounds, February,
1983, Philadelphia, Pennsylvania.

"Results of Changing Trends in the Surgical Management
of Diverticular Disease"
Central Surgical Association, March, 1983, Milwaukee,
Wisconsin.

"The Treatment of Pulmonary Embolism"
Cleveland Metropolitan General Hospital, Medical Grand
Rounds, October, 1984, Cleveland, Ohio.

"Surgical Treatment of Pulmonary Embolism"
Case Western Reserve University/Cleveland Metropolitan
General Hospital, Surgical Grand Rounds, October,
1984, Cleveland, Ohio.

"Peripheral Vascular Disease in the Elderly"
Highland View Hospital Medicine Conference, November,
1984, Cleveland, Ohio.

CURRICULUM VITAE

JOHN **JEFFREY** ALEXANDER, M.D.

PRESENTATIONS CONTINUED:

"The Blind Femoropopliteal Bypass"
Ohio Chapter American College of Surgeons, May, 1985,
Cleveland, Ohio.

"Distal Arterial Reconstruction"
Case Western Reserve University/Cleveland Metropolitan
General Hospital, Surgical Grand Rounds, May, 1985,
Cleveland, Ohio.

"Distal Arterial Reconstruction"
Cleveland Metropolitan General Hospital Surgical
Symposium, October, 1985, Cleveland, Ohio.

"Angioaccess"
Ohio Nursing Renal Workshop, January, 1986, Cleveland,
Ohio.

"Advances in Peripheral Arterial Reconstruction: In-
situ Bypass"
Case Western Reserve University Resident's Reunion,
June, 1986, Cleveland, Ohio.

"Vascular Injury with Blunt Trauma to the Extremities"
Case Western Reserve University Trauma Symposium,
June, 1986, Cleveland, Ohio.

"Noninvasive Vascular Evaluation"
Case Western Reserve University, Surgical Grand
Rounds, June 1986, Cleveland, Ohio.

"Upper Extremity Vascular Injury"
Case Western Reserve University Trauma Symposium,
June, 1987, Cleveland, Ohio.

"Complex Orthopedic and Arterial Injury"
Maine Medical Center Surgical Grand Rounds, January,
1988, Portland, Maine.

"Renovascular Hypertension"
Cleveland Metropolitan General Hospital Medical Grand
Rounds, October, 1988, Cleveland, Ohio.

"The Effect of Estrogen on Low Density Lipoprotein
Uptake by Bovine Aortic Endothelial Cells"
Association for Academic Surgery, November, 1988, Salt
Lake City, Utah.

CURRICULUM VITAE

JOHN JEFFREY ALEXANDER, M.D.

Endothelial and Smooth Muscle Cell Proliferation and Collagen Production"
Resident's Program, Society of University Surgeons, February, 1989, Baltimore, Maryland.

Sponsor: "Effects of Argon Laser Irradiation on Aortic Endothelial Cells: Early Membrane Changes and Proliferative Response"
CMGH Scientific Contest, June, 1988, Cleveland, Ohio.

Sponsor: "Traumatic Arterial Injuries of the Upper Extremity" Cleveland Surgical Society Resident's Contest, First Prize - Clinical, May, 1988, Cleveland, Ohio.

Sponsor: "The Effect of Thrombin on Bovine Aortic Endothelial and Smooth Muscle Cells"
Cleveland Surgical Society Resident's Contest, First Prize - Research, May, 1988, Cleveland, Ohio.

"Venous insufficiency"
Highland View Hospital Grand Rounds, April, 1990, Cleveland, Ohio.

Co-presenter: "Co-Culture of Aortic Endothelial and Smooth Muscle Cells Using Porous Polycarbonate Fibters"
Society for Biomaterials, May, 1990, Charleston, South Carolina.

"Low Density Lipoprotein Uptake by an Endotheiial Smooth Muscle Cell Bilayer"
Society for Vascular Surgery, June, 1990, Los Angeles, California.

"Alterations of Venous Flow in Hemiparetic Patients"
American College of Angiology, October, 1990, Atlanta, Georgia.

Co-presenter: "Thrombin Alters Permeability and Proliferation of Co-Cultured Endothelial and Smooth Muscle Cells"
American College of Surgeons, October, 1990, San Francisco, California.

"The Effect of Oxygen Radicals on LDL Permeability in an Arterial Endothelial-Smooth Muscle Cell Bilayer"
Association for Academic Surgery, November, 1990, Houston, Texas.

CURRICULUM VITAE
JOHN JEFFREY ALEXANDER, M.D

"The Outcome of IIIC Injury of the Lower Extremity"
Society for Clinical Vascular Surgery, April, 1991,
Kauai, Hawaii.

"The Effect of Thrombin on LDL Permeability and Uptake
by an Arterial Endothelial-Smooth Muscle Cell Bilayer"
Society for Vascular Surgery, June, 1991, Boston,
Massachusetts.

Moderator: Trauma co the Extremities
Case Western Reserve Trauma Symposium, September,
1991, Cleveland, Ohio

"Lipoprotein Interaction with an Arterial Endothelial
Smooth Muscle Cell Bilayer"
Dartmouth College Vascular Research Seminar, March,
1992, Hanover, New Hampshire.

Invited Discussant: "Cigarette Smoke Alters
Chylomicron Metabolism in Rats"; Pan, et al
Society of Vascular Surgery, June, 1992, Chicago,
Illinois. J. Vasc Surg

Invited Discussant: "The Influence of Carotid Siphon
Stenosis on Short and Long Term Outcome following
Carotid Endarterectomy"; Mattos, et al
Midwestern Vascular Surgical Society, September,
1992, Cleveland, Ohio, J. Vasc Surg, 17: 910-11,
1993.

"The Effect of Nifedipine on Lipid Uptake and
Sequestration within an Endothelial-Smooth Muscle Cell
Bilayer"
Midwestern Vascular Surgical Society, September, 1992,
Cleveland, Ohio.

"Second Messenger Regulation of Lipoprotein Uptake by
an Arterial Wall Model"
Association for Academic Surgery, November, 1992,
Montreal, Canada.

"Intracellular Signaling and Lipoprotein Utilization
by the Arterial Wall"
Case Western Reserve University Surgical Grand Rounds,
January, 1993, Cleveland, Ohio.

"Calcium Regulation of Endothelial Permeability to Low
Density Lipoprotein and U937 Monocytes"
Society for Vascular Surgery, June, 1993, Washington,
D.C.

CURRICULUM VITAE

JOHN JEFFREY ALEXANDER, M.D.

"A Dilemma in Geriatric Rehabilitation: Optimal Detection of Deep Venous Thrombosis"
MHMC Center for Rehabilitation Grand Rounds,
September, 1993, Cleveland, Ohio

"Is the Increasing Use of Prophylactic Percutaneous IVC Filters Justified?"
Society for Clinical Vascular Surgery, March, 1994,
Tucson, Arizona.

"Surgical Treatment for Asymptomatic Carotid Artery Stenosis".
Case Western Reserve University Symposium,
"Cardiovascular Disease in the Elderly", May, 1994
Cleveland, Ohio

Invited Discussant: "Prediction of Amputation Wound Healing with Skin Perfusion Pressure". Castronuovo, J et al. Midwestern Vascular Surgical Society, September, 1994, Cincinnati, Ohio

"The Influence of Calcium on the Endothelial Response to Low Density Lipoprotein". Central Surgical Association, March, 1995, Cleveland, Ohio.

Sponsor: "Transesophageal Echocardiography for the Evaluation of Peripheral Arterial Emboli". Society for Clinical Vascular Surgery, March, 1995. Fort Lauderdale, Florida.

"Sex Hormones Influence Aortic Smooth Muscle Cell Uptake of LDL by Altering its Oxidative Modification." Midwestern Vascular Surgical Society, September, 1995. Chicago, Illinois.

Invited Discussant: "Inhibition of Smooth Muscle Cell Migration in-vitro by c-myc Antisense Oligonucleotides." Pitsch, RJ, et al. Midwestern Vascular Surgical Society, September, 1995. Chicago, Illinois.

Sponsor: "Sex Hormones Affect the Calcium Signaling Response of Human Arterial Cells to LDL" Association for Academic Surgery, November, 1995, Dearborn, Michigan.

Sponsor: "Calcium Dependent Second Messenger Regulation of LDL Oxidation by Human Aortic Smooth Muscle Cells". Society of University Surgeons, February, 1996, Washington D.C.

JOHN JEFFREY ALEXANDER, M.D.

"The Use and Mis-use of Vena Cava Filters." Ohio Chapter, American College of Surgeons, May, 1999, Cleveland, Ohio.

OTHER EXPERIENCE:	1973-74	Research in Lipid Metabolism University of Pennsylvania
	1975	Cardiac Pump Team Assistant Yale University, New Haven, CT
	1986-87	Sponsor, Chester Summer Scholar/Vascular Research Cleveland Metropolitan General Hospital

BIBLIOGRAPHY:

ARTICLES :

- 1) Capuzzi DM, Lackman RD, Alexander J, Intenzo CM, Reed M: Rapid modulation of lipogenesis of clofibrate in rat and monkey hepatocytes. Biochem et Biophys Acta 409:144-145, 1975.
- 2) Alexander J, Diakoumis K, Karl RC: The effect of sepsis on insulin binding and glycogen synthesis in isolated rat hepatocytes. Surg Forum 32:178-180, 1981.
- 3) Alexander J, Diakoumis K, Karl RC: Alterations in glucagon-mediated glycogenolysis in septic rats. Surg Forum 33:33-34, 1982.
- 4) Alexander J, Karl RC, Skinner DB: Results of changing

CURRICULUM VITAE

JOHN JEFFREY ALEXANDER, M.D.

- trends in the surgical management of diverticular disease. Surgery 94:683-690, 1983.
- 5) Alexander J, Glagov S, Zarins CK: Repair of a vertebral artery dissection. J Neurosurg 64:662-665, 1986.
 - 6) Alexander J, Gewertz BL, Lu CT, Zarins CK: New Criteria for prophylactic vena cava filter placement. Surg Gynecol & Obstet 163:405-409, 1986.
 - 7) Graham 3, Alexander JJ, Franceschi D, Rashad E: The management of localized abdominal aortic dissections. J Vasc Surg 8:582-591, 1988.
 - 8) Alexander J, Hoenig M, Graham D, Imbembo AL: The effect of estrogen on low density lipoprotein uptake by bovine aortic endothelial cells. J Surg Res 46:537-542, 1989.
 - 9) Franceschi D, Graham 3, Alexander J, Koehler K: Effects of argon laser radiation on aortic endothelial cells: Early membrane changes and proliferative response. J Surg Res 46:584-587, 1989.
 - E0) Alexander JJ, Imbembo AL: Aorta-vena cava fistula. Surgery 105:1-12, 1989.
 - 11) Alexander JJ, Hoenig M, Graham D, Imbembo AL: Effect of estrogen on low density lipoprotein receptor kinetics in aortic endothelial cells. Surgery 106:386-391, 1989.
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