IN THE COURT OF COMMON PLEAS

OF LAKE COUNTY, OHIO

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CAROL A. ZOELBEL,
Executrix of the
Estate of LORNA MOELLER,

Plaintiff,

vs Case No. 01CV001107

LAKE EAST HOSPITAL, et al.,

Defendants.

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DEPOSITION OF ARTHUR M. AMDUR, D.O.

MONDAY, MAY 6, 2002

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Deposition of ARTHUR M. AMDUR, D.O., 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 Ulmer & Berne, Penton Media Building, Cleveland, Ohio, commencing at 3:00 o'clock p.m. on the day and date above set forth.

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APPEARANCES:

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On behalf of the Defendant Eastwood Residential Living, Inc.
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On behalf of the Defendants Lake East Hospital, Lake Hospital Systems, Inc.
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ARTHUR M. AMDUR, D.O., 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 ARTHUR M. AMDUR, D.O.

BY MS. TOSTI:

Q. Doctor, would you please state your full name for us.

A. Arthur Mark Amdur, A-M-D-U-R.

Q. What is your home address?

A. 38885 Chagrin Boulevard, Moreland Hills, Ohio, 44022.

Q. Is that a single-family home?

A. Yes.

Q. What is your current business address?

A. It's University Mednet. I might have it with me.

(Pause.)

A. I don't.

Q. Is there a location in which you currently work out of with University Mednet?

A. Right. There is two locations. One in Euclid on Lake Shore Boulevard, and the other

on Route 20 in Mentor, Ohio.

Q. In February of 2000, what was your business address?

A. That was Madison, Ohio, 6270 North Ridge Road, Madison, Ohio. Zip code I believe was 44057.

Q. And your current employer is University Mednet; is that correct?

A. Right.

Q. Aside from the professional services that you provide for University Mednet, do you provide professional services for any other entity currently?

A. No.

Q. How about in February of 2000, who was your employer?

A. I was an independent contractor.

Q. Who were you contracted to?

A. That would be Lake Urgent Care Centers, an affiliate of Lake Hospital Systems.

Q. And aside from your contract with Lake Hospital Systems and the Lake Urgent Care, did you provide professional services for any other entity in February of 2000?

A. No.

Q. In February of 2000, were you practicing solely from the Madison -- is that the Madison Medical Center? Is that where the Urgent Care Center is located?

A. I think it was after the move. I think it was Madison Medical Campus.

Q. Medical Campus, okay. And in February of 2000, were you providing all of your services at the Madison Medical Campus?

A. I believe I was. Prior to that, I would spend time at the other two urgent care sites affiliated with Lake Urgent Care Systems.

Q. To the best of your recollection, in February of 2000, you were chiefly at the Madison Campus?

A. Correct.

Q. Have you ever had your deposition taken before?

A. No.

Q. Well, I'm going to go over some of the ground rules. I am sure counsel has had a chance to talk to you. This is a question and answer session. It's under oath. It's important that you understand my questions. If you don't understand them, let me know and I'll

be happy to rephrase the questions or to restate it. Otherwise, I'm going to assume that you understood the questions that I have asked you and that you are able to answer them.

If at any point you would like to refer to the medical records that you have in front of you, please feel free to do so.

During the course of this deposition, any one of these defense counsel may chose to enter an objection. You are still required to answer my question unless your counsel tells you not to do so.

Do you understand those instructions?

A. Yes, ma'am.

Q. Also, it's important that we only speak one at a time and that you give all of your answers verbally, because our court reporter can't take down head nods or hand motions.

A. Okay.

Q. Have you ever been a defendant in a medical negligence case?

A. No.

Q. Have you ever acted as an expert in a medical negligence proceeding?

A. No.
Q. Have you ever given any testimony in a case involving issues dealing with bowel obstruction?
A. No.
Q. Doctor, I have a copy of what I believe is your curriculum vitae that I have marked as Plaintiff's Exhibit 1. I would ask if you would just look at it and identify it for the record for us.
Is that a copy of your curriculum vitae?
A. Yes.
Q. Is it current and up to date?
A. Again, I just wrote in the University Mednet. But besides that, yes, I would say so.
Q. Are there any other corrections or additions that you would like to make to it?
A. No.
Q. Now, you are licensed to practice medicine in the State of Ohio; correct?
A. Correct.
Q. And you were also so licensed in February of 2000; correct?
A. Correct.

Q. Have you ever been licensed in any other states?
A. No, ma'am.
Q. Has your license in Ohio ever been suspended, revoked or called into question?
A. No.
Q. Now, you completed your medical school training in 1989 and then completed a one-year general internship; is that correct?
A. A rotating internship, yes.
Q. And did you complete a residency after your internship?
A. That's correct.
Q. Would you tell us what area of medicine your residency was in?
A. General family practice.
Q. And you did that at Richmond Heights Hospital; is that correct?
A. Yes.
Q. And was that a two-year residency?
A. Yes, ma'am.
Q. Following your family practice residency, did you complete any further training?
A. No.

Q. Are you board certified in family practice?
A. Yes, ma'am.
Q. And when did you receive that certification?
A. February of '93. 1993.
Q. Now, following your residency, did you go into clinical practice then?
A. Yes.
Q. Would you describe for me your clinical practice following your residency.
A. Well, it started out at Lake Hospital Systems, where I was up to and including the date of this incident.
Q. So from February -- I'm sorry, from -- when did you start at the Madison Campus?
A. I believe it was February of '92, or '93. '93 it would be. Right? '92.
Q. You mentioned that you finished your board certification in February of '93. Did you go directly to Madison Campus after you completed your board certification in family practice?
A. Prior. I mean, it was in the

process. I took my boards and it was pending the results.

Q. Then can you tell me approximately when you think you started at Madison Campus?

A. I believe toward the end of '92.

Q. And the position that you held at Madison Campus, what was it?

A. Urgent care physician.

Q. And then following your position at the Madison Campus as an urgent care physician, what did you do?

A. Could you repeat that? Once I left?

Q. Yes. Once you ended your employment --

A. With Lake Hospital Systems.

Q. -- with Lake Hospital Systems at the Madison Urgent Care, what did you do?

A. I worked as a physician at Twinsburg Urgent and Primary Care Center.

Q. How long did you work for them?

A. That would be approximately eight months.

Q. From there you moved to University Mednet; is that correct?

A. That's correct.

Q. And what type of services are you providing with University Mednet?
A. Urgent care physician, as well.
Q. Now, is your practice limited to urgent care services?
A. Yes, currently.
Q. And in regard to the types of patients you see, is it limited in any way? And by that I mean, do you see all ages of patients?
A. Right, I do, yes.
Q. And was that also true in February of 2000?
A. Yes.
Q. In February of 2000, were you providing primary care to patients where the patients looked to you as their ongoing care provider for health maintenance or follow up on diagnosed conditions?
A. I would say no. It was strictly urgent care. No follow up.
Q. In February of 2000, did you have hospital privileges anywhere?
A. I think I might have had -- I mean, not admitting privileges, if that's what you are getting at.

Q. Let's start with that. Did you have admitting privileges anywhere?

A. No. I mean, I was in the department of urgent care, which is overseen by the emergency department. It was just a title than anything else.

Q. Do you have admitting privileges any place now?

A. No.

Q. Do you have any publications, doctor?

A. No.

Q. Tell me what you have reviewed in preparation for this deposition.

A. The chart.

Q. And when you are referring to the chart, could you describe in a little more detail what you are referring to?

Are you referring to the medical records from Lorna Moeller's visit to the urgent care?

A. Correct.

Q. On what date was that visit?

A. 2-1-2000.

Q. Have you referred to any textbooks, journal articles, or medical literature in

preparation for this deposition?
A. No.
Q. Have you seen any of the other medical records of Lorna Moeller?
A. No.
Q. Since the filing of this case, have you discussed this case with any physicians?
A. Yes.
Q. Who have you discussed it with?
A. I gave Dr. Jeromin a call once I was served with a summons.
Q. What did you discuss with him?
A. Just to see if he was served, as well; if he recalled the case, and what happened to the patient in question, if he recalled.
Q. And did he recall?
A. No. And he wasn't served either at that time.
Q. Did you discuss any of the medical findings --
A. No.
Q. -- from either your assessment or his assessment?
A. No. That was the end of the conversation.

Q. Have you ever met Dr. Heng, Dr. Kessler, or Dr. Oh?
A. When you say met, I mean, I can't say I have really had conversations with them. I passed them in the hall, maybe exchanged pleasantries, but that's the extent of it.
Q. Have you met Dr. Jeromin?
A. Dr. Oh I never met. So that would just be Dr. Kessler and Dr. Heng.
Q. So you know them on sight, but you don't have any type of a frequent relationship with them?
A. Not at all.
Q. Have you met Dr. Jeromin face-to-face?
A. Never.
Q. And since this case was filed, have you had any conversations with Dr. Heng or Dr. Kessler about the case?
A. No.
Q. Other than with counsel, have you discussed it with anyone else?
A. No.
Q. Aside from what documentation there is in the Madison Medical Campus urgent care

records, do you have any other notes or personal file on this case?

A. No.

Q. Have you ever produced any such notes? You don't have them now, but have you ever in the past had such notes, aside from what is in the medical records?

A. No.

Q. The Urgent Care Center that was at the Madison Medical Campus, what type of services were provided at that campus?

A. Well, a variety. Whatever.

Q. Let me rephrase the question.

A. It's pretty general.

Q. There were urgent care services provided at the Madison Medical Campus; correct?

A. Correct.

Q. In addition to the urgent care services, were there any other type of medical services that were available at the Madison Medical Campus?

A. I think there was a pediatric department there, as well as family practice.

Q. Would these be primary care physician offices that you are speaking of?

A. Yes.
Q. Were there any type of diagnostic services there? Lab, x-ray?
A. Yes.
Q. What type of diagnostic services?
A. Lab, x-ray, physical therapy. That pretty much covers it.
Q. Now, in February of 2000, did you as an independent contractor, or to your knowledge the Lake Hospital Systems, have any agreement to provide medical services to Eastwood Residential Living Residence?
A. You said contract; is that correct?
Q. Yes. You had informed me that you were an independent contractor.
A. Right.
Q. And my question is, did you have an agreement, or to your knowledge did Lake Hospital Systems have an agreement to provide medical services to Eastwood Residential Living?
MR. SCOTT: Objection.
MR. MERRIAM: There is two parts to the question, so break it down.
A. I had no contract.
Q. To your knowledge, did Lake Hospital

Systems have any agreement to provide medical services to residents of Eastwood Residential Living?

A. I'm not aware.

Q. In February of 2000, what was your usual clinical work schedule?

A. Can you be more specific? On a daily or weekly basis?

Q. Well, what I am trying to get to is what type of hours you normally worked, if there was a particular shift, if you put in a certain number of hours a week. I would defer to you as to how it would be most convenient to break that down.

Did you work a particular shift -- let's start with that -- that began at a certain time and ended at a certain time?

A. I believe so. I am trying to recall. I think it was pretty standard. I think it was back then 11 to 12 hour shifts, maybe like two weekends -- I'm sorry, two week days, and then every other weekend. It averaged out to about 30 hours per week.

Q. And when you would work those 11 or 12 hour shifts, what time would you come in?

A. I believe it was 8:00 o'clock.
Q. 8:00 a.m.?
A. 8:00 a.m.
Q. And then you would leave at either 7:00 or 8:00 in the evening?
A. I believe so, unless we were kept over.
Q. I am just asking in general, approximately.
A. Yes.
Q. And you would work generally, would it be two shifts a week, three shifts a week?
A. Three shifts a week.
Q. Now, when you were in the urgent care providing medical services, were there any other physicians in the urgent care providing services also, or were you the only physician?
A. I was the only physician.
Q. On the days that you weren't there, I would assume there was another physician that was there, or more than one physician providing urgent care services at the Madison Campus?
A. Did you say more than one per shift?
Q. No. More than one person that would provide services on the days when you weren't

there. Let me reask that question.

On the days that you were not at the Madison Urgent Care, who was providing physician services?

A. You want specific names?

Q. If you know, yes.

A. Dr. Hayek was one. He was, I would say, the main one besides me. H-A-Y-E-K. After that, it would vary to fill in the other shifts. I mean, between the two of us, we covered, I would say --

Q. The majority of the time?

A. -- close to 90 percent. Maybe one weekend wasn't covered. Every other weekend.

Q. When you were there, you were the only physician on duty; correct?

A. That's correct.

Q. What other staff was in the urgent care when you were there? Were there registered nurses?

A. Yes, ma'am.

Q. How many nurses were there?

A. I would say usually one registered nurse and one LPN.

Q. Any physician's assistants working?

A. No, ma'am.
Q. So the total medical staff would have been a physician, a registered nurse and an LPN providing medical services?
A. I would say so. In general.
Q. Were the support staff, the RN, the LPN, any clerk, were they employees of Lake Hospital System?
A. Say it again. The nursing staff?
Q. Yes.
A. Were they employees?
Q. Yes.
A. I have no knowledge.
Q. Do you know who the employers were for the nursing staff?
A. Employers for the nursing staff?
Q. Yes. Who the nurses were employed by.
A. No. I would assume, but I'm not going to assume.
Q. Was the urgent care at the Madison Campus owned and operated by Lake Hospital Systems?
A. I believe it was.
Q. In general terms, what level of care

were you equipped to provide at the Madison Urgent Care?

A. That's a pretty nonspecific question, what level of care. Can you be more specific?

Q. Well, doctor, I think we think of different levels of care which might be provided in a primary care office as opposed to an urgent care as opposed to an emergency room as opposed to an acute care hospital, and I'm trying to get a general description as to the level of care that you were equipped to provide at the Urgent Care Center.

I guess that would depend on what type of equipment you had available, what type of personnel you had available, what type of medical specialists were available for consultation. I am just trying to get a feel for exactly what level of care you were equipped to provide.

A. Well, again, when you say provide --

Q. I'm speaking at the urgent care. I realize that referrals are made and patients are sent to other places, but in regard to what you were able to provide at the urgent care, that's what I would like you to describe, based on

whatever you had available as resources.

A. Again, it's somewhat hard to answer. I would say we were there, we were open to the public to see every type of case. We wouldn't turn down anything that walked through the door, but again, if it warranted, you know, sometimes we would call 911 on the spot if a person is bleeding to death in front of you, or it's a heart attack, something like that.

Q. And the reason you would be calling 911 would be for what reason? For transport, for treatment?

A. For transport to the hospital.

Q. So you were not equipped to provide care for emergency situations such as acute bleeding or for heart attack, other than just first-aid type of a treatment?

A. Again, it would depend on a case-by-case. But if someone came in with chest pain, we would stabilize them, get an EKG and determine. But it would depend on the nature of the case that walked through the door.

Q. Well, tell me what type of emergency equipment you had available. You said an EKG machine?

A. Yes.
Q. Did you have a defibrillator there?
A. Yes.
Q. Did you have equipment for IV therapy?
A. Yes.
Q. Any other specific types of emergency equipment?
A. Emergency? Oxygen. That's all I can think of right now.
Q. Did you have equipment to titrate IV medications?
A. No. Not that I was aware of.
Q. So you would not be giving a patient medications that required any type of titration, such as to treat shock or something like that?
A. Right, no.
Q. Did you have any type of protocols as to when 911 should be called for a patient for transport to the hospital? Were there any written protocols for that?
A. I believe there were. When I first arrived, there might have been a book with some certain protocols. I can't be certain of that one. But again, it was pretty much left up to

the discretion of the attending physician.

Q. When phone calls would come in, if a patient was calling in for a problem, were there any protocols that the nurses followed as far as triaging patients; telling them, yes, come to urgent care, no, go to the hospital, or call 911? Were there any specific directions that the nurses followed, guidelines?

A. I'm sure there were, but not that I was aware of for the nursing department.

Q. Did you give the nurses any instructions as to what type of patients they should say call 911, don't come here; drive to the urgent care, just call 911?

A. I think they would have the protocol set up in terms of that.

Q. But you are not aware of the protocol?

A. Not specifically.

Q. And you never spoke to the nurses about what the protocols should be in regard to that type of a situation?

A. Again, I'm sure protocol existed.

Q. Why are you sure, doctor?

A. Well, I would assume. I can't be 100

percent sure. But there should be a policy that should exist, because they have to follow a certain protocol, as well. It's common sense for an urgent care to have a protocol set up for nursing to handle calls in a specific fashion. I can't be sure. I didn't deal with that.

Q. And that's what I am trying to find out, what you do know?

A. I really don't.

Q. You never had any conversations with the nurses regarding whether they had a protocol or they didn't have a protocol; correct?

A. Correct.

Q. And do you know who would be responsible for that, as to whether there is a protocol or not? Is there a supervisor for the nursing staff?

A. The supervisor at the time was Gloria Mallory.

Q. Was she on site? Did she work in the urgent care?

A. Yes. I mean, she was --

Q. She was what?

A. I am trying to recall. I think more toward the end of my stay there she was more

managerial than actual -- I know she did her shifts, as well. And she would be there sometimes in her office when the RN and the LPN were there, as well.

Q. Is Gloria Mallory a registered nurse?

A. Yes, she is.

Q. So she would be the one supervising the nurse or the LPN that was in the urgent care?

A. I believe it was the whole nursing department. She had some sort of title. I can't recall what it was.

Q. Well, in addition to urgent care nursing staff, what other department areas would she be supervising nurses? You had expressed previously that there was a pediatric department. Was she also over the pediatric department?

A. Not that I'm aware of.

Q. What other areas?

A. Just urgent care nursing staff.

Q. In the urgent care, were there specialists available for consultation if you felt there was a need for medical consultation?

A. Yes.

Q. And would those be Lake Hospital Systems specialists that you would be consulting with?

MR. KRAUSE: Objection.

MR. MERRIAM: You can answer.

A. Yes, as far as I knew they were Lake medical staff.

Q. Now, I want to talk to you in a little bit more detail about your duties and responsibilities at the urgent care. You have told me that you didn't provide routine follow up for patients that came into the urgent care as a primary care physician would. You saw patients that would come in --

A. Could I interrupt?

Q. Yes.

A. There was a protocol set up where the nurses would have patient callbacks the following day. So sometimes I would check on a patient and look in the note. You could see on this chart that it was done, as well.

Q. But my question was more in reference to whether you were following a patient --

A. Not personally.

Q. -- such as a diabetic coming back to

have a blood sugar check?

A. Right.

Q. That wasn't the type of medical care that you were providing?

A. Correct.

Q. How often in your practice do you see patients with bowel obstruction or where you suspect bowel obstruction?

MR. MERRIAM: At the time?

Q. I am asking in your current practice, how often do you see that? I'm looking for an approximation.

A. Not very often.

Q. Can you be a little more specific? In a month's time or six month's time, how often would you see a patient that you either diagnosed with bowel obstruction or suspect to have bowel obstruction?

A. I would say during the past year, none that are really ringing a bell. But I would venture to say maybe one. It's infrequent.

Q. Have you personally diagnosed a patient with bowel obstruction?

A. No. That's not my duty.

Q. You would normally, if it was suspected, send the patient on to a specialist or to the hospital, or whatever appropriate diagnostic?

A. To confirm the diagnosis, yes.

Q. Can you tell me what your understanding is of the signs and symptoms that would raise a suspicion for bowel obstruction?

A. Abdominal pain, persistent vomiting, possibly abdominal distention.

Q. Is the pain associated with obstruction typically an intermittent and cramping type pain?

A. I would say so. Generally.

Q. In the initial sequence of events, is there a difference in presentation between somebody that has small bowel versus large bowel obstruction? As a clinician, are you able, based on a clinical evaluation, to determine small bowel versus large bowel on the initial clinical presentation?

A. You are saying without any lab or x-ray?

Q. Yes. Just on the clinical presentation.

A. No. I would say that would be somewhat hard to do. I mean, let's leave it at that.

Q. Do the signs and symptoms of bowel obstruction depend to some extent on the degree of obstruction, the location of the obstruction, as well as the duration of the obstruction?

A. I would say so.

Q. Can bowel obstruction in some instances occur in a few hours and then in other instances occur over days, weeks?

A. Again, it's not my field of expertise, but I would say so. It's possible.

Q. Is abdominal distention usually a later finding in intestinal obstruction?

A. I would say so.

Q. Is abdominal distention less common when the obstruction is in the small intestines as opposed to the large intestines?

A. Could you repeat that?

Q. Yes. Is abdominal distention less common in obstructions of the small intestine as compared to obstructions of the large intestine?

A. I would have to review the literature, to be honest with you.

Q. In a patient presenting with abdominal pain, would the development of fecal emesis raise the level of concern for bowel obstruction?

MR. KRAUSE: Objection.

A. I would say so.

Q. What's the significance of fecal emesis?

MR. KRAUSE: A continuing objection so I don't have to interrupt you, Jeanne.

MS. TOSTI: Yes.

MR. KRAUSE: Thank you.

Q. From your perspective as a physician, if you are evaluating a patient and they report fecal emesis, what's the significance of fecal emesis, as far as a sign or symptom? If you observe fecal emesis, what's the significance of that?

A. I suppose there is a strong likelihood of an obstructive process.

(Recess had.)

Q. If at the Urgent Care Center a patient is found to have abdominal pain and fecal emesis, is there any particular type of workup that would be done at the urgent care?

MR. SCOTT: Objection.

MR. KRAUSE: Objection.

A. Particular type? No.

Q. No particular testing that you as a physician would do in a patient coming in with abdominal pain and fecal emesis?

A. I mean, as compared to any other type of patient with abdominal pain?

Q. I am asking what you would do at the Urgent Care Center with a patient that presents with abdominal pain and fecal emesis?

A. You want to know my workup?

Q. Yes. As to what the diagnostic workup at the urgent care would entail.

A. The same as I did in this case.

Q. Well, doctor, you need to answer my question.

MR. MERRIAM: Go through step by step.

Q. What would be the appropriate diagnostic workup at the urgent care?

A. Blood work.

Q. And what would that include? What type of panels?

A. Well, what we had at our disposal was

limited, to begin with.

MR. MERRIAM: She wants to know what you did based on what you had available to you.

A. A CBC, a BMP, which is a basic metabolic screen, Chem 7. Acute abdominal series.

MR. LENSON: KUB?

A. It covers a KUB, chems, a chest x-ray, decubitus film, a urinalysis.

MR. MERRIAM: Is that it?

THE WITNESS: I think that's pretty much.

MR. MERRIAM: That was the blood work. What about the other?

A. X-ray and lab.

Q. Are there any complications associated with unrelieved bowel obstruction that you are aware of?

A. Repeat the question, please.

Q. Are there any complications associated with unrelieved bowel obstruction that you are aware of?

A. You mean unresolved?

Q. Yes.

A. There are possible consequences.

Q. And what may those be?
A. Dehydration. Again, I mean, I haven't read the literature. It's been a while since -- I don't deal with these cases that often to remember the long-term sequelae and consequences of a protracted case of bowel obstruction.
Q. Do you know whether unrelieved bowel obstruction can lead to life-threatening fluid and electrolyte imbalances, in some instances?
A. I suppose it could.
Q. Does the risk for fluid and electrolyte imbalances increase with the duration of the bowel obstruction?
A. I would say so, yes.
Q. Doctor, are there any general guidelines that you recommend to patients as to when they should seek medical attention for recurrent vomiting at an Urgent Care Center? Is there any particular instructions that you would give to patients as to when they should see a provider in regard to vomiting?
A. Again, it varies on a case-by-case scenario. In general, general guidelines? After I have seen that patient and I am giving

them advice? I don't really follow the question.

Q. I'm just asking if you have any general guidelines?

A. No, no general guidelines.

Q. Are there complications associated with recurrent vomiting?

MR. SCOTT: Objection.

A. I would say so.

Q. Is one of those complications fluid and electrolyte imbalances?

A. Possibly.

Q. Is aspiration another complication?

A. Possibly.

Q. Can recurrent vomiting result in life-threatening complications?

MR. SCOTT: Objection.

MR. KRAUSE: Continuing objection.

MR. MERRIAM: Same objection.

A. Repeat the question, please.

Q. I said can recurrent vomiting result in life-threatening complications?

MR. SCOTT: Continuing objection.

MR. KRAUSE: Objection.

MR. MERRIAM: Objection. Go ahead

and answer.

A. Possibly.

Q. When a bowel obstruction occurs, do you know if it's possible for the patient to evacuate stool distal to the obstruction for a period of time?

A. A complete or partial?

Q. Either way. If a patient has complete bowel obstruction, is it possible for a patient to evacuate stool distal to the obstruction for a period of time?

A. I would say -- let's just say I'm not sure.

Q. Do you have a recollection of Lorna Moeller, as you sit here today? Do you remember her?

A. I would say vaguely.

Q. Either from your recollection or review of the records, can you tell me when the first time you saw Lorna Moeller was?

A. No.

Q. Doctor, I'm going to hand you what has been marked as Plaintiff's Exhibit 2. I will let counsel look at it. I would ask on Plaintiff's Exhibit 2, which is, I believe, an

Urgent Care Center document from July 24th of 1999, looking at that document, can you tell me if you saw Lorna Moeller on July 24th of 1999?

A. According to the record, I did.

Q. Okay.

A. Do I have an independent recollection? No.

Q. When you saw her at that point in time, what was the reason that she was being seen?

A. Nausea and vomiting.

Q. Could you tell me what your plan of care was?

A. To discharge the patient, increase fluids, put her on a liquid diet to start with, and slowly advance it as tolerated; follow up with her primary care physician and instruct the staff, because I am sure she was still at the residential center. If vomiting reoccurs, fever greater than 102 degrees Fahrenheit, that she should proceed to the emergency room.

Q. Now, when you saw her in July of 1999, can you tell from this record as to whether her symptoms resolved prior to the time that she left the urgent care?

A. We are talking '99?

MS. TOSTI: I would like the witness to be looking at the document while I ask him these questions.

MR. SCOTT: Let's get a copy.

MS. TOSTI: I think you have a copy of these in the record.

MR. SCOTT: I don't have them now. Let's take a break and get a copy.

(Recess had.)

A. Again, you are asking did the symptoms resolve prior to leaving the urgent care?

Q. I am asking with your review of the record if you are able to tell me?

A. I can tell you what I wrote feeling better now. That was either per the patient or the caregiver. Feeling better now. Denies nausea or abdominal pain at present. I could tell you the patient called back the following day. Doing fine today. Vomiting has stopped.

Q. Now, doctor, if the vomiting had not stopped, what would the recommendation be?

MR. KRAUSE: Objection.

Q. If when the nurses called and they

said there was continued vomiting, what would be the recommendation?

MR. MERRIAM: Objection. Go ahead and answer.

MR. SCOTT: Objection.

A. If the nurses came to me with that information?

Q. Yes. Have the patient come back to the urgent care or go to the emergency room.

MR. SCOTT: Objection.

A. I would have to have further information as to where I wanted her to be seen.

Q. And looking at this, with this information, you wouldn't be able to say what your recommendation would be if the nurses said we called her and she is having continuing vomiting?

MR. MERRIAM: Objection. Go ahead and answer.

A. No.

Q. Now, aside from this visit that we just looked at, and then the visit to the urgent care on February 1st of 2000, you have no recollection of having seen her at any other time; is that correct?

A. No, not off the top of my head.
Q. In regard to the visit on February 1st of 2000, if you want to take a look at the records that you have from that visit, what was the chief complaint that brought Lorna Moeller to the urgent care on that date?
A. Abdominal pain would be the chief complaint.
Q. And was she not also having vomiting?
A. Yes.
Q. How was the pain described?
A. I just had the nurse's notes. She described it from the nurse's notes, so I didn't pursue it myself.
Q. Did you take a history on Lorna?
A. Yes.
Q. Tell me what history you obtained.
A. Patient complaining of abdominal pain times one and a half hours. Emesis times two since discomfort began. Positive bowel movement this a.m. Denies hematemesis, melena, or matochezia per caregiver.
Q. What is matochezia?
A. It's bright red bleeding, rectal bleeding.

Q. Okay.
A. A.M, meaning morning/midday uneventful per caregiver. And then no fever, without fever, denies fever.
MR. SCOTT: What did you say?
THE WITNESS: No fever.
Q. Now, did you also receive some information from the nurses in regard to the type of pain that she was having?
A. Right. That's in the triage notes.
Q. And the nurses described it as a sudden onset of abdominal pain with vomiting; is that correct?
A. Correct.
Q. And according to the history that you took, the pain had been present for an hour and a half. The admission information under statement of problem says three hours. Do you know where the three hours came from?
A. No.
Q. Who obtains the information in regard to that statement of problem? Is that one of the nurses that takes that down, that initial information?
A. Well, she signed it, didn't she?

Q. No. There is a typewritten area under statement of a problem on the first page that says abdominal pain times three hours and I'm asking where that information came from?
A. That's from the nurse.
Q. Was anyone with Lorna when you saw her in the urgent care?
A. Yes.
Q. Do you know who it was?
A. The caregiver.
Q. Do you know, was it a male or female?
A. I can't recall.
Q. You don't recall a name or anything?
A. No.
Q. Now, did you also do a physical exam when you saw her that day?
A. Yes.
Q. And did you find any deviations from normal on your physical examination?
A. Yes.
Q. What deviations from normal did you find on your physical exam?
A. Hypoactive bowel sounds.
MR. LENSON: Hyper or hypo?
THE WITNESS: Hypo.

A. Positive tenderness with mild guarding right mid-abdomen. That's basically all the deviations I have listed from the normal.

Q. Did Lorna have any signs or symptoms that heightened your concern for bowel obstruction when you saw her?

A. I can't recall.

Q. Based on what you have recorded on the medical record, is there anything there that would have heightened your concern for bowel obstruction?

A. Repeat that, please.

Q. Based on the medical record that you have before you, is there anything in what you have written there that would heighten your concern for bowel obstruction?

A. In terms of both the history and physical, everything on the chart?

Q. Whatever your assessment entailed, doctor.

A. Heightened my concern. Again, I think the answer to your question is yes.

Q. And what would heighten your concern for bowel obstruction, based on your assessment?

MR. LENSON: Are you talking about retrospectively or at the time? Are you talking about at the time?

MS. TOSTI: We are discussing his clinical notes from the visit of February 1st.

MR. LENSON: I want to make sure, the heightened suspicion retrospectively or at the time?

MS. TOSTI: At the time that he saw the patient.

Q. What heightened your concern for bowel obstruction?

A. Well, I mean, both the history and the physical exam.

Q. But I'm asking you specifically, what in the history, what in the exam heightened your concern for bowel obstruction?

A. This was two years ago. You know, I can't tell you what I was thinking at the time. I guess it was on my mind. It needed to be ruled out. Possibly that's what my mental process was going through at the time, but I can't -- you know, that's a long time ago to tell you exactly what my thought processes were on that specific day.

Q. Well, doctor, we are looking at your assessment. You have history written here, you also have some of your physical assessment written here. I'm asking, based on what is down here in your clinical record, can you tell me any portion of it that would heighten your concern for bowel obstruction?

A. Abdominal pain, vomiting, although it's short lived at the time.

Q. Hypoactive bowel sounds?

A. Hypoactive bowel sounds and some tenderness on the abdomen physical exam.

Q. Was there anything in Lorna Moeller's history that would place her at increased risk for bowel obstruction?

A. Not that I'm aware of.

Q. Did you not record that she had a history of diverticulosis?

A. Yes.

Q. Would that increase the risk for bowel obstruction?

A. I'm not sure. Possibly. I would have to look into that, review the text.

Q. Now, doctor, you ordered some diagnostic studies for her; correct?

A. Correct.
Q. You ordered an abdominal series?
A. Correct.
Q. A CBC?
A. Yes.
Q. And a urinalysis with culture insensitivity?
A. Yes.
Q. And why did you order those particular diagnostic studies?
A. A quick answer to your question is, in general, patients that present with abdominal pain, that's the standard panel I get and obtain. Nothing really specific.
Q. And when you ordered those diagnostic studies, did you find that there were any deviations from normal? Let's start with the complete blood count.
A. The white count was slightly elevated.
Q. Can a partial or complete bowel obstruction in some instances cause an elevation of the white blood cell count?
A. I'm not sure.
Q. Doctor, do you know if fever is

sometimes associated with bowel obstruction?

A. In my mind, there is not a good, direct correlation that I could really put my finger on, but I'm not saying yes or no to the question. I really don't know.

Q. In Lorna Moeller's case, there is a transfer sheet, I believe, prior to her transfer.

A. Right.

Q. On the transfer sheet, it indicates that she has a fever prior to transfer that I believe is 100.6.

A. Right. I noticed that when I reviewed the chart.

Q. Why in Lorna Moeller's case did she have fever?

A. I'm not certain. Maybe secondary to the urinary tract infection.

Q. Did she have any signs of dehydration when you saw her?

A. I didn't note any, so I would say no. Otherwise I would have noted it.

Q. In regard to her basic metabolic panel, did you find any deviations from normal in that?

A. Serum glucose was elevated. Her BUN was elevated. And her BUN creatinine ratio was elevated.

Q. And in her case, what was the significance of the elevated BUN and BUN creatinine ratio?

A. I don't know what her baseline is to make a good evaluation -- I mean assessment to that question, a good answer.

Q. Do BUN and BUN creatinine ratios become elevated with dehydration?

A. They can be.

Q. Now, she had a random blood sugar of, I think, 207. Was that of any concern when you saw her?

A. Meaning, did it emergently need to be treated?

Q. I am asking you what the significance of it was. You treated this lady and I am asking as to whether you considered it of any significance?

A. Then or looking back on it?

MR. MERRIAM: Objection to any retrospective question. I assume she is asking you what you saw at the time.

MS. TOSTI: At the time.

A. Again, repeat it, please.

Q. At the time that you saw her, she had a blood sugar, a random blood sugar of 207. Was it of any significance?

A. Just that it was elevated.

Q. Did it require any follow up?

MR. KRAUSE: Objection.

A. Would it have required any follow up?

Q. I am asking, whether that random blood sugar of 207 required any follow up in Lorna Moeller's case?

MR. KRAUSE: Objection.

A. It's hard to speculate. I mean, she might have had a can of Pepsi prior to coming in.

Q. So a random blood sugar of 207 may or may not be of significance?

A. May or may not.

Q. Now, you also ordered abdominal films on her. Did you review those films? Did you look at the actual films?

A. Yes, I did.

Q. And what were your findings when you looked at the films?

A. Again, I didn't appreciate an obstructive pattern, otherwise I would have noted it. I think I recall a decent amount of fecal material; otherwise it was pretty nonspecific, in my mind.

Q. What x-ray findings would suggest an obstructive pattern? What would you be looking for?

A. A bowel distention, proximal to the obstruction with a collapse distally, air fluid levels, possibly.

Q. In the early stages of bowel obstruction, would those x-ray findings always be present?

MR. MERRIAM: Objection. Go ahead and answer.

A. I'm not a radiologist. I can only speculate.

Q. Do you know how long it takes the bowel to distend after complete obstruction occurs?

A. No.

Q. And if there is a partial or incomplete obstruction, would distention always occur?

A. Again, I'm not certain.
Q. Can bowel obstruction be ruled out on the basis of a single abdominal x-ray series?
MR. KRAUSE: Objection.
MR. MERRIAM: Objection.
A. I'm not a radiologist.
Q. Now, after you completed your evaluation of Lorna Moeller, what was within your differential diagnosis?
A. Looking back on it or what was I thinking then? I would just be speculating.
MR. MERRIAM: She is not asking you to look back from your vantage point today. She is asking what was your differential diagnosis on that day.
A. I can't recall on that day.
Q. Well, based on what you have recorded in the notes, can you tell me what was within your differential diagnosis?
A. I would have to look back on it from a vantage point of today.
Q. Doctor, I'm asking you to look at what you have recorded in the medical records and tell me if based on what you have written there you can discern what was within your

differential diagnosis at the time that you saw Lorna Moeller?

A. Abdominal pain, unknown etiology. Vomiting. I mean --

Q. Doctor, is that your handwriting on the front page of Urgent Care Center records under the area marked diagnosis?

A. Yes.

Q. Would you tell me what you have written in that spot?

A. Rule out small bowel obstruction.

Q. Tell me what you have written there.

A. UTI.

Q. If you read it from the beginning.

A. Abdominal pain, quotations below it, rule out small bowel obstruction, and then below that UTI.

Q. So is it likely that rule out small bowel obstruction was within your differential diagnosis on the date that you saw Lorna Moeller in the Urgent Care Center?

A. Yes.

Q. Now, you have indicated that she also had a urinary tract infection; correct?

A. Correct.

Q. And the basis for that, would you tell me, based on the tests that you did, why you felt she had a urinary tract infection?

A. Urine was hazy. There was a large amount of leukocytes. There was a large amount of blood, as well. And proteinuria.

Q. I believe the urine culture showed a colony count of 50,000 proteus mirabilis.

Would that be considered a sufficient count for the diagnosis of urinary tract infection for that particular pathogen?

A. I would say so, yes.

Q. Did you order any treatment for the urinary tract infection?

A. I would have, but she was being transferred to the emergency department, so I don't hand a prescription to a patient being transferred to the emergency department.

Q. Now, did Lorna Moeller have any more emesis while she was in the urgent care?

A. I believe so. According to the nurse's notes, looking back on the case.

Q. How many more emeses did she have?

A. Emesis of small amount times four.

MR. LENSON: At what time?

THE WITNESS: At 1815 hours.
Q. And then at 1910, it also indicates that she had abdominal pain in low abdomen, persists with vomiting; correct?
A. That's what it says.
MR. LENSON: What time was that?
MR. MERRIAM: 1910.
Q. Now, in Lorna Moeller's case, was recurrent emesis cause for concern?
MR. LENSON: Objection.
MR. KRAUSE: Objection.
MR. MERRIAM: Objection. Go ahead and answer, if you can.
A. Yes.
Q. Now, we had just looked at her BUN, which was elevated; correct?
A. Correct.
Q. And would continuing emesis also raise concern for dehydration in this lady's case?
A. Correct.
MR. MERRIAM: Objection.
Q. Now, did you order intravenous fluids for Lorna Moeller?
A. Yes.

Q. What did you order for her?
A. Normal saline.
Q. And the rate that you ordered it at?
A. 75 cc's per hour.
Q. And why did you order IV fluids for her?
A. Because she was vomiting.
Q. And the reason that you would order IV fluids for a patient vomiting?
A. There might have been a concern about dehydration. I'm not saying I appreciated it at the time. Any patient that's vomiting can possibly lead to that direction.
Q. Now, once you completed your assessment, what was your plan of care for her?
A. To transfer her to the emergency department.
Q. What steps did you take in order to do that?
A. First contacted Dr. Kessler, her primary care physician, discussed the case with him.
Q. And did you make the phone call to Dr. Kessler?
A. I spoke with him directly.

Q. And tell me what the content of that conversation consisted of with Dr. Kessler.

A. I can't recall.

Q. Do you recall anything that Dr. Kessler said in regard to the information that you provided to him?

A. No.

Q. Did Dr. Kessler recommend one way or the other whether she should be transferred to the emergency room?

A. Not that I can recall.

Q. So it was your recommendation then that she be transferred to the emergency room?

A. Again, I presented the case to him. I can't say whose recommendation it was.

Q. I'm just trying to figure out how she ended up at the emergency room and as to whether that was something that was coming from your recommendation or a recommendation from Dr. Kessler. And you don't recall one way or the other?

A. I can't be certain.

Q. Doctor, after you completed your conversation with Dr. Kessler, what did you do?

A. Notified the ED, emergency

department.

Q. And when you go to transfer a patient to the emergency room department, what is it that you have to do in order to have the patient sent over there? You notify the emergency room department. Who do you speak to?

A. The physician on call.

Q. And in this case, who was that?

A. Dr. Gerald Jeromin.

Q. And you spoke with Dr. Jeromin on the evening of February 1st regarding Lorna Moeller?

A. Correct.

Q. And tell me what you recall from that conversation.

A. I can't recall.

Q. Is it likely you would have told him that you were sending this patient because of abdominal pain and that you also had within your differential, rule out small bowel obstruction?

MR. MERRIAM: Objection.

MR. KRAUSE: Objection.

A. It's possible.

Q. Is it likely, doctor, based on the diagnosis that you reported in your medical notes from that visit?

MR. KRAUSE: Objection.

MR. LENSON: He already testified he can't recall.

A. I can't say one way or another.

Q. Well, doctor, when you write down on the --

A. I can't say that I would tell the emergency room doctor. I mean, I would say, this is the case and this is what has been happening. He is going to get a copy of my note anyway. He is going to see it. I can't say I verbalized it or --

Q. Doctor, when you are making arrangements to transfer a patient to the emergency room, don't you usually provide the emergency room physician with your assessment of the patient and what your findings are?

A. Yes.

Q. And if you have concluded that you think there is a rule out small bowel obstruction, isn't it likely that you would provide that information to the emergency room physician also?

A. It's possible.

Q. Don't you usually do it that way?

MR. LENSON: Objection.

A. I mean, that's part of the differential diagnosis. I mean, I'm not going to rattle off five different things that might be going through my head at the time.

Q. Well, I don't think we had five things here.

A. Well, I could have listed five things. I am sure I discussed the case. Again, the x-ray was negative, so I don't know if I would have mentioned it's probable.

Q. Well, why did you feel she needed additional evaluation then?

A. Because the vomiting was persisting. That's all I can assume looking at the chart.

Q. And what additional evaluation did you anticipate would be done when she went to the emergency room?

MR. KRAUSE: Objection.

MR. JAMISON: Objection.

MR. LENSON: Objection.

MR. MERRIAM: Objection.

A. I don't know. More studies, perhaps, I don't know.

Q. I'm just trying to find out what your

reason was for sending her to the emergency room.

MR. LENSON: He already said persistent vomiting.

THE WITNESS: Yes, that's what I said.

Q. But under your diagnosis you don't have persistent vomiting. You have abdominal pain, urinary tract infection and rule out small bowel obstruction. So I'm wondering if you were anticipating that they were going to do some further evaluation at the emergency room that you weren't able to do at the urgent care?

A. I can't answer what they would do, you know.

Q. Did you anticipate that she would be admitted to the hospital?

MR. MERRIAM: Objection.

A. I had no -- no, I didn't anticipate either way.

Q. And other than Dr. Jeromin and Dr. Kessler, did you speak to any other physicians regarding Lorna Moeller close in time to this urgent care visit on February 1st?

A. No.

Q. Do you recall speaking with the caregiver that accompanied Lorna Moeller to the Madison Medical Campus? Do you recall having any conversations with that individual?

A. No.

Q. At the time that Lorna Moeller was transferred from the urgent care to the emergency room, can you tell me what her condition was?

A. Upon discharge from the urgent care?

Q. Yes.

A. Stable.

Q. Was she still having abdominal pain?

A. I can't recall. I would be speculating.

Q. Doctor, there is an urgent care transfer sheet in the medical records. Would you open to that. Is that your signature at the bottom of the page?

A. Yes.

Q. Does that mean that you looked at this information and that you concurred with what's included on this page?

MR. KRAUSE: I'm sorry, where are we at?

MR. LENSON: Transfer sheet.
MR. MERRIAM: Urgent care transfer record.
MR. KRAUSE: I have it, thanks.
A. Yes.
Q. Now, the reason for transfer at the top of the page says urinary tract infection, severe abdominal pain, rule out small bowel obstruction. If you didn't concur with that, you would have changed that before the patient left; correct?
A. I suppose so.
Q. After she was transferred from the urgent care, did you have any further contact with anyone from her group residence? Did you talk to anyone on the phone?
A. None whatsoever.
Q. And aside from what we have already discussed in your conversations with Dr. Jeromin, did you have any further contact with anyone at Lake East Hospital regarding Lorna Moeller?
A. No.
Q. Do you have an opinion as to what caused Lorna Moeller's death?

MR. KRAUSE: Objection.
MR. LENSON: Objection.
MR. JAMISON: Objection.
MR. MERRIAM: Objection.
A. No.
Q. Doctor, there were a series of telephone calls that were made to Lake Hospital Systems. I have a copy of some notes referencing those phone calls that I have marked as Plaintiff's Exhibit Number 3?
MR. LENSON: Does that come from the Lake Hospital chart?
MS. TOSTI: It may have been in the Urgent Care chart, I'm not sure.
A. Where is this coming from?
Q. At the top of the page it says Lake Hospital Systems patient care progress notes and at the bottom it has a stamp that says Madison Medical Campus.
A. Right.
Q. And it references on February 3rd at 1800 hour, it indicates in the first note that an Eastwood care provider called in. Then there is an additional note for February 4th at 8:30 in the morning again saying an Eastwood

caregiver called today at 8:30.

Now, doctor, do you know, do you recognize the signature on any of these notes?

A. No.

Q. Would this type of note normally be done by the nursing staff when they take a call at the Urgent Care Center?

A. I suppose so.

Q. Have you ever seen them make these types of notes when they take a call?

MR. MERRIAM: If you know.

A. Not really.

Q. There is a call there from February 3rd at 1800 hour, and I'm going to let you just read it.

A. I have trouble reading it.

Q. I believe it says Eastwood caregiver call in regard to Lorna Moeller. She was trying to get ahold of Dr. Heng and Dr. Kessler's office but no answer. I gave her the 428-8292 number and told her this would get the answering service. They would page them.

And then there is another notation, also advised if unable to get ahold of them, or it gets worse, call 911.

Do you have any recollection of any of the nurses approaching you in regard to a phone call that they received from an Eastwood care provider regarding Lorna Moeller on February 3rd? This would have been two days after you saw her at the urgent care.

A. No.

Q. There is another note there from February 4th, again with a caregiver calling. Do you have any recollection of being approached in regard to a caregiver calling in regard to Lorna Moeller on February 4th of 2000?

A. No.

Q. Now, this particular note on February 4th says that they had spoken to Dr. Oh last night and she stated still not had BM and was vomiting bile. And the person that wrote this note apparently told them to call Dr. Oh and see what they wanted to do.

When the nurses take calls at the Urgent Care Center, if there is any question in regard to medical advice, do they come to you in order to discern what advice should be given a patient or do they have some other authority that they are supposed to approach when they are

taking phone calls?

MR. MERRIAM: Objection.

A. To be honest with you, I don't know the protocol they have. You would have to speak with the nursing supervisor.

Q. And do you know whether you were working on February 3rd at 1800 hour or on February 4th at 8:30 in the morning?

A. No, I don't recall.

(Recess had.)

MS. TOSTI: Doctor, I think I have completed all the questions that I have for you, but some of these gentlemen may have some additional questions for you.

MR. SCOTT: I have no questions.

EXAMINATION OF ARTHUR M. AMDUR, D.O.

BY MR. KRAUSE:

Q. Just real quickly, doctor.

What time did Lorna Moeller come into your urgent care facility?

A. 6:10 p.m.

Q. And I see under the nurse's notes a notation, claims BM this evening.

A. Correct.

Q. I'm on the face sheet. Do you have

any idea what time or is there anywhere else in the record that indicates what time the reported bowel movement occurred within the scope of the evening, acknowledging that she came in at 6:10? It was sometime prior to 6:10 she had a bowel movement. Anywhere else that I can get that time from?

A. Not that I'm aware of.

Q. Just for clarification, there is a difference between calling 911 from your facility as opposed to scheduling an ambulance to come and pick up the patient --

A. Correct.

Q. -- for an emergent admission?

A. Correct.

Q. You pointed out regarding the visit to your facility or the urgent care, the nurse's note of the follow-up call saying the vomiting had stopped?

A. Correct.

Q. Based on your experience as a physician in the urgent care, was that reassuring your mind back then regarding her complaint on that day?

A. Yes.

Q. Do you have any experience or acknowledge expertise in timing of emesis in relation to bowel obstruction?

A. No.

Q. I don't know if I missed it, but how many times have you diagnosed bowel obstruction?

A. Again, I suspect it. I don't really diagnose it.

Q. You have never diagnosed bowel obstruction in the past; is that fair?

A. That's fair, I would say so. That's not my job to diagnose it. It's to make sure that somebody does.

MR. KRAUSE: That's all I have. Thank you.

MR. JAMISON: No questions.

EXAMINATION OF ARTHUR M. AMDUR, D.O.

BY MR. LENSON:

Q. Doctor, my name is Murray Lenson and I represent Dr. Jeromin. I have a couple questions. I appreciate your indulgence.

One of the reasons that you refer a patient to the ER that day or that evening was the constellation of the problems this lady was suffering; is that correct?

A. I would say so.
Q. In other words, you already determined that she had an infectious process, urinary tract infection?
A. Correct.
Q. She demonstrated emesis historically before she came to the urgent care and during her stay there; correct?
A. Correct.
Q. And you were concerned about dehydration?
A. Yes.
Q. So it was a combination of all three that led you to refer her to the ER; is that correct?
A. Correct.
MS. TOSTI: I don't have any further questions.
MR. MERRIAM: The doctor would like to review the transcript so he will not waive the right of signature.
I assume you won't hold me to seven days?
(Deposition concluded at 4:55 p.m.)
(Signature not waived.)

AFFIDAVIT

I have read the foregoing transcript from page 1 through 69 and note the following corrections:

PAGE	LINE	REQUESTED CHANGE

ARTHUR M. AMDUR, D.O.

Subscribed and sworn to before me this day of , 2002.

Notary Public

My commission expires .

CERTIFICATE

State of Ohio,

SS:

County of Cuyahoga.

I, Vivian L. Gordon, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named ARTHUR M. AMDUR, D.O. was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was completed without adjournment; that I am not a relative or attorney for either party or otherwise interested in the event of this action. I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28 (D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 14th day of May, 2002.

Vivian L. Gordon

Vivian L. Gordon, Notary Public
Within and for the State of Ohio

My commission expires June 8, 2004.

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DEPOSITION OF ARTHUR M. AMDUR, D.O.