THE STATE OF OHIO,)
COUNTY OF CUYAHOGA) SS: THOMAS PATRICK CURRAN, J.

IN THE COURT OF COMMON PLEAS

BALDWIN L. DUNCAN,

Plaintiff,

v. Case No. 357484

SATNAM S. SANDHU, M.D., and CARL E. JACKSON, M.D., and CHARLES MBANEFO, M.D., and STEPHEN SCHWAB, M.D., and ST. LUKE'S MEDICAL CENTER, and JOHN DOE(S) PHYSICIAN(S) OR SPECIALISTS, and JOHN DOE(S) NURSES, AGENTS OR EMPLOYEES.

Defendants.

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Deposition of GEORGE ANTON, M.D., taken by the Plaintiff as if upon Cross-Examination before Angela R. Zanghi, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at The Cleveland Clinic Department of Vascular Surgery at Hillcrest, 6770 Mayfield Road, Mayfield Heights, Ohio, on Wednesday, the 9th day of February, 2000, commencing at 6:00 p.m.

APPEARANCES:

Daniel J. Ryan, Esq.
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On behalf of the Plaintiff.

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On behalf of Defendant St. Luke's Medical Center.

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called by the Plaintiff for the purpose of Cross-Examination, as provided by the Ohio Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposes and says as follows:

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MR. RYAN: I am hoping that the Court Reporter has a caption in the case of Baldwin Duncan vs. St. Luke's Hospital. We're here to take the deposition today of George Anton who has been identified within the last week and a half as a person who will appear as an expert on behalf of St. Luke's Hospital to offer a series of opinions.

CROSS-EXAMINATION

BY MR. RYAN:

Q. Is that correct, Doctor?

A. Yes.

Q. Okay. I have received a report from The Cleveland Clinic Foundation.

(Plaintiff's Deposition Exhibit 1 marked for identification.)

Q. (BY MR. RYAN) I put a 1 on it, Doctor. Is that a report that you provided on this matter?

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A. Yes.
Q. That report, does it contain all the opinions you intend to offer in this case? Let me reask it.
As we sit here today, is there any opinion you hold at this time that is not at least addressed or mentioned here within this report?
A. I think everything I need to address can be covered under the titles.
Q. Okay.
A. But I guess that's subject to change depending on the line of questioning.
Q. That's no problem. What I'm asking as we start out --
A. In general I think that is a fair representation.
Q. Okay. My understanding is, Doctor, that you are part of The Cleveland Clinic Foundation and your specialty is vascular surgery?
A. Yes.
Q. Where did you go to college and medical school?
A. I graduated from C.W. Post College, Long Island University, medical school was Howard University in Washington D.C. Subsequently I did a general surgery residency, five-year residency, at The Cleveland Clinic. I thought I would just continue.
Q. That's fine. Just so the record will show, the

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doctor has graciously said he will provide a curriculum vitae or CV so we can have your background.
A. Vascular fellowship was done at Cleveland Clinic.
Q. From that point on did you remain with The Cleveland Clinic?
A. No. I was hired by a multi-specialty clinic in Virginia called Lakeview Clinic, one word, Lakeview, stayed there for about four months and returned back to Cleveland and have been working at Hillcrest Hospital since I think July 1984.
Q. Okay. And then Hillcrest was taken over by The Cleveland Clinic Foundation at some point in time and that's how you were brought back within -- How did that happen?
A. Not exactly. I was a private practice vascular surgeon initially with a general surgery group, but I was always working alone within the group. And I joined The Cleveland Clinic Department of Vascular Surgery August 9th, 1999.
Q. Okay. When you were here at Hillcrest, had that become a part of The Cleveland Clinic Foundation yet?
A. The hospital system known as Meridia was purchased, I believe it's called purchased, I'm not sure of the

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details, by The Cleveland Clinic Health Care System, and I believe that was a year or two ago, somewhere like that. But my employment through the Department of Vascular Surgery has nothing to do with the acquisition of this hospital.
Q. Okay.
A. They're independent.
Q. So what happened is you were actually --
A. Invited.
P. -- sought out and invited to work at The Cleveland Clinic? It happens you have your offices here?
A. Right.
Q. It also happens to be you were here a long time ago also?
A. Right.
Q. Your hospital privileges then are with The Cleveland Clinic, or where are they?
A. Here. Hillcrest Hospital.
Q. And also if you were to go down to like the main campus, are you allowed to have privileges there also?
A. I don't know that.
Q. You don't really need them, put it that way, you do all your work here?
A. I have no intention to go anywhere else nor was that

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ever the plan.
Q. Are you an employee of Cleveland Clinic?
A. Yes.
Q. Do you know an individual by the name of Ronald Savrin?
A. Yes.
P. Do you respect him as a doctor?
A. Yes.
Q. Do you find him to be a fine vascular surgeon? Do you want me to ask it more in a step process? How long have you known him? How do you know him? Can you judge him?
A. Why don't you ask me in a step-wise fashion.
Q. Were you ever in practice with him?
A. No.
Q. Did you ever share money with him or share cases with him?
A. No.
Q. Did you ever have a falling out or disagreement with Dr. Savrin?
A. I've never had a falling out with him because I've never had an arrangement with him. I have had perhaps a disagreement along the way, but that may hold true for anyone.
Q. I understand. Do you know an individual by the name

of Dr. Rawlins?
A. Yes.
Q. I am talking about the Dr. Rawlins who is also a vascular surgeon. Do you know him?
A. Yes.
Q. If Dr. Rawlins were to indicate you and Dr. Savrin were together for a time and then there was a disagreement or something that happened, does that have any meaning to you?
A. None.
Q. Okay. Did you have a disagreement over care of patients or anything like that with Dr. Savrin?
MR. MOSCARINO: Are you talking about some particular patient?
MR. RYAN: I'm asking if he can identify it.
A. It was not necessarily a disagreement. It had to do with analyzing patient care through our morbidity and mortality conferences that we hold here on a quarterly basis within the Department of Vascular Surgery at Hillcrest Hospital.
Q. (BY MR. RYAN) Did you have a discussion with him involving the outcome of his patients, the percentage that were not being successful, or something along those lines?

A. No. It had to do with several cases that were monitored here, and one case in particular I felt could have been managed differently.
Q. May I characterize that it was an opinion which you formed about the medical care that Dr. Savrin was providing to some of his patients then?
A. No. We're talking about in this case one patient in particular, but that was not an individual appraisal or judgment. This was reviewed by all those who attended the morbidity and mortality meeting and we come up with some form of evaluation as to whether or not the outcome was accepted under the circumstances or whether there was any substandard care provided. So there may have been an issue along the way. Now, I don't know if that's privileged information or not. But nonetheless, you asked me if I ever had a disagreement, and that would be the substance and nature of the disagreement.
Q. The reason I ask you those questions is because in this report it appears you are offering an opinion about a Dr. Savrin. Are we talking about the same Dr. Savrin?
A. That's correct.
Q. You have had the opportunity to review the medical care provided by Dr. Savrin to an individual by the name of Baldwin Duncan. That's what you've been called upon to do, correct?
A. Correct.
Q. All right. You've also been called upon to offer opinions concerning the care which was provided by the St. Luke's medical staff and a Dr. Camp?
A. Yes.
Q. Did you also review the medical care and treatment that was provided by Dr. Jackson?
A. No.
Q. Who was the surgeon that carried out the amputation of Mr. Duncan's leg, do you know?
A. Dr. Jackson.
Q. Okay. So I see here that you offered an opinion that the negligent post-operative care provided by Dr. Savrin was a direct and proximate cause of Mr. Baldwin L. Duncan's limb loss. Did I read that correctly?
A. Yes.
Q. All right. So what you're saying is if Dr. Savrin had followed through, Baldwin Duncan would still have his leg?
A. I don't believe I was necessarily saying that. That's an interpretation. What I would say is had Dr. Savrin followed through, and by that I presume you mean had seen the patient after hospital discharge, is that what you're implying, or had seen the patient at any point in time?
Q. You gave me a statement. The negligent post-operative care provided by Dr. Savrin. What was that?
A. Lack of follow-up care.
Q. Anything else that you can identify?
A. I had problems with the fact that there was some phone call, one or more phone calls, made to his office and that there was no definitive follow-up care provided by a vascular surgeon within a 90-day period post-operatively.
Q. All right.
A. I think, you know, we're all Board Certified seasoned vascular surgeons I presume, and we have a responsibility to any patient that we operate upon, and HCFA will tell you it's at least for a 90-day period. So I think that there was a breakdown in the post-operative care rendered by Dr. Savrin. I think had he made a substantial commitment to the patient in his vascular disease process, which was a complex process, perhaps an amputation could have been avoided.

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Q. Well, then this statement here is not -- You say the negligence was a direct and proximate cause of Mr. Baldwin's limb loss. You're saying that's not what you really meant?
A. That's exactly what I mant. Had he never operated on the patient, he would never have had any kind of infection. So had he perhaps seen the patient post-operatively, the man was on steroids, the man was immune deficient as a result of his nephrotic syndrome and the steroid therapy, a major infection and complication would have been avoided.
Q. All right. Do you agree or disagree with the statement that it was the infection that led directly to the loss of limb?
A. I would agree with that.
Q. So up until -- If there was no infection, you think the limb would have been okay?
A. I believe that.
Q. Okay. So what you're saying then is if Dr. Savrin had stepped in when the infection was identified and provided the care one would expect from a vascular surgeon, that Mr. Duncan more likely than not let's say would still have his leg?
A. Yes, but I would qualify that. You're kind of putting words in my mouth without me opening my

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mouth. Let me tell you what really counts here.
Q. Sure.
A. You said before the infection had occurred. I think what you want to do is try and suspect, we can't always identify an absolute infection especially in a patient with steroids and so forth, but at least suspect the patient has it. Look for it. I mean, you have to make a conscious effort in follow-up care to ensure that no complications will occur. This man was setup for having two types of complications, thrombotic complications and infectious complications. Now, the time frame for that is going to be usually within the first 30 days, okay.

You look at operative mortality and morbidity, there is a 30-day window that is most important in the follow-up care of these so-called vascular patients. And the reason we see these people within that first month perhaps on two or three occasions within that first month is to examine the wounds, examine the vasculature in these so-called vascular patients, and that's the commitment one must make to these complex patients. And these complications, you know, coincidently tend to occur within the first 30 days.

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Q. Okay. You've had the opportunity to review the records from St. Luke's Hospital, correct, concerning the treatment and care provided to Baldwin Duncan?
A. Yes.
Q. From January 18th up through and including the amputation, which was like March 10th --
A. Yes.
P. -- can we agree or disagree everything that happened after March 10th, after the amputation, in regards to this case is insignificant?
A. Yes.
Q. Okay.
A. And let me qualify. Perhaps I didn't fully understand your earlier question. Did I review any of the records regarding Dr. Jackson? Well, I did. But maybe I misunderstood the question. I reviewed all the hospital records through and after the amputation. Maybe I didn't make that clear earlier. I want to make that clear to you.
P. Should Dr. Jackson have then carried out that amputation?
A. I don't find fault in the decision that Dr. Jackson made. Should he have performed the amputation? I think given the set of circumstances and given the

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type of training a general surgeon has under these conditions, I would have to say yes. I mean, when you look at any clinical course of a patient, there may always be some discussion and perhaps not 100% approval by everybody involved. But I think given the information that I was given and the circumstances, I would have to say yes, that it was appropriate for him to act.
Q. Having reviewed the medical records, you certainly are aware of the fact that the internist that was following him did not recommend an amputation? Can we agree with that?
A. That internist is?
Q. On March 9, 1996 there was an internist who was following him, that they did not make a recommendation of amputation nor were they consulted. Can we agree on that?
A. You have to tell me which internist. I remember more than one.
P. Well, I'm sorry. You don't have the medical records with you, Doctor? Do it this way; I would like you to assume there was an internist following this case. I want you to assume that.
A. Sure. Absolutely.
Q. And I would like you to assume that records show

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that on March 9 an examination was performed by the internist showing the white blood count was down, he seemed to be lowering his fever and seemed to be improving in all the marks that they were looking for. That's what's noted in the record. I want you to assume a plane x-ray was taken about 6:00 or 7:00 at night on March 9th. Subsequent to that about an hour/two hours later they do a CT Scan of the leg and they find certain findings which are then documented in the record. Then Dr. Jackson is called in. Did Dr. Jackson have enough information at that point in time without seeking out any other consult from a vascular surgeon, an internist, or any other medical personnel there to carry out on his own only with the advice of the residents to do an above-knee amputation?

MR. MOSCARINO: I object to the form of the question and the hypothetical. Go ahead and answer, obviously if you understand his question.

A. Yes.

Q. (BY MR. RYAN) Okay. So then if you are to come and you are to have that information, CT Scan, the internist documenting at that point that everything seemed to be improving, then that alone without any

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type of determination as to what is in there, what the infection is, the ongoing process or anything like that, you would carry out an above-knee amputation?

A. I just qualified this. You told me that everything was improving. That's a little different than what you said before. If you're telling me in this hypothetical problem that everything is improving, why would one carry out an above-knee amputation?

Q. Why did Dr. Jackson then if everything was improving?

MR. MOSCARINO: Objection.

A. Again --

MR. MOSCARINO: You're changing the hypothetical.

A. I haven't been asked to review Dr. Jackson and I haven't been asked to render an opinion about Dr. Jackson and the amputation. We were just talking hypothetically what could have or should have happened.

Q. (BY MR. RYAN) Certainly Dr. Jackson was the one that made the ultimate decision for the removal of the leg, correct?

A. Yes.

Q. You indicated it was Dr. Savrin that brought that

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about, correct?

A. Yes.

Q. All right. How did Dr. Savrin's input contribute or bring about that amputation?

A. My recollection is that he was notified of this patient's condition when he came back to the hospital with an infection. My recollection was that he had I believe spoken to Dr. Camp, and my recollection is that he had no interest in seeing this patient that was operated upon on his service. It seems to me that he would have some sense of obligation and responsibility to see this patient and offer some help in determining the extent of the infection and if indeed this patient should have required an amputation versus incision drainage, et cetera.

So knowing the patient was coming into the hospital, knowing the patient had an infection, I think he fell beneath the standard of care specifically to see the patient and get involved in this patient. That's what I call proximate cause. If you don't extend yourself to that patient, help that patient, and you then want to outsource his care to a general surgeon or an internist, then I think you've made a conscious effort to not help

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that patient. This was not unconscious, this was not something that just happened to slip by, and that's where I have a problem with the care rendered by Dr. Savrin at least in that part. And I think, you know, he could have participated prior to the amputation.

My understanding from the material I reviewed was that he was not only reluctant, but absolutely refused to participate in the care of this patient. And I find that a direct violation of the standard of care for Board Certified vascular surgeons who are supposed to be compassionate as well as industrious and fighting for a patient's limb or life. I mean, we have to be concerned with these people long term, not over just, well, I've signed off the patient and that's it, he doesn't exist anymore.

Q. So it's your opinion then if Dr. Savrin had been involved, the limb would have been saved?

A. That is not my opinion. I think asking me had he been involved, there is no guarantee it would have been saved. You know, I wouldn't guarantee that. But I'm saying as a result of his not seeing the patient in a timely fashion, even weeks before or following up, come to my office in two weeks, make

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sure I see the wound and not relegate this out to a turnstyle resident outpatient surgery clinic, I think that could have made a difference --

Q. Okay.

A. -- within a reasonable degree of medical certainty.

Q. So more likely than not let's say his limb would have survived?

A. I absolutely believe that.

Q. Okay. So St. Luke's is a full service hospital, correct, if you know?

A. I don't know what they call themselves.

P. Do you think they would have a vascular surgeon available?

A. I have no idea what they provide there.

Q. Okay. If St. Luke's Medical Center has on its staff a full-time vascular surgeon, certainly then being a member of that staff he would be involved in the treatment and care of Baldwin Duncan, wouldn't he?

A. I have no idea what their commitment and who their staff is. I don't know that any hospital has a 24-hour a day full-time vascular surgeon to access somebody. You know, I just don't know what they have there, the setting there, so I have to withhold comment.

Q. Would a general surgeon know how to carry out the

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surgical opening that was performed on Baldwin Duncan's leg on January 20th or 22nd, 1996?

A. The surgical opening?

Q. Opening of the leg, what was done to open the leg and gain access to the veins and arteries, could a general surgeon do that?

MR. MOSCARINO: You're talking about the procedure Dr. Rawlins did?

Q. (BY MR. RYAN) No. Talking about the first opening up of the leg.

A. I don't know.

Q. Would a general surgeon be able to take a leg, take a scalpel, cut the skin, move the muscle and open it up, could a general surgeon do that?

A. Yes.

Q. And when he comes back out Later on he could have an infection, right? That's what we're talking about. The leg was opened up and then closed?

A. I don't know what you're talking about.

Q. Baldwin Duncan, talking about Baldwin Duncan. What happened is his leg was opened, it was exposed to the outside environment, it was closed back up, it was stapled up?

A. When Dr. Rawlins operated upon him?

Q. Right.

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A. Yes. It was operated upon.

P. As a result of that surgery, did that in your opinion -- I'm asking reasonable medical opinion. I don't want guarantees. I didn't mean to mislead you. In your opinion, is that what probably led to the infection?

MR. MOSCARINO: What?

Q. (BY MR. RYAN) That surgical intervention.

A. Yes. That led to an infection, yes.

Q. Is that the infection that is documented by some reports that are generated around February 9th concerning a swab that was taken of something and sent to the lab and checked out?

A. It was a swab that had to do with a leg wound, culminating from the leg operation. It seems as though the leg -- A swab --

Q. Would it surprise you when they took that swab there was a left leg incision to insert the swab into that area? Are you aware of that? Did you know that?

A. Am I aware of what now?

Q. There was actually an incision in the leg on February 9th to place the swab within the leg and within that incision to gain what was contained within the leg. Do you know that?

MR. MOSCARINO: Objection.

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A. I'm not aware of that.

(Plaintiff's Deposition Exhibit 2 marked for identification.)

Q. (BY MR. RYAN) I'm going to hand you a document that's been marked as Plaintiff's Deposition Exhibit 2.

MR. MOSCARINO: Just note my objection. I think Mr. Ryan is mischaracterizing what that says in the record. I don't need my letter. Why are you handing me that?

MR. RYAN: That's what I got. That's what was attached to your letter.

MR. MOSCARINO: I know I sent you these, Dan. What you're telling me is you're trying to make that out to be some leg operation. I don't know if that's the case at all.

Q (BY MR. RYAN) Have you ever seen this document at all?

A. This particular document, no. I don't recall. I could have seen it, but I don't recall.

Q. Okay. On that document do you note here it says anaerobic culture, February 9 at 2:30, I'm assuming that is 2:30 p.m., the 1430 appears?

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A. Yes.
Q. On top we see a 2-9-96, Baldwin Duncan?
A. Yes.
Q. All right. Doses that mean anything to you, that phrase right there?
A. It's abbreviated. Looks like left leg incision.
Q. Okay. You have had the opportunity to read Dr. Camp's deposition, correct?
A. Yes.
Q. You are aware, or correct me if I'm wrong, are you aware that a report was generated with her name on it showing that there had been taken a swab from the left leg and run some tests on that, are you aware of that?
A. Yes.
Q. Do you know what the results were of that test, do you recall?
A. I don't recall. I know there's records of it in there, but I don't recall what they showed.
Q. Okay.
A. There was a list of this in the records. I received all these -- this material.
Q. You then were provided the results of the test that was requested. This might help. I have with me -- I'm giving this to you to see if that jars your

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memory or helps you remember. I would relate to you, and I think we've had this before, there's notes on the side that Dr. Savrin said that he wrote. We've had testimony that he wrote this on the side here.
A. Okay. I'm aware of that.
Q. Can you tell from looking at that document who ordered that test?
A. It says here, I'll read it for you, ordered by Camp, Linda.
Q. Okay. In reading Dr. Camp's deposition, I believe that she denied that she ever ordered that, is that correct?
A. I believe that's correct.
Q. Do you think it's a proper way to run a hospital to be putting a doctor's name on a report which he never ordered it in the first place? Does that cause you any concern?

MR. MOSCARINO: Objection to the form of the question.

A. I think it causes a lot of concern for a lot of people under the circumstances. I mean, that's part and parcel why we're here today is to determine where this culture came from, who ordered it, who in fact took it, and where it was taken from. Now, you

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know, if her name appears here and they also document Left leg incision as we read, do we really know it came from the incision? Was it from the surrounding skin? I can't tell you. I can't tell you based on reason --
Q. (BY MR. RYAN) Based on reasonable medical probability?
A. Forget the probability part. Based on the information I've reviewed, the testimony under oath by the physicians, and of course these lab reports. There seems to be a lot of confusion here.
Q. My question is this; you said the following, "It's my opinion that the care provided by the St. Luke's medical staff and Dr. Camp was both timely and appropriate." So you've offered an opinion about the St. Luke's medical staff?
A. Yes.
Q. Forget Dr. Camp. I've asked you do you think it's appropriate that a doctor's name should appear on a test of this type when the doctor says I never ordered it in the first place? Doesn't that cause you some concern?
A. Yes.
Q. All right. Do you think that's a proper way to run a hospital?

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MR. MOSCARINO: Objection.
A. I don't know how the hospital's run. To extrapolate a test on any given day from 365 days a year then say is that any way to run a hospital, I can't say.
Q. (BY MR. RYAN) Most negligent acts are just one act, right?
A. I don't know.
Q. This is one act. It was a surgery that no one followed up on?
A. One act? Wait. This was not the act I'm talking about. It's not one act. Not in this patient's case. I disagree. It is not one act that caused the Loss of the limb, and it's not one culture that caused the loss of the limb, my friend.
Q. I understand.
A. We're talking about from the time he first came in with a clot in his leg to the time he lost his leg. We're not talking about one culture result with one person's name on it. Whether she ordered it or not, I don't know and you don't know. Whether she actually performed the culture, I don't know and you don't know. But we're talking about a span of time. There are many occurrences, okay, not just one. And did he lose his limb because of this culture result? I can't say that with a reasonable degree of medical

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certainty. But I'm telling you it was a violation in the standard of care by a vascular surgeon who should have participated and helped and cared for a patient.

Q. All right.

A. That's what I'm saying.

Q. You're saying that --

A. That has nothing to do -- I don't mean to interrupt.

Q. It's my record, but go ahead.

A. You're paying for this. 1 don't know who's paying for it. The point is this; there is a lot of confusion about this culture, who did it, how it was done, where it was done, so we can never really answer that. But that one piece of paper with one culture report does not define that there was an actual wound infection. There was bacteria on a swab. It's unclear to me whether that was a deep wound culture or just a superficial wound culture.

Q. Could you give me the clinical examination and record that led to that culture being ordered? Do you have that?

A. I don't recall a record of a clinical exam that led to that culture because it's my recollection, correct me if I'm wrong nere, it's my recollection that there was no record of this patient visiting

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the outpatient surgery clinic. And I believe they tried to find that in the computer, as you saw in her deposition. There is the head nurse that runs the clinic and Dr. Camp tried to track this patient down and apparently there was no computer record of this patient signed in the outpatient surgery clinic that led to this so-catled culture.

Q. The patient was billed for it from the hospital out of the surgical clinic.

A. Fine. What do you want me to tell you?

Q. Was he there? He says he was there.

A. You're asking me if I saw a record, and I'm telling you I haven't seen a record. Do you have a record? Can you show me a record?

Q. No.

A. Can you show me the record of the physical exam that led to the culture?

Q. All right. You're saying this is only one piece of paper?

A. Yes.

Q. Okay. Court case comes up, you get a subpoena to come to court. What are you going to do? Are you going to ignore it?

A. I'm going to call my attorney.

Q. You're not going to ignore it, though, are you?

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A. No.

Q. Did Dr. Camp ignore this?

A. Did she ignore that report?

Q. Yes.

A. I don't believe she did.

Q. When did she get it?

A. If I recall, it was in the mailbox, it was in her mailbox, and my recollection is that she was on vacation at the time. It was placed in the mailbox.

Q. Well, let's say that she came back from vacation on the *24th* and she found it in her mailbox.

A. There's more than one mailbox. This was in the so-called garbage mailbox, whatever that means.

Q. That's a good way to run a hospital, too, then?

MR. MOSCARINO: Objection.

A. That has nothing to do with running a hospital.

Q. (BY MR. RYAN) Are you saying Dr. Camp is not qualified to handle this type of problem?

A. You're saying that.

Q. I'm asking you is she not qualified to handle this type of problem?

A. What type of problem? Reading a report?

Q. No. Infection in a wound.

A. That report doesn't tell me there is infection in the wound. Thank you.

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Q. Why would you order a test if you didn't do a clinical exam first?

A. No.

Q. Is that appropriate medical care --

MR. MOSCARINO: By who?

Q. (BY MR. RYAN) Is it proper medical care to run a hospital and someone can walk in and go to the microbiology lab and run a report? Is that correct?

A. Dr. Camp doesn't run the hospital. Let's just ask one question here. Ask me a question, something I can understand.

Q. "It's my opinion the care provided by the St. Luke's medical staff," can we agree the laboratory is part of the St. Luke's medical staff?

A. I didn't have that in mind when I wrote that letter. St. Luke's medical staff would have been the residents, the nurses. We would have to include the staff within the laboratory. I think that's fair.

Q. Would you also include those people who keep the documents and maintain the records at the St. Luke's Medical Center? Would that be part of the medical staff?

A. We should include all those people.

Q. All right. So my question is, should you run a hospital where a person is permitted to just go into

the microbiology lab and say, Here, run this test?

MR. MOSCARINO: Objection.

Q. (BY MR. RYAN) Is that a proper way to run a hospital?

MR. RYAN: That's an improper question. That's not the focus of the case. That's not the standard we're judged by.

Q. (BY MR. RYAN) Do you understand my question?

A. No, I don't.

Q. You are not going to offer an opinion of St. Luke's Medical Center whether they provided appropriate care?

MR. MOSCARINO: That's a different question. He already said he did. Objection. Now you're twisting it.

Q. (BY MR. RYAN) Are you going to offer that opinion?

A. I offered the same opinion I gave. Why would I change my mind?

Q. In your opinion, is it appropriate to have a person come into a surgical center in a hospital and have nothing written up about it? Just generally, do you think that's acceptable?

A. Not only is it not acceptable, I don't know that that could ever possibly happen. In order to gain

-- In order to enter a facility, one must check in I presume. I don't think one comes in and says, Swab this, ana leaves. Someone should have some record of it somehow.

Q. Okay.

A. That would be appropriate.

Q. Okay. So we can agree it would be below the minimum standard of care you would expect in a hospital of this type if a person would walk into the lab and just order a test on their own?

A. A person meaning a patient?

Q. A patient. You would expect them to sign in, have a record, have a clinical examination so the appropriate tests can be determined from that clinical examination, is that a fair statement?

A. I would expect that.

Q. Okay. Based on the medical records of St. Luke's Hospital, is it your opinion that Dr. Camp did not see Baldwin Duncan between the time frame of January 31st up to February 20th?

A. I don't remember the date. What occurred on February --

Q. George can correct me. I believe she came back on the 24th of February from a vacation. She went out on the 16th. So the time frame I'm asking is from

January 31st when he signed out, when he signed out of the hospital, up to the time I believe she indicated she got this report at the end of February let's say. Is it your opinion up until she got this report that she had not seen Baldwin Duncan?

A. Yes, 1 agree.

Q. Okay. Were you able to make any type of determination how Dr. Linda Camp's name wound up being used at the St. Luke's Medical Center on these Microbiology Department results? Were you able to determine that?

A. I've not been able to determine that.

Q. All right. Do you feel that offering a general statement that "The care provided by the St. Luke's medical staff was both timely and appropriate" includes that part of the puzzle, even though you knew you weren't able --

A. Yes, I think so. The problem I have is was some documentation lost? Could this patient have come in, signed in? Could there have been paper generated? You know, I can't answer all those possibilities. But I don't see how that directly involves Dr. Camp other than her name happens to be on this sheet of paper.

According to her testimony, she never had

examined the patient nor did she order the swab.

Q. Okay. In your examination of the records of St. Luke's Hospital, were you given access to the orders that actually went to the Microbiology Department that brought about these test results?

A. I haven't seen those. I don't recall seeing an order for that swab. The only thing I've seen is what you showed me here, the swab results.

Q. Okay. Would you expect reasonable medical care minimally at Least would require the person ordering rhe swab at Least identify themselves on that slip that went to the lab showing they're the ones that ordered it, would you agree with that?

A. Under most circumstances; however, you know, we all know that sometimes nurses will judge a situation and send a culture and put a physician's name on it. I mean, that happens. That's the reality of things. They then expedite care of the patient in so doing. And I as a physician feel very comfortable if a nurse wishes to send a urine culture or even a wound culture and put my name on it. So that not only is reasonable and standard care, it' happens virtually every day.

Q. You are comfortable with a patient coming into the St. Luke's Medical Center, the surgical center,

Dr. Feb. 11 - Came back. She dumped the Patient

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having a nurse coming up, taking a scalpel, open a wound, take a swab or something, and then send it up and make the determination as to what tests to order? You're comfortable with that?

MR. MOSCARINO: Objection. Now you're taking it to a different level, but go ahead.

A. I'm not comfortable with what you just said as you described it, nor would anyone else be.

Q. (BY MR. RYAN) I understand.

A. You do?

Q. What I'm asking you is it is the doctor that makes a determination as to what tests to order, correct?

A. No. We said that before. You asked me about a nurse wielding a scalpel. That's a little different than what we're talking about. What we're talking about is a swab. A nurse can take a swab and swab a culture and send it.

Q. Would you expect a nurse to do a left Leg incision?

A. That doesn't say that a left leg incision was performed here. You asked me what that said. I said that's abbreviation for left leg incision. That means there must have been a left leg incision there to swab. Doesn't mean that somebody incised a leg when this man came in.

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Q. Certainly it would be helpful if the inputter of the document ordering this noted where this came from to know what it means, correct?

A. I don't need any more help. 1 can see it. This says left leg incision.

Q. So Let's say you come into this patient a day Later and you get back this report.

A. Wait. Back up. 1 don't understand.

Q. I'm phrasing the question. I'm not done yet. You come in on that patient a day later. There has been a swab performed. Okay?

A. Okay.

Q. The swab has been taken and you come back and you're there in the surgical center as a doctor, someone comes up to you and presents to you this report, , says, This is what came back on Baldwin Duncan, what would you do?

A. I would Like to know about the patient first. You're asking me I'm coming in cold-cocked here and don't know anything. I would Like to know more about the patient, certainly the clinical presentation of this patient, and then I can sort-of piece things together.

Q. All right. So this report without a clinical evaluation really has no meaning?

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A. I wouldn't say it -- No report has no meaning.

Q. I understand.

A. But it certainly has no relevance in terms of the patient's care and management and diagnosis.

Q. Could we identify it certain as a signpost let's say that you should probably follow up and find out why this bacteria or what is listed here is being shown on this report?

A. Oh, yes. Absolutely. It would generate curiosity at the very least.

Q. Okay. So when Dr. Camp got it on the *24th* you find no fault with her the fact she attempted to get a hold of Baldwin Duncan to try to have him come in? Would that be reasonable?

A. I find no fault at all.

Q. She indicated she could not find a phone number to contact him, but you certainly would say that, yes, she should make -- based on this report she certainly was right in making the effort to at least try to get a hold of him somehow. Is that a fair statement?

A. In answer to your question, I can see it in her deposition, in my opinion Dr. Camp at that point in time that you just described went above and beyond the call of duty of any resident that I would

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expect to actually try and track somebody down who she reportedly has never seen, was never involved with the initial operation or care of this patient, but because she cared enough to try and track this man down based on a report that was stuffed in her mailbox that she was supposed to come back and respond to, I think she made a plausible effort in trying to determine how she could help this patient who she apparently had never seen before. I think her intention was quite plausible.

Q. I believe she indicated she could not come up with a phone number to reach the patient, would that be a fair characterization, that was her attempt?

A. I believe so; however, I also believe I recall something about the phone number having -- either there was no phone number or there was some other problem, but I don't recall the exact nature. But if you said there was no phone number, then I would agree with that. I remember there was a problem with the phone number. I don't remember exactly what it was. I don't know if they had privacy manager. You know what I'm saying? I don't recall what the circumstance was. I know there was a problem with a phone call or a phone number.

Q. Okay. Do you think Dr. Jackson was the appropriate

specialist to be handling Baldwin Duncan's problems on March 9th, 1996?

I must be honest, I would have preferred to have seen the initial surgeon involved. I mean, it's always best to have -- The honest answer is it's best to have the initial surgeon involved with the care at that point. We're not talking three years later.

Q. I understand. Based on a minimum degree of medical care, what you would expect minimally, would you say minimally, not what you would like, but minimally would you say that Dr. Jackson certainly was capable to handle the problem as it was presented to him?

A. Absolutely.

Q. And what he did, certainly the way he solved the problem, was acceptable?

A. I found it acceptable.

Q. Okay. Over the month does an infection tend to become worse if it's not cared for, an infection of this type, or would you expect it to resolve itself?

A. I would not expect it to resolve itself.

Q. Would it be generally more likely than not in a worse state after having existed for several weeks, or would it be in a better state or not as threatening? Do you understand my question?

A. The former, not the latter.

Q. As it goes along it becomes worse?

A. Correct,

Q. Did you know Dr. Camp was a surgeon, was in training for surgery?

A. My recollection was that she was a junior resident in the general surgery program at the third-year postgraduate level.

Q. So she was already a medical doctor and licensed to practice in the State of Ohio for about three years, is that a fair statement?

A. Well, at least two years, two and a half years or so.

Q. You cannot get into a residency program unless you are an M.D., would that be a fair statement?

A. I think that's true.

Q. Well, certainly in the State of Ohio if you're seeing patients you expect they be licensed, correct?

A. Yes.

Q. Do you feel that Dr. Camp was trained enough to be put in that position by St. Luke's Hospital where she was seeing patients on a regular basis? In reviewing her deposition, reviewing the medical records, reviewing what happened, do you think she was appropriately there to take care of patients in the surgery clinic?

A. Not unsupervised. That's my only qualification. She is a junior surgical resident. Not unsupervised.

Q. You would find it acceptable that as she identifies problems and she goes ahead and moves through them, would it be more in the nature of resource, if something caused her concern she would have that there, or would she have to seek out that supervision as to every single patient?

A. I would expect that a junior level resident in a surgical clinic would report to a more senior person depending how it's set up in that individual clinic or that hospital training program.' And that is either going to be a senior surgical resident at a fourth or fifth year level, where I trained we were senior residents fourth and fifth year level, or an attending.

Q. Would it surprise you to know that at St. Luke's their residents were there for a three-year program and they left? You're saying that's inappropriate?

A. I don't understand the question.

Q. The residency program at St. Luke's Hospital was for a three-year period. There is no such thing as fourth or fifth year residents there at St. Luke's Hospital. Are you aware of that?

MR. MOSCARINO: Objection.

Q. (BY MR. RYAN) Did you know that?

A. I guess I still don't understand it, because I had residents from St. Luke's rotate here with me and they were in their fourth and fifth years.

Q. Okay. If Dr. Camp were to indicate that her direct supervisor was generally like a Board Certified surgeon who she would have access to but he was not physically present there at the surgery center, would that cause you any concern or anything?

A. As I said before, I don't know how an individual surgery center department resid ~~ain~~ing program works it; however, they should have some type of communication and direct line access with an attending if that is the circumstance. No different than when I trained. We would obviously be operating on people in an operating room, but the attending would not always be there; however, they would always be responsible for that patient and they would always be accessible.

Q. Okay. If Baldwin Duncan had come in, presented himself at St. Luke's Medical Center on February 9th and indicated he was having some difficulty with his

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leg, he had just been post-op about two weeks and everything, would you find it -- two weeks -- That's fair enough.
Would you find it inappropriate -- First of all, for someone of Dr. Camp's background and training, would you find it inappropriate for her to at least see him when he walks -- the first medical person he would see would be her. Do you have any problem with that?
A. No.
Q. Do you have any problem with any medical doctor with Dr. Camp's training, generally her training and experience, for that person to look at the leg and do a clinical examination? Would that cause you any difficulty or problem?
A. No.
P. Do you feel with Dr. Camp's training and background they would be able to fully document there was a process in the leg and be able to follow up on it such as ordering tests or things of that type?
A. I think that's reasonable expectation.
Q. prior to getting back let's say a test of this type, would it trouble you at all that that resident carried out the examination, documented it clinically, then ordered the test? Would you have

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any problem with that?
A. No, none.
P. When this test comes back, which at least we have this test, Let's say generally it comes back, at that point in time would you expect that person to call at this point someone of more experience, or would you say they would continue on with the care and treatment of that person?
A. I think either pathway is acceptable.
Q. Okay. At what point in time would you expect that say that Dr. Savrin should be brought in and become part of this process of finding out what is going on in here?
A. In Mr. Duncan's case, the question before was sort of an open-ended general question, but in this particular case here, having a resident who had never evaluated or seen the patient, I think some form of communication should have evolved directly between the resident and an attending. Best case scenario, the attending that was either the operative surgeon or in this case the partner's operative surgeon. So I think a resident such as Dr. Camp having seen that report for the first time should have been concerned about the circumstances of the culture, tried to learn some information

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about the patient, and hopefully some discussion would have taken place between the resident and the surgeon.
P. Okay. Directing our attention specifically to Baldwin Duncan, who would you expect to bring about that communication between the one who carries out the clinical examination and say the person, the vascular surgeon, Dr. Savrin? What would you expect minimally to happen there?
A. The resident to examine this patient?
Q. Yes. I'm not saying Dr. Camp. I'm say --
A. Fine. That's why I said the resident. A resident who examined the patient in that surgery clinic is obligated to discuss these findings, again best case scenario with the operative vascular surgeon, whoever that may be. In lieu of that if that vascular surgeon is inaccessible, then the attending general surgeon who is overseeing the clinic for that day.
Q. Okay. We all understand and you've pointed out to me very strongly we do not -- it is your feeling that there is not sufficient documentation to support the representation that Dr. Camp saw this patient --
A. Correct.

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Q. -- that brought this about?
A. I agree.
Q. There isn't enough there to say how this wound up happening?
A. I agree.
Q. Okay. Are you finding fault with Dr. Savrin if in his notes one of the members of his staff referred Baldwin Duncan to St. Luke's Hospital the surgery clinic, do you find fault with that?
A. Let me define. One of the members of his staff, meaning the office staff?
Q. One of the office staff through his direction, he did not communicate directly with Baldwin Duncan, there was a note let's say, Please refer this patient or send this patient to the surgery clinic or see Dr. Camp or something along those lines. And let's say Dr. Savrin testifies that's his best recollection, too, that happens. In that context, okay, do you find fault with that?
A. Yes. I have a problem with that.
Q. What is that?
A. I have a problem with that because I think the minimum mandates that the operating surgeon or his associates see his patient. He is still responsible for that patient at that point in time. And I

personally would not assign that patient to an outpatient surgery clinic run by a turnstyle group of physicians and residents, especially because you have to understand the setting. This was not just a simple cut the skin operation. This patient had renal disease, nephrotic syndrome, they lose all their proteins, they lose all their ability to fight infection, that not withstanding he's on steroids and we know that anybody on steroids you have a protracted time to develop these wound complications, their white counts remain normal, their physical exam is also pretty normal, and all of a sudden it's a catastrophic infection. This is what occurs in these people under those circumstances.

So you know, we have a man who is on Coumadin. Is this hematoma? Is it infected hematoma? There are many concerns here. And I would not just dispense this patient to an outpatient resident surgery clinic. And that's where I have a problem with the care.

Q. All right. I understand you're talking about your practice what you believe is acceptable. Are we talking about minimum medical standards? Do you understand that a doctor in these circumstances,

finding like situations, this is what you would minimally expect?

A. That's what I exactly stated earlier in this deposition. As a minimum, I would expect that.

Q. You would expect minimally for Dr. Savrin to physically go somewhere and see this patient?

A. I think anything short of that is unacceptable. The reason I delayed my answer, I'm just trying in my own mind to give everybody the benefit of the doubt here. And as far as I'm concerned I'm doing all the soul searching I can. That has never been my practice here and if 1 were an attending at St. Luke's Hospital with residents, that certainly would not have occurred. And not only is it bad for the patient, it's demoralizing for the resident staff to not have their own attending, you know, muster up the interest and curiosity and the concern to go down and physically see a patient they operated on and are supposed to care for. That's discouraging to me. That's a flaw.

Q. Who was Baldwin's attending physician as of February 9th, 1996? Would Dr. Sandhu ring a bell?

A. Is that the second admission for him, the February 9th, he was in the hospital at that time?

Q. Right.

MR. MOSCARINO: No. February 9th --

A. What was February 9th?

Q. (BY MR. RYAN) I apologize. February 9th is when this (indicating) got generated from the surgery clinic. February 9th between the two admissions. I'm sorry. I don't mean to mislead you.

Can you identify at this time any doctor that would be identified as his treating physician at that point?

A. Who was Baldwin Duncan's treating physician on or about February 9th?

Q. Yes. Who was it, do you know?

A. His primary physician as I recall was Dr. Sandhu.

Q. Wasn't Dr. Sandhu looking after all these conditions you're talking about; taking of the steroids and all these things that were going on, wasn't he in charge and in control of that, balancing it and doing things like that? Wasn't his main problem a kidney problem?

MR. MOSCARINO: That's about three questions in there, but go ahead if you can get them all.

Q. (BY MR. RYAN) To get to the bottom one, the kidney problem that he was watching, was that the main problem?

A. If you were to list these problems in order, his main problem certainly from Dr. Sandhu's point of view was his kidney problem, absolutely.

Q. Okay.

A. Absolutely.

Q. So Let's say Dr. Savrin is in the middle of surgery here at Hiltcrest, his office gets a call from Baldwin Duncan that, I am having pain and discomfort, do you say Baldwin Duncan should wait until you finish with your surgery to be seen by Dr. Savrin? Is that what you're saying?

A. Depends on how long the surgery is taking for Dr. Savrin. My policy would be to see the patient, have the patient remain in the office or meet me in the emergency room or the surgery center if it's still open and available and actually see the patient. As you said earlier, it's one point in time. You get one shot at these people. Miss that one point in time, that one little window of opportunity, and then things drag on. Suppose the patient can't come back and see you three days later. Suppose the surgeon's out of town three days later. These are patients that require an open-door policy, and that's our policy. Seven days a week open door. You have a problem, you come into this hospital. You know,

you have a problem, you can't make it, I'll make house calls. Just as I've been doing all my career. And I'll go to your house in Lyndhurst and I'll go out just like I did last Sunday to Heather Hill to remove stitches and look at your wound because you're complicated and I want to make sure you're just fine. I don't get paid for that.

Q. The minimum standard of care that you're putting on vascular surgeons is they must take care of every single medical problem as a result of any surgery they performed personally, is that what you're saying?

A. I don't consider this a medical problem.

Q. Well, surgical problem. I apologize.

A. Yes.

Q. All right. What if you're on vacation?

A. Well, we already said. He's got a partner.

Q. So we can agree another person could step in his place then, can we agree on that?

A. Absolutely. Another surgeon. His partner in particular.

Q. What if a vascular surgeon doesn't have a partner?

A. Then he would sign out to an appropriate person to cover for him or her.

Q. This problem that ultimately led to the amputation

was actually an infectious problem that could be handled by a general surgeon, is that a fair statement?

A. I think so.

Q. Okay. So let's say you happen to be out of town and one of your patients has a problem. Does it cause you concern that your staff says, Go on to the emergency room, have a physician look at it, document what's going on and then let me know what's going on? Do you have a problem with that?

A. You better rephrase that.

Q. Let me step back. Do you have a problem if someone were to contact your office, you weren't available for whatever reason, the person says, I'm in great pain and discomfort.

A. The patient you mean?

Q. The patient. I'm having a lot of difficulty. Do you have difficulty with that person being referred directly to the emergency room for treatment and care?

A. Not at all.

MR. RYAN: I'm done. Does the doctor want to waive signature? Probably not.

MR. MOSCARINO: I think you should probably read it.

- - -

(Deposition concluded at 7:15 p.m.)

- - -

I have read the foregoing transcript of my deposition taken on Wednesday, February 9th, 2000, from page 1 to page 55 and note the following corrections:

PAGE:	LINE:	CORRECTION:	REASON:

GEORGE ANTON, M.D.

THE STATE OF OHIO,)
) SS: CERTIFICATE
COUNTY OF CUYAHOGA.)

I, Angela R. Zanghi, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that GEORGE ANTON, M.D. was by me, before the giving of his deposition, first duly sworn to testify the truth, the whole truth and nothing but the truth; that the deposition as above set forth was reduced to writing by me by means of Stenotype and was subsequently transcribed into typewriting by means of computer-aided transcription under my direction; and that I am not a relative or attorney of either party or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I hereunto set my hand and seal of office at Cleveland, Ohio, this 10th day of February, 2000.

Angela R. Zanghi, RPR, Notary Public
Within and for the State of Ohio
1511 Terminal Tower
Cleveland, Ohio 44113

My Commission Expires: June 8, 2004.

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