

IN THE COURT OF COMMON PLEAS  
OF ERIE COUNTY, OHIO

JULIE GREGORY, etc., et al,

Plaintiffs,

Case No,

98-CV-380

vs .

SANDUSKY OBSTETRICS and

GYNECOLOGY, INC., et al.,

Defendants.

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Continued deposition of WILLIAM D.  
BRUNER, D.O., called for examination under the  
statute, taken before me, Donnalee Cotone, a  
Registered Professional Reporter and Notary  
Public in and for the State of Ohio, pursuant to  
notice and stipulations of counsel, Providence  
Hospital, 1101 Decatur Avenue, Sandusky, Ohio, on  
Tuesday, May 15, 2001, at 2:54 o'clock p.m.

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VOLUME II

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| <p>132</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the Plaintiffs:</p> <p>4 Hermann, Cahn &amp; Schneider LLP, by</p> <p>5 KENT B. SCHNEIDER, ESQ.</p> <p>6 1301 East Ninth Street</p> <p>7 Suite 500</p> <p>8 Cleveland, Ohio 44114-1876</p> <p>9 (216) 781-5515</p> <p>10</p> <p>11 On behalf of Defendant Providence</p> <p>12 Hospital:</p> <p>13 Shumaker, Loop &amp; Kendrick, LLP, by</p> <p>14 JOHN C. BARRON, ESQ.</p> <p>15 North Courthouse Square</p> <p>16 1000 Jackson</p> <p>17 Toledo, Ohio 43624</p> <p>18 (419) 241-9000</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p>133</p> <p>1 APPEARANCES, Continued:</p> <p>2</p> <p>3 On behalf of Defendants William D. Bruner</p> <p>4 D.O., Brian Printy, M.D., Glenn</p> <p>5 McLaughlin, M.D., Sandusky Obstetrics &amp;</p> <p>6 Gynecology, Inc.:</p> <p>7 Bonezzi Switzer Murphy &amp;</p> <p>8 Polito Co., L.P.A., by,</p> <p>9 WILLIAM D. BONEZZI, ESQ.</p> <p>10 Leader Building, Suite 1400</p> <p>11 526 Superior Avenue</p> <p>12 Cleveland, Ohio 44114-1491</p> <p>13 (216) 875-2767</p> <p>14 ----</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p>134</p> <p>1 EXAMINATION OF WILLIAM D. BRUNER, D.O.</p> <p>2 BY MR. SCHNEIDER:</p> <p>3 Q. Doctor, I know you recall my taking</p> <p>4 your deposition back in early 2000. This is a</p> <p>5 continuation of that deposition. You realize</p> <p>6 that you're still under oath?</p> <p>7 A. Yes.</p> <p>8 MR. BARRON: Kent, just before you</p> <p>9 get your questions, I'd just like the record to</p> <p>10 reflect I want to pose an objection to the</p> <p>11 deposition. I'm not certain exactly why we're</p> <p>12 having a second deposition. I spoke briefly</p> <p>13 with Mr. Bonezzi, but I'd just like to show an</p> <p>14 objection to it.</p> <p>15 Q. Doctor, I will endeavor to confine</p> <p>16 myself to a couple of subjects that we did not</p> <p>17 cover at your last deposition, primarily</p> <p>18 because we learned some new information.</p> <p>19 Have you reviewed anything</p> <p>20 regarding this case since the time of your</p> <p>21 deposition?</p> <p>22 A. Just off and on, not anything</p> <p>23 recently.</p> <p>24 Q. Have you seen the continuation of</p> <p>25 Holly Durbin's deposition?</p> | <p>135</p> <p>1 A. No, sir, I haven't.</p> <p>2 Q. The letter that you have in front</p> <p>3 of you, is that from Mr. Bonezzi's office?</p> <p>4 A. Yes.</p> <p>5 Q. What day is it dated?</p> <p>6 A. March 14th.</p> <p>7 Q. Of what year?</p> <p>8 A. 2001.</p> <p>9 Q. Okay. May I see that please?</p> <p>10 Could you just pass that to the court reporter</p> <p>11 for me?</p> <p>12 MR. BONEZZI: This one, I don't</p> <p>13 mind, because all it sets forth are the names</p> <p>14 of the individuals whose depositions I'm</p> <p>15 sending. Otherwise, I wouldn't give it to him.</p> <p>16 MR. BARRON: Let me just show an</p> <p>17 objection. I think it's communication between</p> <p>18 attorney-client and I object.</p> <p>19 MR. SCHNEIDER: Would you pass that</p> <p>20 over, please?</p> <p>21 Q. Doctor, have you seen any records</p> <p>22 that have been produced from Providence</p> <p>23 Hospital related to the Health Line operator</p> <p>24 emergency surgery call notification list?</p> <p>25 A. No, I haven't.</p> |
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| <p style="text-align: right;">136</p> <p>1 Q. I'd like you to take a look at this<br/> 2 record for me, if you would, doctor, and I will<br/> 3 represent to you that this was produced by<br/> 4 Providence Hospital in response to discovery<br/> 5 requests that were made upon Providence<br/> 6 Hospital. The document is titled emergency<br/> 7 surgery call notification list.<br/> 8 Would you take a moment and take a<br/> 9 look at that, please?<br/> 10 A. Okay.<br/> 11 Q. Also, doctor, I know it's been a<br/> 12 while since we last spoke. I want to refresh<br/> 13 your recollection by giving you a couple of<br/> 14 times that appear in the records so that we can<br/> 15 discuss them.<br/> 16 You may recall that the record<br/> 17 reflects that you initially called for a<br/> 18 C-section at 3:30 p.m. regarding this delivery<br/> 19 on March 15th, 1997. Do you recall that being<br/> 20 the time?<br/> 21 A. Yes.<br/> 22 Q. The record also reflects that at<br/> 23 3:38 you then ordered a stat C-section, does<br/> 24 that comport with your recollection?<br/> 25 MR. BARRON: Show an objection.</p>   | <p style="text-align: right;">138</p> <p>1 the nurse should begin notifying all parties<br/> 2 that the C-section is going forward. Do you<br/> 3 recall that?<br/> 4 A. Yes.<br/> 5 Q. All right. I take it that's still<br/> 6 your testimony today?<br/> 7 A. Yes.<br/> 8 Q. Now, when you call for the<br/> 9 C-section at 3:30, did you assume that the<br/> 10 nurse, Nurse Cecil, now Nurse Durbin, her name<br/> 11 changed, began that process that you just<br/> 12 described, notifying the necessary personnel to<br/> 13 appear?<br/> 14 A. Yes.<br/> 15 Q. And did you assume that that's what<br/> 16 she was doing that took her from the room at<br/> 17 3:30, when you called for the C-section?<br/> 18 A. Yes.<br/> 19 Q. I assume that you knew when you<br/> 20 called for the C-section at 3:30, that the<br/> 21 surgical nurses would not be on the premises<br/> 22 and would need to be called and assembled, is<br/> 23 that right?<br/> 24 A. Yes.<br/> 25 Q. And you knew that because it was a</p>  |
| <p style="text-align: right;">137</p> <p>1 Q. If you'd like to see the records,<br/> 2 Mr. Bonezzi will show them to you.<br/> 3 MR. BARRON: Well, Kent, I'm now<br/> 4 confused. Are you asking him whether or not he<br/> 5 has an independent recollection or are you<br/> 6 asking him whether or not the record contains a<br/> 7 reference to a time?<br/> 8 MR. SCHNEIDER: I'm telling him to<br/> 9 assume that's what it said, but I would like<br/> 10 him to be comfortable to make sure that he<br/> 11 agrees with me that that's what the record<br/> 12 indicates.<br/> 13 A. I see what is written. I just<br/> 14 recall going in and looking at the tracing and<br/> 15 disconnecting the patient and starting towards<br/> 16 the surgery suite.<br/> 17 Q. Okay. But having now looked at the<br/> 18 record, you agree with me that it indicates<br/> 19 what I just suggested to you?<br/> 20 A. Yes.<br/> 21 Q. Doctor, one thing I also want to<br/> 22 remind you of is that when we last spoke I<br/> 23 asked you, actually, you indicated to me that<br/> 24 you believe that at the moment that you say,<br/> 25 that you called for the C-section at 3:30, that</p> | <p style="text-align: right;">139</p> <p>1 Saturday afternoon at 3:30 and you realized<br/> 2 that the team was not on the premises at that<br/> 3 time?<br/> 4 A. Yes.<br/> 5 Q. And I take it that you assumed that<br/> 6 Nurse Durbin would also have known at the time<br/> 7 that the surgical nurses were off the premises<br/> 8 and needed to be assembled?<br/> 9 A. Yes.<br/> 10 Q. And you would agree with me that<br/> 11 she should have known that, shouldn't she?<br/> 12 A. Yes.<br/> 13 Q. Now, did you say anything to her<br/> 14 about the need to make calls to assemble the<br/> 15 surgical team or did you simply assume that she<br/> 16 knew to do that?<br/> 17 A. I just called for a C-section and<br/> 18 she should have known to do that.<br/> 19 Q. So there was never any discussion<br/> 20 that you recall at any time between yourself<br/> 21 and Nurse Durbin about the need to make phone<br/> 22 calls to assemble the surgical nursing team?<br/> 23 A. No.<br/> 24 Q. Doctor, I take it based on your<br/> 25 answers that you've given me to date, that when</p> |

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| <p style="text-align: right;">140</p> <p>1 you changed it to a stat C-section at 3:38, I<br/> 2 take it you assumed at that point that the<br/> 3 necessary notificationsto the surgical nursing<br/> 4 team had already been made after you called for<br/> 5 the 3:30 section, is that right?<br/> 6 A. Yes.<br/> 7 MR. BARRON: Objection as to time<br/> 8 reference.<br/> 9 Q. Yes?<br/> 10 A. Yes.<br/> 11 Q. Doctor, were you aware of the fact<br/> 12 that Holly had never in her, her brief<br/> 13 professional career made the necessary calls to<br/> 14 assemble a surgical team before? Did you know<br/> 15 that?<br/> 16 A. No, I don't, did not.<br/> 17 Q. Doctor, you recall coming in and<br/> 18 seeing the baby's bradycardia that had existed<br/> 19 for some number of minutes?<br/> 20 A. Yes, I did.<br/> 21 MR. BONEZZI: At what time?<br/> 22 Q. We're talking, I believe you came<br/> 23 in the room about --that's when you called for<br/> 24 the stat C-section at 3:30, right?<br/> 25 A. Uh-huh.</p> | <p style="text-align: right;">142</p> <p>1 Q. So all you knew was, when you<br/> 2 called for a C, the nurse was supposed to make<br/> 3 whatever notificationwas needed to be made to<br/> 4 assemble a team?<br/> 5 A. Yes.<br/> 6 Q. Doctor, when you just looked at<br/> 7 that piece of paper that I showed you from the<br/> 8 Health Line operator, the emergency surgery<br/> 9 notification list, do you see that?<br/> 10 A. Yes.<br/> 11 Q. When you looked at that, did you<br/> 12 see that the Health Line operator indicates<br/> 13 that she first received a call telling her<br/> 14 about this C-section at 3:44?<br/> 15 A. Yes.<br/> 16 Q. What was your -- when did you first<br/> 17 see that, just now?<br/> 18 A. Just now.<br/> 19 Q. So when Ijust showed this to you<br/> 20 today, that's the first time you saw that<br/> 21 record indicatingthat nobody notified the<br/> 22 Health Line operator until 3:44, right?<br/> 23 A. That's right.<br/> 24 Q. What was your reaction, doctor,<br/> 25 when you looked at that and saw that nobody</p> |
| <p style="text-align: right;">141</p> <p>1 Q. Remember seeing the bradycardia?<br/> 2 A. Yes.<br/> 3 Q. Would you expect the nurse to have<br/> 4 realized by looking at that strip at that time<br/> 5 that the baby was in trouble?<br/> 6 A. Yes.<br/> 7 Q. And at that time, doctor, is it<br/> 8 fair to say that you knew that every minute was<br/> 9 important at this point in time as far as<br/> 10 expediting that baby's delivery?<br/> 11 A. Yes.<br/> 12 Q. And you would expect her to know<br/> 13 that also, wouldn't you?<br/> 14 A. Yes.<br/> 15 Q. Doctor, did you know that the<br/> 16 procedure in place on that particular day at<br/> 17 Providence was that the nurse was supposed to<br/> 18 call the Health Line operator rather than the<br/> 19 nursing supervisor, and then the Health Line<br/> 20 operator was supposed to make the calls to the<br/> 21 surgical nurses?<br/> 22 A. No, I did not.<br/> 23 Q. Did you ever know anything about<br/> 24 the Health Line operator?<br/> 25 A. No.</p>   | <p style="text-align: right;">143</p> <p>1 made a call to the Health Line operator until<br/> 2 3:44?<br/> 3 MR. BONEZZI: Objection. Go ahead<br/> 4 and answer.<br/> 5 MR. BARRON: I'll join in the<br/> 6 objection to the extent that you've made<br/> 7 reference to his contacting her at 3:38.<br/> 8 MR. SCHNEIDER: Who's contacting<br/> 9 her?<br/> 10 MR. BARRON: The doctor contacting<br/> 11 or indicating to Holly at 3:38.<br/> 12 MR. SCHNEIDER: Well, I'm-- my<br/> 13 question is --<br/> 14 A. Well, this is 14 minutes past the<br/> 15 time that I asked for a C-section,<br/> 16 Q. And what was your reaction when you<br/> 17 saw that piece of paper showing that nobody<br/> 18 made the call until 3:44?<br/> 19 A. I think that's a horrible. I<br/> 20 just --that's too long.<br/> 21 Q. It's a horrible what, doctor? You<br/> 22 said that's a horrible something?<br/> 23 A. Just realization, you know, 14<br/> 24 minutes had gone by when I asked for a<br/> 25 C-section. I didn't know that. I thought that</p>                            |

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| <p style="text-align: right;">144</p> <p>1 was...</p> <p>2 Q. You, I take it, on that day assumed</p> <p>3 that that call was placed to, whomever it</p> <p>4 needed to be placed to, within a minute or two</p> <p>5 at the time you called for the C. at 3:30, is</p> <p>6 that right?</p> <p>7 A. Yes, sir.</p> <p>8 Q. I take it you also assumed that the</p> <p>9 necessary calls had gone out to the surgical</p> <p>10 personnel within a couple of minutes of the</p> <p>11 time you called for the C-section at 3:30, is</p> <p>12 that right?</p> <p>13 A. Yes, Yes.</p> <p>14 Q. Now, if you look further on that,</p> <p>15 you will see that the Health Line operator</p> <p>16 record indicates that she was first called at</p> <p>17 3:44, correct?</p> <p>18 A. Yes.</p> <p>19 Q. And then you see that the record</p> <p>20 indicates that she called, placed a call to</p> <p>21 anesthesia at 3:45, correct?</p> <p>22 A. Correct.</p> <p>23 Q. And received a call back from</p> <p>24 anesthesia at 3:46, correct?</p> <p>25 A. Yes.</p>                                 | <p style="text-align: right;">146</p> <p>1 Health Line operator placed a single call to a</p> <p>2 nurse?</p> <p>3 MR. BARRON: Show an objection as</p> <p>4 to assumption.</p> <p>5 A. Well, I would have liked to have</p> <p>6 seen the call made much earlier than that.</p> <p>7 Q. And I take it you were under the</p> <p>8 assumption the calls were made much earlier</p> <p>9 than that?</p> <p>10 A. Already made, uh-huh.</p> <p>11 Q. Doctor, the Health Line operator</p> <p>12 has testified that the way things worked at</p> <p>13 Providence Hospital at that time was that the</p> <p>14 Health Line operator had more jobs than just</p> <p>15 making this type of call to assemble surgical</p> <p>16 personnel.</p> <p>17 That, for instance, people could</p> <p>18 call in from the community if they had</p> <p>19 questions of the Health Line operator of a</p> <p>20 general nature or a specific nature and the</p> <p>21 Health Line operator, being a nurse, would</p> <p>22 endeavor to answer those questions.</p> <p>23 Health Line operator testified</p> <p>24 further that she may very well have been</p> <p>25 receiving and answering those type of community</p> |
| <p style="text-align: right;">145</p> <p>1 Q. Now, anesthesia was on the</p> <p>2 premises, weren't they?</p> <p>3 A. Yes.</p> <p>4 Q. Do you have any idea why anesthesia</p> <p>5 was called first since they were already</p> <p>6 available as opposed to calling a surgical</p> <p>7 nursing team who was off the premises?</p> <p>8 A. I don't know.</p> <p>9 Q. Would you agree with me that it</p> <p>10 would have made a lot more sense in terms of</p> <p>11 expediting this baby's delivery to place the</p> <p>12 calls to the surgical personnel that were off</p> <p>13 the premises first?</p> <p>14 A. Yes.</p> <p>15 Q. Doctor, you see further on that</p> <p>16 record that it indicates that the first phone</p> <p>17 call to a nurse was placed, a surgical nurse</p> <p>18 was placed at 3:49, correct?</p> <p>19 A. Yes.</p> <p>20 Q. Another three full minutes after</p> <p>21 the time that anesthesia called at 3:46,</p> <p>22 correct?</p> <p>23 A. Yes.</p> <p>24 Q. What is your reaction to the fact</p> <p>25 that three more minutes went by before the</p> | <p style="text-align: right;">147</p> <p>1 calls in that three-minute gap preventing her</p> <p>2 from making the call to the surgical nurse.</p> <p>3 What's your reaction to a producer?</p> <p>4 MR. BARRON: Show an objection as</p> <p>5 to possibilities.</p> <p>6 A. That's too many responsibilities.</p> <p>7 Q. Did you have any idea that there</p> <p>8 would be that type of delay in assembling your</p> <p>9 surgical nursing team because of a procedure</p> <p>10 like that?</p> <p>11 A. No.</p> <p>12 Q. It shouldn't be that way, should</p> <p>13 it, doctor?</p> <p>14 A. No.</p> <p>15 Q. Please note further that the next</p> <p>16 call to a nurse was placed at 3:52, an</p> <p>17 additional three minutes. The Health Line</p> <p>18 operator's explanation is the same as I just</p> <p>19 gave you before.</p> <p>20 I take it you would tell me for the</p> <p>21 same reasons as you just did that that's</p> <p>22 inappropriate?</p> <p>23 A. Yes,</p> <p>24 Q. Now, that nurse who gets called at</p> <p>25 3:52, you need her in order to begin that</p>   |

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| <p style="text-align: right;">148</p> <p>1 procedure, don't you?</p> <p>2 A. She's first assistant, yes.</p> <p>3 Q. Right. And so the call to her gets</p> <p>4 placed at 3:52, correct?</p> <p>5 A. Yes.</p> <p>6 Q. 22 minutes goes by from the time</p> <p>7 you first call for a C-section until the time</p> <p>8 the last nurse who you absolutely have to have</p> <p>9 to begin that procedure is even called to come</p> <p>10 in. What's your reaction to that, doctor?</p> <p>11 A. I just think that's outrageous.</p> <p>12 Q. Unheard of in your practice, isn't</p> <p>13 it?</p> <p>14 A. Yes.</p> <p>15 Q. Doctor, I remember when we last</p> <p>16 spoke that you told me that there was a time</p> <p>17 period that I pegged at about 18 minutes based</p> <p>18 on the records, and that seemed to comport with</p> <p>19 your recollection at the time where you were</p> <p>20 literally standing around in that waiting room</p> <p>21 with nothing to do becoming more and more</p> <p>22 stressed by the minute as you waited to begin</p> <p>23 this procedure. Do you recall that?</p> <p>24 A. Yes.</p> <p>25 Q. Now, having seen what you have in</p> | <p style="text-align: right;">150</p> <p>1 Q. -- correct?</p> <p>2 A. Yes.</p> <p>3 Q. And there was never another</p> <p>4 occasion in your career where you stood around</p> <p>5 like that in a waiting room under these dire</p> <p>6 circumstances in an operating room like you did</p> <p>7 in this case, has there been?</p> <p>8 A. No.</p> <p>9 Q. Doctor, you told me earlier that</p> <p>10 you felt that the strips, the monitor strips</p> <p>11 were such that at 3:18 you should have been</p> <p>12 notified about what was on those strips and</p> <p>13 that had you been so notified, you may have</p> <p>14 called for a C-section at that time, do you</p> <p>15 recall that?</p> <p>16 A. Just a minute.</p> <p>17 Q. Take a look. I don't have a page</p> <p>18 reference to that.</p> <p>19 A. What was the question again,</p> <p>20 please?</p> <p>21 Q. Yes. That you indicated to me that</p> <p>22 based on what was on the strips as of 3:18 at</p> <p>23 the latest, that the nurse should have notified</p> <p>24 you. Had you been so notified, you may very</p> <p>25 well have called for a C-section at that time</p>   |
| <p style="text-align: right;">149</p> <p>1 front of you, doctor, does that explain to you</p> <p>2 why it was that you were unnecessarily delayed</p> <p>3 by all that time in beginning this procedure?</p> <p>4 A. Yes.</p> <p>5 Q. Doctor, you realize that we're here</p> <p>6 about a case involving a claim of a very, very</p> <p>7 serious injury to this child resulting from a</p> <p>8 delay in the delivery.</p> <p>9 Having looked at this, do you now</p> <p>10 feel that you know where to place the fault for</p> <p>11 the delay in that delivery?</p> <p>12 MR. BARRON: Objection.</p> <p>13 Q. Do you, doctor?</p> <p>14 MR. BONEZZI: Object.</p> <p>15 MR. BARRON: Objection. Calls for</p> <p>16 a legal conclusion.</p> <p>17 Q. From a medical standpoint, doctor,</p> <p>18 now that you see what you see, where do we</p> <p>19 place the fault for that delay in the delivery?</p> <p>20 MR. BARRON: Same objection.</p> <p>21 A. There was a very long delay.</p> <p>22 Q. By the hospital and its personnel</p> <p>23 in assembling the team --</p> <p>24 MR. BARRON: Same objection.</p> <p>25 A. 22 minutes is a long time.</p>                         | <p style="text-align: right;">151</p> <p>1 rather than when you gratuitously appeared at</p> <p>2 3:30?</p> <p>3 A. Yes.</p> <p>4 Q. Would you agree with me, doctor,</p> <p>5 that had you been so notified and appeared and</p> <p>6 called for the C-section within a couple of</p> <p>7 minutes of 3:18, and had the surgical, I'm</p> <p>8 sorry, had the nurse on duty in the hospital</p> <p>9 done their job, that the calls to the nurses</p> <p>10 should have been placed within a couple of</p> <p>11 minutes of that time, and the records indicate</p> <p>12 they were all there and the operation had begun</p> <p>13 within 15 minutes of the time a call was placed</p> <p>14 to the first nurse, and the operation only took</p> <p>15 four minutes, would you agree with me that if</p> <p>16 that had occurred, as it should have, that baby</p> <p>17 would have been delivered by 3:45?</p> <p>18 MR. BARRON: Objection. Calls for</p> <p>19 speculation.</p> <p>20 A. Yes,</p> <p>21 Q. Doctor, do you have any explanation</p> <p>22 that you can offer that might justify the</p> <p>23 delays in assembling the nursing team that</p> <p>24 we've discussed today? Do you have any</p> <p>25 justification or explanation for that you can</p> |

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| <p style="text-align: right;">152</p> <p>1 offer?</p> <p>2 A. If it was up to the nurse that was</p> <p>3 present, it's just too much for her to do.</p> <p>4 There's too many things to do.</p> <p>5 Q. What do you mean?</p> <p>6 A. Well, taking care of the patient,</p> <p>7 making all of the phone calls, I mean, that's a</p> <p>8 lot of responsibility.</p> <p>9 Q. Well, the first thing to be done is</p> <p>10 to make the phone calls, right?</p> <p>11 A. Yes.</p> <p>12 Q. And that doesn't take long to call</p> <p>13 the Health Line operator, does it, you pick up</p> <p>14 the phone and all the operator?</p> <p>15 A. Right,</p> <p>16 Q. She doesn't have to make the rest</p> <p>17 of the calls?</p> <p>18 A. Correct.</p> <p>19 Q. So my question to you is, based on</p> <p>20 what was going on, you were there, is there any</p> <p>21 explanation that you can provide me as to why</p> <p>22 that didn't occur immediately? You were there.</p> <p>23 MR. BARRON: Objection.</p> <p>24 A. No.</p> <p>25 MR. BARRON: Asked and answered.</p>   | <p style="text-align: right;">154</p> <p>1 opinions in her deposition that relate to</p> <p>2 assumptions that Nurse Durbin, in her opinion,</p> <p>3 was entitled to make about what you knew or</p> <p>4 didn't know at various times.</p> <p>5 I want to read you several pages</p> <p>6 from Nurse Sanford's deposition. Will you</p> <p>7 please pay attention? I then am going to ask</p> <p>8 you a couple of questions about your thoughts</p> <p>9 on the matter.</p> <p>10 MR. BARRON: Show an objection as</p> <p>11 to picking piecemeal from a deposition and then</p> <p>12 asking him to comment.</p> <p>13 Q. Beginning at the top of page 131 we</p> <p>14 have a comment from Mr. Barron that will fall</p> <p>15 into context for you, doctor.</p> <p>16 He says, "I think she was referring</p> <p>17 to the awareness at 2:30 regarding late and</p> <p>18 variable decelerations." There's then a</p> <p>19 question from myself. "Well, I want to make</p> <p>20 sure I understand."</p> <p>21 Answer: "Yeah, because --" these</p> <p>22 answers are from Nurse Sanford. Answer:</p> <p>23 "Yeah, because he was already advised that she</p> <p>24 existed."</p> <p>25 Question: "At 2:30?" Answer:</p>                    |
| <p style="text-align: right;">153</p> <p>1 Q. Is that a no?</p> <p>2 A. There is none.</p> <p>3 Q. Doctor, you've worked with OB</p> <p>4 nurses for many years, haven't you?</p> <p>5 A. Yes.</p> <p>6 Q. And as a result, you're familiar</p> <p>7 with what constitutes reasonable conduct on</p> <p>8 behalf of an OB nurse, aren't you?</p> <p>9 A. Yes.</p> <p>10 Q. Would you agree with me that the</p> <p>11 nurse's failure to make the notifications that</p> <p>12 we've discussed constitutes a deviation from</p> <p>13 the standard of care that she's obligated to</p> <p>14 provide?</p> <p>15 MR. BARRON: Objection.</p> <p>16 MR. BONEZZI: Objection. Go ahead</p> <p>17 and answer.</p> <p>18 A. Yes.</p> <p>19 Q. Doctor, in this case, I took the</p> <p>20 deposition of a woman named Sue Sanford, who is</p> <p>21 the director of obstetrical services at</p> <p>22 Providence Hospital and also the woman who has</p> <p>23 been put forth as the expert for Providence</p> <p>24 Hospital in this case.</p> <p>25 And she rendered a couple of</p> | <p style="text-align: right;">155</p> <p>1 "Yes."</p> <p>2 Question: "You have no reason to</p> <p>3 believe that he was aware," he referring to</p> <p>4 you, doctor, "of whatever the tracings had on</p> <p>5 them or showed from 2:30 forward until 3:30, do</p> <p>6 you? You have no reason to believe that he</p> <p>7 knew what was on those strips?"</p> <p>8 Answer: "My sense tells me that</p> <p>9 they don't go away. They weren't going away,</p> <p>10 so he certainly knows they are there."</p> <p>11 Question: "So what you are saying</p> <p>12 to me is, you assume that the doctor was</p> <p>13 assuming that the late, that the decelerations</p> <p>14 that occurred before 2:30 were continuing on</p> <p>15 from 2:30 to 3:30?"</p> <p>16 Answer: "Right."</p> <p>17 Question: "And therefore, there</p> <p>18 was no need for the nurse to notify him of the</p> <p>19 fact that they continued during that time</p> <p>20 period because you assumed he was aware of it?"</p> <p>21 Answer: "Yes."</p> <p>22 Question: "You think it's fair for</p> <p>23 the nurse to assume that at that time the</p> <p>24 doctor would have assumed that the late and</p> <p>25 variables continued from 2:30, is that right?"</p> |

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| <p style="text-align: right;">156</p> <p>1 Answer: "Yes."<br/> 2 Doctor, what is your reaction to<br/> 3 that testimony from Nurse Sanford?<br/> 4 MR. BARRON: Same objection.<br/> 5 MR. BONEZZI: Do you understand the<br/> 6 question?<br/> 7 THE WITNESS: Uh-huh.<br/> 8 A. Well, if I would have felt that<br/> 9 those decelerations were continuing, I would<br/> 10 have just sectioned the patient then.<br/> 11 Q. At 2:30?<br/> 12 A. At 2:30. I would not have, as I<br/> 13 recall -- I haven't looked at this in a year,<br/> 14 but as I recall, the tracing, I think, there<br/> 15 was a resolution -- I mean, I felt like we had<br/> 16 to make a move, and I think I gave her another<br/> 17 hour to make that move, and then I left and was<br/> 18 never further notified of any change. But I<br/> 19 would not have left if I would have planned on,<br/> 20 you know, the late decelerations and variable<br/> 21 decelerations continuing.<br/> 22 Q. So, in fact, it is inappropriate<br/> 23 for the nurse on duty or Nurse Sanford to reach<br/> 24 the conclusion that you would have assumed that<br/> 25 the late and variable decelerations that</p> | <p style="text-align: right;">158</p> <p>1 going to take place to the surgical nursing<br/> 2 team would be done the same way if you called<br/> 3 for a C-section as if you called for a stat<br/> 4 C-section?<br/> 5 A. Yes.<br/> 6 Q. I have been told by Providence<br/> 7 Hospital that there was a policy in effect at<br/> 8 the time of this delivery with respect to what<br/> 9 nurses get notified depending on whether it's a<br/> 10 stat or a nonstat C-section, and I want to read<br/> 11 you what I've been told was the policy and ask<br/> 12 you if anybody at Providence Hospital had ever<br/> 13 made you aware of this prior to this delivery,<br/> 14 and this is a letter from Mr. Barron in<br/> 15 response to my discovery request dated April<br/> 16 20th, 2001, and it says: "There is no<br/> 17 documentation regarding this procedure that was<br/> 18 in place at the time of the Gregory C-section.<br/> 19 However, as I explained by telephone, there was<br/> 20 a procedure in place which provided as<br/> 21 follows:"<br/> 22 Here's the procedure, doctor. "If<br/> 23 a member of the surgical support team (EG<br/> 24 surgical technician) who was on call for stat<br/> 25 surgery was not the closest residing such</p> |
| <p style="text-align: right;">157</p> <p>1 existed prior to 2:30 were going to continue<br/> 2 for the next hour?<br/> 3 A. That's an error. I would not have<br/> 4 assumed.<br/> 5 Q. And it is certainly inappropriate<br/> 6 for them to reach the conclusion that you<br/> 7 didn't need to be notified of those late and<br/> 8 variables continuing because you already knew<br/> 9 it?<br/> 10 A. That's inappropriate.<br/> 11 Q. And actually, to the contrary, you<br/> 12 absolutely should be notified if they continue,<br/> 13 shouldn't you?<br/> 14 A. Yes.<br/> 15 Q. And this is the person who is in<br/> 16 charge of the obstetrical service at Providence<br/> 17 who's rendering this opinion.<br/> 18 It's clearly inappropriate for them<br/> 19 to be teaching that type of practice to the<br/> 20 nurses that work here in the OB department,<br/> 21 isn't it?<br/> 22 A. Yes.<br/> 23 Q. One last thing, doctor, when you<br/> 24 first called for a C-section, am I correct that<br/> 25 you assumed that whatever notifications were</p>  | <p style="text-align: right;">159</p> <p>1 surgical support team member to Providence<br/> 2 Hospital, then that surgical support team<br/> 3 member would direct the summoning operator to<br/> 4 contact the closest residing such surgical<br/> 5 support team member to be summoned while the<br/> 6 initially summoned surgical support team member<br/> 7 responded."<br/> 8 Had anyone ever made you aware of<br/> 9 that policy?<br/> 10 MR. BARRON: I want to show an<br/> 11 objection as being irrelevant to this delivery.<br/> 12 A. No.<br/> 13 MR. SCHNEIDER: That's all I have.<br/> 14 Thank you very much, doctor.<br/> 15 MR. BARRON: Doctor, I have a few<br/> 16 questions.<br/> 17 EXAMINATION OF WILLIAM D. BRUNER, D.O.<br/> 18 BY MR. BARRON:<br/> 19 Q. Am I right that when you assessed<br/> 20 Julie Gregory and her infant or her baby in<br/> 21 utero at 3:30, that you gave an order for<br/> 22 C-section because you did not feel that Julie<br/> 23 Gregory had progressed satisfactorily and you<br/> 24 wanted to section her because of that failure<br/> 25 to adequately progress?</p>  |



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| <p style="text-align: right;">160</p> <p>1 MR. SCHNEIDER: Objection. That<br/>2 exact question was asked and answered at the<br/>3 last deposition.<br/>4 Q. Go ahead, doctor.<br/>5 A. I believe at 3:30 it was because of<br/>6 the tracing.<br/>7 Q. Is it your testimony here today<br/>8 that the order at 3:30 was given for a reason<br/>9 other than failure to progress?<br/>10 MR. SCHNEIDER: Objection.<br/>11 MR. BONEZZI: Hang on. I'm going<br/>12 to read the transcript.<br/>13 MR. SCHNEIDER: Right.<br/>14 MR. BARRON: Well --<br/>15 MR. SCHNEIDER: Let me finish the<br/>16 objection, please. Exact same question asked<br/>17 on two occasions in the last transcript and he<br/>18 answered it twice.<br/>19 MR. BARRON: Well, you've covered a<br/>20 number of subject matters that were covered<br/>21 during the prior deposition, so --<br/>22 MR. SCHNEIDER: None that I can<br/>23 think of.<br/>24 MR. BARRON: Well, I've heard at<br/>25 least three or four different areas.</p>   | <p style="text-align: right;">162</p> <p>1 not what he testified to in his original<br/>2 deposition. He didn't use the term stat.<br/>3 However, what he meant was a stat section.<br/>4 MR. BARRON: Well, I'm going to<br/>5 object to you characterizing.<br/>6 MR. BONEZZI: No. You can object<br/>7 all you want to, John, but don't misstate what<br/>8 he said in his first deposition.<br/>9 MR. BARRON: I'm not saying<br/>10 anything. I'm asking him whether or not he<br/>11 acknowledges that when you gave your initial<br/>12 C-section order at or about 3:30 p.m., it was<br/>13 given on a nonstat basis.<br/>14 MR. BONEZZI: No, don't answer<br/>15 that. That has already been asked in the<br/>16 previous deposition. I'm going to find all of<br/>17 this stuff. The stuff that I allowed Kent to<br/>18 ask had nothing to do with what was -- John,<br/>19 here. You can give me all the looks you want<br/>20 to. Look, here is the transcript.<br/>21 MR. BARRON: Well, if there's been<br/>22 a representation that Kent has not inquired<br/>23 into subject matters that were inquired into<br/>24 during the first deposition --<br/>25 MR. BONEZZI: He never had this.</p> |
| <p style="text-align: right;">161</p> <p>1 A. What did I say, Mr. Barron.<br/>2 Q. No. My question is, is it the case<br/>3 that when you assessed the patient at 3:30, you<br/>4 gave the first order for a C-section, a nonstat<br/>5 C-section, that you did so because of your<br/>6 concern that Julie Gregory had not progressed<br/>7 satisfactorily and that that was the reason for<br/>8 the order for the nonstat C-section?<br/>9 MR. SCHNEIDER: Objection. He just<br/>10 said it was the tracing when you asked him it<br/>11 again.<br/>12 Q. Okay. Goahead.<br/>13 A. I do not -- what I recall is that<br/>14 she was not progressing, but it was the tracing<br/>15 in the previous 15 or 20 minutes that had<br/>16 changed that initiated the call for the<br/>17 C-section. In other words, I could not<br/>18 accomplish delivery vaginally because she had<br/>19 not progressed.<br/>20 Q. Okay. But you do acknowledge that<br/>21 the first time that you gave the order for a<br/>22 C-section, it was not given on a stat basis,<br/>23 correct? You acknowledge that?<br/>24 MR. SCHNEIDER: Objection.<br/>25 MR. BONEZZI: Objection. That's</p> | <p style="text-align: right;">163</p> <p>1 That's what I'm talking about. He was never<br/>2 asked questions.<br/>3 MR. BARRON: But Kent was asked a<br/>4 number of questions about what happened at<br/>5 2:30, about characterizations about what went<br/>6 on at 3:18, and so --<br/>7 MR. BONEZZI: No, he didn't. He<br/>8 asked the questions relative to 2:30 because of<br/>9 the testimony of your nurse.<br/>10 MR. BARRON: Yes, and he also asked<br/>11 questions about his prior testimony about what<br/>12 happened at 3:18.<br/>13 MR. SCHNEIDER: No. I told him<br/>14 what his prior testimony was to refresh his<br/>15 recollection.<br/>16 MR. BARRON: Obviously, the lawyers<br/>17 aren't going to reach an agreement here.<br/>18 MR. BONEZZI: No, we're not.<br/>19 Q. My question to you, doctor, is you<br/>20 do acknowledge, don't you, that when you gave<br/>21 the initial C-section order, it was not given<br/>22 on a stat basis?<br/>23 MR. BONEZZI: Don't answer it.<br/>24 You've already answered that.<br/>25 MR. BARRON: You're instructing him</p>   |

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| <p style="text-align: right;">164</p> <p>1 not to answer the question?</p> <p>2 MR. BONEZZI: I don't believe I</p> <p>3 have to say it a second time.</p> <p>4 Q. Doctor, Mr. Schneider asked you</p> <p>5 some questions regarding timing occurring after</p> <p>6 3:30. Let me begin by asking a couple of</p> <p>7 questions regarding memory.</p> <p>8 Would it be fair to say that in</p> <p>9 terms of what the clock read when you gave the</p> <p>10 stat C-section order, the second order, you</p> <p>11 don't know from your own recollection, what</p> <p>12 time it was on the clock, is that right?</p> <p>13 A. No, that's fair.</p> <p>14 Q. Okay. So if the record should</p> <p>15 indicate in one place that it was given about</p> <p>16 3:38 and in another place given about 3:42, you</p> <p>17 wouldn't be able from your own memory to</p> <p>18 referee between those two times, correct?</p> <p>19 MR. SCHNEIDER: Objection.</p> <p>20 A. The only times that are important</p> <p>21 are the times that are present in the room in</p> <p>22 the department.</p> <p>23 Q. Right. But this is my question:</p> <p>24 If the hospital chart for this labor should</p> <p>25 indicate in one notation that your stat</p> | <p style="text-align: right;">166</p> <p>1 you a document entitled emergency surgical call</p> <p>2 notification list, correct?</p> <p>3 A. Yes.</p> <p>4 Q. And there are various times written</p> <p>5 down there?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Do you have any</p> <p>8 understanding from your own involvement in the</p> <p>9 case as to when these times were recorded?</p> <p>10 A. No.</p> <p>11 Q. Okay. Do you have any</p> <p>12 understanding from your own involvement in this</p> <p>13 case as to whether or not these times were</p> <p>14 estimates or precise times?</p> <p>15 A. No.</p> <p>16 Q. You do acknowledge, I take it,</p> <p>17 doctor, that when a physician wants to</p> <p>18 communicate urgency to members of the nursing</p> <p>19 staff, one of the things that a doctor does is</p> <p>20 to indicate that something should be done on a</p> <p>21 stat basis, correct?</p> <p>22 MR. SCHNEIDER: Objection. Also</p> <p>23 asked and answered.</p> <p>24 Q. Is that correct?</p> <p>25 A. Yes.</p>   |
| <p style="text-align: right;">165</p> <p>1 C-section order was given at 3:38 p.m., and in</p> <p>2 another portion of the record of this labor,</p> <p>3 there should be a notation that the order was</p> <p>4 given at 3:42, you couldn't, from your own</p> <p>5 recollection, referee between whether it was</p> <p>6 the 3:38, which was accurate, or the 3:42</p> <p>7 which is accurate, is that fair?</p> <p>8 MR. SCHNEIDER: Objection. I want</p> <p>9 to state that you mischaracterized the record.</p> <p>10 No where does it say that the stat order was</p> <p>11 given at 3:42. It says, to the OR for</p> <p>12 C-section at 3:42. The only place it reference</p> <p>13 a time for the stat order is 3:38.</p> <p>14 Q. Doctor, do you understand my</p> <p>15 question?</p> <p>16 A. Yes.</p> <p>17 Q. And what is your answer?</p> <p>18 A. No, I can't.</p> <p>19 Q. Okay. And am I right that between</p> <p>20 the time you gave the stat C-section order and</p> <p>21 the time that the patient was started to be</p> <p>22 moved towards the OR, was a very brief time</p> <p>23 period?</p> <p>24 A. Yes, seconds.</p> <p>25 Q. Seconds. Now, Mr. Schneider showed</p>   | <p style="text-align: right;">167</p> <p>1 Q. Okay. If we assume that your order</p> <p>2 for a stat C-section was given at 3:38, and if</p> <p>3 we assume that the skin incision was made at</p> <p>4 4:05, that would indicate that there was 27</p> <p>5 minutes that elapsed between the time you gave</p> <p>6 the stat C-section order and the time of skin</p> <p>7 incision, correct?</p> <p>8 A. Yes.</p> <p>9 Q. And that 27-minute time period</p> <p>10 would be within the scope of what is generally</p> <p>11 referred to as the 30-minute rule for the</p> <p>12 performance of a stat C-section at a hospital</p> <p>13 like Providence, would you agree with that?</p> <p>14 MR. SCHNEIDER: Objection.</p> <p>15 A. Yes.</p> <p>16 Q. If your order for a stat C-section</p> <p>17 was given at 3:42 p.m. and the skin incision</p> <p>18 was at 4:05 p.m., that would indicate that the</p> <p>19 time from decision to incision was 23 minutes,</p> <p>20 correct?</p> <p>21 A. Yes.</p> <p>22 MR. BONEZZI: You may answer that.</p> <p>23 I just want to see where in the chart it said</p> <p>24 15:42. I've only seen one reference, but I</p> <p>25 don't -- as it relates to when the section was</p> |

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| <p style="text-align: right;">168</p> <p>1 called for, and that's in the nursing note. Is<br/>2 there another one?<br/>3 MR. BARRON: If you want at some<br/>4 point, you can make reference to the electronic<br/>5 fetal monitor strip.<br/>6 I'm sorry. Court reporter, where<br/>7 were we? I had stated my question and then<br/>8 there was an answer to it?<br/>9 THE NOTARY: Yes. The answer was<br/>10 yes.<br/>11 Q. Am I right that this so-called<br/>12 30-minute rule didn't just come out of thin air<br/>13 in terms of its use or presence in obstetrical<br/>14 practice that the obstetricians as a group<br/>15 analyzed the provision of cesarean section in<br/>16 level I hospitals like Providence Hospital and<br/>17 came forth with a guideline that said level I<br/>18 hospitals should be able to make stat<br/>19 C-sections feasible within one half hour of the<br/>20 time the obstetrician gives such an order, is<br/>21 that fair?<br/>22 MR. SCHNEIDER: Objection.<br/>23 MR. BONEZZI: Objection.<br/>24 A. Yes.<br/>25 Q. Are you a member of the ACOG?</p> | <p style="text-align: right;">170</p> <p>1 Q. Okay. But you will acknowledge, I<br/>2 take it, that that is a widely recognized<br/>3 guideline?<br/>4 A. Yes.<br/>5 Q. In the practice of obstetrics?<br/>6 A. Yes, sir.<br/>7 Q. When you gave the initial C-section<br/>8 order after giving it, you went to another<br/>9 patient in another room at Providence Hospital?<br/>10 MR. SCHNEIDER: Objection.<br/>11 A. Yes.<br/>12 Q. There has been testimony in this<br/>13 case by one of the experts retained on behalf<br/>14 of the Gregorys that when a physician calls for<br/>15 a C-section to be done as a result of fetal<br/>16 distress, that such orders are always given on<br/>17 a stat basis. Do you agree with that?<br/>18 A. You know, I think you misunderstand<br/>19 this stat business.<br/>20 Q. Well, first, let me ask you --<br/>21 MR. SCHNEIDER: Let him finish.<br/>22 MR. BONEZZI: No. Let him answer<br/>23 the question. Go ahead.<br/>24 A. When we call -- in circumstances<br/>25 like this, it's really a redundancy to say</p>   |
| <p style="text-align: right;">169</p> <p>1 A. No.<br/>2 Q. Okay. You're an osteopathic<br/>3 physician?<br/>4 A. Yes.<br/>5 Q. Okay. The American College of<br/>6 Obstetrics and Gynecologists is an organization<br/>7 for allopathic or MD physicians?<br/>8 A. Yes.<br/>9 Q. Okay. Is there an equivalent<br/>10 organization for osteopathic physicians?<br/>11 A. Yes.<br/>12 Q. What's the name of the<br/>13 organization?<br/>14 A. American College of Osteopathic<br/>15 Obstetricians and Gynecologists, ACOOG, and,<br/>16 yes, I'm a member.<br/>17 Q. You're a member of that, did the<br/>18 osteopathic obstetrical community also<br/>19 participate in the discussions that led to the<br/>20 creation of the 30-minute rule?<br/>21 A. Not to my knowledge.<br/>22 Q. That was a creation of the MD<br/>23 obstetrician organization?<br/>24 A. Actually, I don't know who created<br/>25 it.</p>  | <p style="text-align: right;">171</p> <p>1 stat. These are of the utmost urgency and you<br/>2 know that by just looking at the strip. You<br/>3 know innately to progress as fast as humanly<br/>4 possible. I don't recall what my testimony was<br/>5 as far as using stat or not stat. I recall<br/>6 this being an issue. The tracing dictated a<br/>7 very urgent need to get this child out.<br/>8 Q. But you do acknowledge that one of<br/>9 the things that physicians do to communicate<br/>10 urgency to people who are assisting them is to<br/>11 describe their orders as stat, correct?<br/>12 MR. SCHNEIDER: Objection.<br/>13 MR. BONEZZI: Objection.<br/>14 A. Yes.<br/>15 Q. Okay. And is it your testimony<br/>16 that you don't recall one way or the other<br/>17 regarding your initial C-section order?<br/>18 A. That's not what I said.<br/>19 MR. BONEZZI: Wait. No, don't<br/>20 answer the question. You've already answered<br/>21 that and that is in the transcript.<br/>22 Q. Doctor, do you know where you were<br/>23 between 2:30 p.m. and 3:30 p.m. on this date?<br/>24 MR. SCHNEIDER: Objection. Asked<br/>25 and answered.</p> |

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| <p>172</p> <p>1 A. I was either in another patient's<br/>2 room in the emergency room, but I don't recall<br/>3 where I was at that time.<br/>4 Q. Am I right in thinking that if<br/>5 you're not at Providence Hospital, you can't<br/>6 deliver the child while you're not there --<br/>7 MR. BONEZZI: Objection. Don't<br/>8 answer that.<br/>9 Q. -- fair enough?<br/>10 MR. BONEZZI: Don't answer that<br/>11 question. No, that defies logic. Come on.<br/>12 MR. BARRON: Well, if you want to<br/>13 stipulate to that, that's fine.<br/>14 MR. BONEZZI: No. I'll stipulate<br/>15 that it defies logic, that question.<br/>16 Q. Doctor, my question has a purpose,<br/>17 and that is --<br/>18 MR. BONEZZI: Then ask it, please,<br/>19 as opposed to going around the ring here.<br/>20 Q. I want to ask you whether or not<br/>21 you agree that if you weren't at Providence<br/>22 Hospital, you can't bring about the delivery<br/>23 until you return to Providence Hospital, fair?<br/>24 MR. BONEZZI: Don't answer the<br/>25 question. I did not ask him to review his</p>   | <p>174</p> <p>1 appropriate assumptions by the nurse on duty,<br/>2 which we did not have before.<br/>3 MR. BARRON: I fail to understand<br/>4 how it is that one lawyer in a continuation of<br/>5 a deposition can be permitted to inquire about<br/>6 a time frame and another lawyer cannot.<br/>7 MR. BONEZZI: Well, no. Your<br/>8 questions are not making an inquiry regarding a<br/>9 time frame. What you're trying to do is to go<br/>10 back into the deposition relative to what<br/>11 questions have already been asked and have<br/>12 already been responded to. Had this been asked<br/>13 by Mr. Schneider, I would not have allowed him<br/>14 to answer these questions.<br/>15 MR. BARRON: Well, on a number of<br/>16 occasions the witness has been instructed not<br/>17 to answer my questions. I don't have any<br/>18 choice but to rely upon court rulings regarding<br/>19 my ability to have these questions answered.<br/>20 MR. BONEZZI: That's fine.<br/>21 MR. BARRON: At this point, I will<br/>22 reserve further questioning.<br/>23 MR. SCHNEIDER: I have one last<br/>24 question based upon what you just told<br/>25 Mr. Barron with respect to this stat and</p> |
| <p>173</p> <p>1 prior deposition testimony for purposes of this<br/>2 examination. I was told that the purpose of<br/>3 this examination was to make an inquiry as it<br/>4 relates to certain periods of time. That was<br/>5 told to me by Mr. Schneider.<br/>6 MR. BARRON: Well, I understand<br/>7 that, and that's previously in accord with what<br/>8 you told me, Bill, but Mr. Schneider began<br/>9 questioning this witness regarding what<br/>10 happened at 2:30.<br/>11 MR. BONEZZI: No, he didn't.<br/>12 MR. SCHNEIDER: I did not.<br/>13 MR. BONEZZI: I would not have<br/>14 allowed him to answer any questions.<br/>15 MR. BARRON: He specifically asked<br/>16 this doctor a number of questions regarding the<br/>17 decision-making process by the nurse between<br/>18 2:30 and 3:30.<br/>19 MR. BONEZZI: No, he didn't. No,<br/>20 he didn't. What he did was he read the<br/>21 testimony of your nurse and what your nurse<br/>22 said, and then he asked him whether or not he<br/>23 agreed or disagreed with that testimony.<br/>24 MR. SCHNEIDER: And your nurse<br/>25 testified to things that she thought were</p> | <p>175</p> <p>1 nonstat issue.<br/>2 EXAMINATION OF WILLIAM D. BRUNER, D.O.<br/>3 BY SCHNEIDER:<br/>4 Q. Is it fair to say, doctor, that<br/>5 regardless of whether you used the word stat or<br/>6 not at 3:30, any reasonably competent nurse<br/>7 would have understood the sense of urgency that<br/>8 existed at 3:30 based upon the tracings?<br/>9 A. Yes.<br/>10 MR. SCHNEIDER: Thank you. That's<br/>11 all I have. Thank you, doctor.<br/>12 MR. BARRON: Same comment.<br/>13 (Deposition concluded at 3:48 p.m.)<br/>14 ---<br/>15<br/>16<br/>17<br/>18<br/>19<br/>20<br/>21<br/>22<br/>23<br/>24<br/>25</p>   |

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| <div>176</div> <div>1 CERTIFICATE</div> <div>2 The State of Ohio, )</div> <div>3 SS:</div> <div>4 County of Cuyahoga. )</div> <div>5</div> <div>6 I, Donnalee Cotone, a Notary Public</div> <div>7 within and for the State of Ohio, duly</div> <div>8 commissioned and qualified, do hereby certify</div> <div>9 that the within named witness, WILLIAM D.</div> <div>10 BRUNER, D.O., was by me first duly sworn to</div> <div>11 testify the truth, the whole truth and nothing</div> <div>12 but the truth in the cause aforesaid: that the</div> <div>13 testimony then given by the above-referenced</div> <div>14 witness was by me reduced to stenotypy in the</div> <div>15 presence of said witness; afterwards</div> <div>16 transcribed, and that the foregoing is a true</div> <div>17 and correct transcription of the testimony so</div> <div>18 given by the above-referenced witness.</div> <div>19 I do further certify that this</div> <div>20 deposition was taken at the time and place in</div> <div>21 the foregoing caption specified and was</div> <div>22 completed without adjournment.</div> <div>23</div> <div>24</div> <div>25</div> | <div>178</div> <div>1 INDEX</div> <div>2 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>3 BY MR. SCHNEIDER..... 134:1</div> <div>4 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>5 BY MR. BARRON..... 159:17</div> <div>6 EXAMINATION OF WILLIAM D. BRUNER, D.O.</div> <div>7 BY SCHNEIDER..... 175:2</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>   |
| <div>177</div> <div>1 I do further certify that I am not</div> <div>2 a relative, counsel or attorney for either</div> <div>3 party, or otherwise interested in the event of</div> <div>4 this action.</div> <div>5 IN WITNESS WHEREOF, I have hereunto</div> <div>6 set my hand and affixed my seal of office at</div> <div>7 Cleveland, Ohio, on this day of</div> <div>8 , 2001.</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14 Donnalee Cotone, Notary Public</div> <div>15 within and for the State of Ohio</div> <div>16</div> <div>17 My commission expires February 7, 2002.</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div>   | <div>179</div> <div>1 SIGNATURE OF WITNESS</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6 The deposition of WILLIAM D.</div> <div>7 BRUNER, D.O., taken in the matter, on the date,</div> <div>8 and at the time and place set out on the title</div> <div>9 page hereof.</div> <div>10 It was requested that the</div> <div>11 deposition be taken by the reporter and that</div> <div>12 same be reduced to typewritten form.</div> <div>13 It was agreed by and between</div> <div>14 counsel and the parties that the Deponent will</div> <div>15 read and sign the transcript of said</div> <div>16 deposition.</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> |

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| <div>180</div> <div><div>1</div><div>AFFIDAVIT</div><div>2 The State of Ohio, )</div><div>3 ) SS:</div><div>4 County of Cuyahoga )</div><div>5</div><div>6</div><div>7</div><div>8 Before me, a Notary Public in and for</div><div>9 said County and State, personally appeared</div><div>10 WILLIAM D. BRUNER, D.O. who acknowledged that</div><div>11 he/she did read his/her transcript in the</div><div>12 above-captioned matter, listed any necessary</div><div>13 corrections on the accompanying errata sheet,</div><div>14 and did sign the foregoing sworn statement and</div><div>15 that the same is his/her free act and deed.</div><div>16 In the TESTIMONY WHEREOF, I have hereunto</div><div>17 affixed my name and official seal at this</div><div>18 day of A.D 2001.</div><div>19</div><div>20</div><div>21</div><div>22 Notary Public</div><div>23</div><div>24</div><div>25 My Commission Expires:</div></div>   |  |
| <div>181</div> <div><div>1</div><div>DEPOSITION ERRATA SHEET</div><div>2</div><div>3 RE: JULIE GREGORY, ETC., ET AL.</div><div>4 VS. SANDUSKY OBSTETRICS</div><div>5 AND GYNECOLOGY, INC., ET AL.</div><div>6</div><div>7 RRS File No.: 1930</div><div>8 Deponent: WILLIAM D. BRUNER, D.O.</div><div>9 Deposition Date: MAY 15, 2001</div><div>10</div><div>11 To the Reporter:</div><div>12 I have read the entire transcript of my</div><div>13 Deposition taken in the captioned matter or the</div><div>14 same has been read to me. I request that the</div><div>15 following changes be entered upon the record</div><div>16 for the reasons indicated. I have signed my</div><div>17 name to the Errata Sheet and the appropriate</div><div>18 Certificate and authorize you to attach both to</div><div>19 the original transcript.</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div> |  |

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