Doc 105

IN THE COURT OF COMMON PLEAS

CUYAHOGA COUNTY, OHIO

BARBARA D. GRASGREEN, etc., et al.,

Plaintiffs,

-vs-

JUDGE GRIFFIN
CASE NO. 263268

MERIDIA HILLCREST HOSPITAL, et al.,

Defendants.

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Deposition of GEOFFREY L. CHENTOW, M.D., taken as if upon cross-examination before Dawn M. Fade, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Reminger & Reminger, 113 St. Clair Building, 7th Floor, Cleveland, Ohio, at 1:35 p.m. on Friday, May 13, 1994, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiffs in this cause.

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On behalf of Defendant
Meridia Hillcrest Hospital.

ALSO PRESENT:

Carlyle A. Kane

GEOFFREY L. CHENTOW, M.D., of lawful age, called by the Plaintiffs for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF GEOFFREY L. CHENTOW, M.D.

BY MR. ZUCKER:

Q. Doctor, as we just met, you know my name is Dale Zucker. And I represent the family of Arthur Grasgreen in a lawsuit that has been filed against Meridia Hillcrest Hospital and Physician Staffing, Inc.

I'm sure you have had an opportunity to prepare for the deposition with your attorney, and you know that I will be asking you a number of questions.

And if for any reason you don't understand a question that I may ask you, be certain to ask me to clarify the question, make it clear.

A. Right.

Q. If you answer a question, I will assume that you understood it and that you are telling the truth, okay?

A. Okay.

Q. Have you ever had your deposition taken before?
A. No.
Q. Doctor, do you recall being summoned to the coronary care unit at Meridia Hillcrest Hospital on May 21st, 1993 to render care and treatment to Arthur Grasgreen?
MR. SCOTT: Objection.
A. I was not, I was not summoned.
MR. SCOTT: You may answer. I'm sorry. Doctor, I will make certain objections during this deposition and most of them will be simply for the record. Having made that objection, you may answer to the best you can.
A. I received a page --
Q. Okay.
A. -- and I answered the page by telephone. And the telephone conversation went, came from a nurse requesting me to come to the unit to interpret an electrocardiogram.
Q. Okay. And you did, in fact, go to the coronary care unit to interpret the electrocardiogram?
A. That's correct.
Q. Can you tell me approximately what time you arrived at the coronary care unit?

A. In short order, in a few minutes.
Q. What I'm asking you is do you know what time of day it was?
A. Late afternoon.
Q. Okay. And do you remember the nurse who summoned you?
A. No, I don't.
Q. Do you remember the nurse who was present at the coronary care unit when you arrived?
A. Yes. Nurse Jordan.
Q. Nurse Jordan. Do you remember the name of the patient?
A. Yes.
Q. And the patient's name was?
A. Grasgreen.
Q. Okay. And what did the nurse tell you when you arrived in the coronary care unit?
A. The nurse told me that the patient was experiencing chest pain and that intravenous nitroglycerin was going at a fairly rapid rate. And he presented me with an electrocardiogram and asked that I interpret it. And I was given an electrocardiogram.
Q. And was that the electrocardiogram that the nurse had just done?

A. Yes.
Q. And how did you interpret the EKG?
A. I interpreted the EKG as showing Q-waves in leads V1 through V4 with ST elevation of about a millimeter. In addition, there was lateral wall ischemic change, there were inverted T-segments in V4, V5, and just slightly in V6.
Q. Okay. Did you compare that EKG with any other EKGs that were present?
A. I don't remember.
Q. Do you recall if the chart was present in the coronary care unit when you arrived?
A. The chart is always present.
Q. Did you look through Mr. Grasgreen's chart?
A. I don't remember, quite frankly. I was called to read the EKG, not to evaluate the patient.
Q. Did the nurse say anything to you besides the fact that the patient had experienced chest pain and that the nitroglycerin had not relieved the chest pain and that he had done an EKG?
A. No, he did not.
Q. Did he mention anything to you about a telephone conversation with a doctor?
A. No, he did not.
Q. Okay. Were you aware after reading the EKG that

the nurse was in communication with a doctor regarding Mr. Grasgreen?

A. I left after interpreting the EKG. I think I was called away to see another patient or to go to another floor. I don't remember.

Q. Okay.

A. But --

Q. I'm sorry. Go ahead.

A. I did not hear him in communication with another physician.

Q. And he made no reference to being in communication with another physician, is that correct?

A. No, he did not.

Q. Okay. You stated that you were called by the nurse to read an EKG -- strike that -- to interpret an EKG, is that correct?

A. That's correct.

Q. And not to evaluate a patient?

A. That's correct.

Q. Okay. Doctor, from your personal observations at that time that you were summoned to interpret the EKG, was there any evaluating going on by anybody of Arthur Grasgreen?

MR. POLLIS: Objection.

MR. SCOTT: Objection. You may answer, if you can, doctor, if you understand the question and you are able to answer.

A. I don't exactly remember.

Q. Do you understand my question?

A. Maybe I don't.

Q. Okay.

A. Why don't you repeat it.

Q. Let me see if I can repeat it or rephrase it better.

Was Omar Jordan evaluating the patient?

A. The nurse was in contact with the patient, of course.

Q. And did you see the nurse do any evaluating with the patient?

A. I didn't see him doing any directly when I was there, no.

Q. Okay. And, doctor, you did not observe the chart at any time while you were in the coronary care unit?

MR. SCOTT: Objection. Now, he has answered that, I think, that he does not recall.

MR. ZUCKER: No, that was the EKGs,

comparing it to EKGs he did not recall.

MR. SCOTT: I think he said he did not recall looking at the chart.

Q. You stated that the chart is always in the coronary care unit, correct?

A. That's correct.

Q. And it's your testimony that you just don't recollect whether or not you looked through the chart or you did not look through the chart?

A. I don't remember.

Q. You don't remember if you looked through the chart?

A. I don't remember.

Q. And you say you read the EKG and left immediately, correct?

A. Yes.

Q. Can you estimate how long you were in the room for me?

A. I'd say five minutes.

Q. Did you ask the patient any questions?

A. I did not.

Q. Did you observe any facial grimacing on the part of Mr. Grasgreen?

A. No.

Q. Do you recall him holding his chest?

A. I was not at the bedside.
Q. I'm sorry. I don't understand.
MR. SCOTT: He was not at the bedside.
Q. So, therefore, you could not have seen him holding his chest?
A. Yes, I would not have seen him. I was at the nurses' station.
Q. But when I asked you if you observed any facial grimacing you said no.
MR. SCOTT: That's true.
Q. Wouldn't you have had to observe the patient to have observed facial grimacing?
MR. SCOTT: He answered that he did not observe any grimacing.
Q. And you did not observe facial grimacing because you did not observe the patient, is that correct?
A. That's correct.
Q. Let me try and understand this. You did not see the patient during that period of time that you were in the CCU, is that correct?
A. That's correct.
Q. You did not see the patient at all?
A. No.

Q. Okay. After you interpreted the EKG, did you tell the nurse what your interpretation was?
A. Yes, I did.
Q. Did you observe the nurse writing down what you were saying?
A. No, I did not.
Q. You did not observe the nurse writing down --
A. No, I did not.
Q. -- word for word what you were saying?
A. No, I did not.
Q. Is that correct?
A. That's correct.
Q. After you told the nurse your interpretation, what did you observe the nurse do, if anything?

MR. SCOTT: Do you recall the nurse doing anything after the interpretation?

THE WITNESS: No, I don't. I don't.

Q. You don't recall what the nurse did?
A. No, I don't recall. I don't recall.
Q. Okay. And were you paged, doctor, at that point, is that what you said?
A. I can't recall that either, no. I don't know. I left the room. I don't really remember why I left. I came to interpret the EKG, I

interpreted the EKG, and I left.
Q. Okay. Did you ever come back into the room for the purpose of rendering care and treatment to Arthur Grasgreen for the rest of that evening?
A. I don't think so.
Q. You don't recall ever coming back into the room?
A. No.
Q. You don't recall coming into the room and asking the nurse what had been done for Mr. Grasgreen later in the evening?
A. I may have come back to the room and spoken to Nurse Jordan for a moment, but I don't remember what I said to him. I don't recall. I don't recall.
Q. Do you recall the nurse telling you that the doctor had given Mr. Grasgreen TPA?
A. I think I do recall that, yes.
Q. And your response was, good, and you left, is that correct?
A. I think so.
Q. Okay. Besides those two occasions that you were in the coronary care unit, did you go back into the coronary care unit to see Mr. Grasgreen at any other time?

A. I don't think so.
Q. Okay. Doctor, Nurse Jordan testified in his deposition that he wrote your interpretation of the EKG down word for word and read that interpretation to Dr. Van Dyke who was on his car telephone. It is your testimony that you do not recall observing him write that down, is that correct?
A. That's correct.
Q. And you're absolutely certain of that?
A. As I remember, yes.
Q. Doctor, did you have any idea that you were interpreting the EKG for purposes of evaluating Mr. Grasgreen as a candidate to receive thrombolytic therapy?
A. No, I did not. I interpreted the EKG as an interpretation of a clinical situation that had arisen and as such I made that interpretation and then I left. I was not aware that consideration would be given from -- well, I -- how do I say this.

MR. SCOTT: The question is were you aware that the patient was being considered for TPA?

Q. Well, the question was, were you aware that you

were interpreting the EKG because Mr. Grasgreen was being evaluated as a candidate for thrombolytic therapy?

A. I could have been, yes.

Q. You could have been aware?

A. Yes.

Q. You don't recall specifically if you were aware at the time?

A. I don't recall specifically, no.

Q. Okay. Doctor, are you aware what the EKG criteria is -- strike that.

Were you aware on May 21st what the EKG criteria was for administering TPA to a patient?

A. The criteria for TPA administration -- well, I'm not a cardiologist.

Q. The EKG criteria.

MR. SCOTT: For administration of TPA?

MR. ZUCKER: Yes.

A. Significant ST elevation is one criteria and that's the main criteria. Also the clinical situation has to be taken into account, and the clinical situation was definitely indicative of a situation where perhaps TPA was indicated.

Q. The nurse did not make you aware that TPA was being considered --
A. No, he did not.
Q. -- for Mr. Grasgreen?
A. He did not.

MR. SCOTT: All right. Go ahead.

Q. And it is your testimony that you don't recall whether you knew at the time that he was being considered, is that correct?
A. That's correct.
Q. If you had known, hypothetically speaking, if you had known that he was being considered for TPA, would you have compared his EKG with previous EKGs in the chart?

MR. SCOTT: Objection.

MR. POLLIS: Objection.

A. I don't think exactly I understand your question. Can you repeat it, please?
Q. Well, let me rephrase it or ask another question.

If you had known at the time you were summoned to interpret Art Grasgreen's EKG on May 21st, 1993 that he was being considered as a candidate for thrombolytic therapy, would you have done anything differently than you did?

A. I don't think so. I don't think so.

MR. SCOTT: Just answer the question.

A. I don't think so.

Q. Okay. Why wouldn't you have done anything differently?

MR. SCOTT: Well, objection. Why don't you ask a specific question.

Q. Because you weren't there to evaluate the patient?

MR. SCOTT: Objection again.

A. I'm not a cardiologist. I don't think it's my domain to be placed in a situation where I would consider myself capable of interpreting a clinical situation where TPA should be used.

Q. Fair enough. Doctor, in May of 1993 had you had much experience with thrombolytic therapy?

A. I had the experience of a general internist of thrombolytic therapy. I know its indications, I know its usefulness, but that's as far as it goes.

Q. Do you know its contra, did you know its contraindications?

A. Yes, I do.

Q. And you did in May of 1993?

A. Yes.
Q. Okay. Doctor, in May of 1993 you were an agent for Physician Staffing, Inc., is that correct?
MR. SCOTT: Objection. I object to that. That's a legal interpretation.
Q. Okay. Let me ask you, what was your position with Physician Staffing, Inc. in May of 1993?
A. I'm an independent contractor with Physician Staffing. I work as a physician at Hillcrest and at St. Elizabeth Hospital in Youngstown as an independent contractor, and that is my position.
Q. And you did such in May of 1993, is that correct?
A. That's correct.
Q. Doctor, what classification, if you know, at the hospital were you, Medicine 1, Medicine 2, or Medicine 3?
A. I don't know what you mean.
Q. In the agreement between Physician Staffing, Inc. and Meridia Hillcrest Hospital there is a designation of different types of physicians. I may be interpreting this incorrectly, but they are listed under categories Medicine 1, Medicine 2, Medicine 3.

A. I'm not aware of that.
Q. You are not aware of what I'm talking about?
A. No, I'm not.
Q. What were your duties and responsibilities at the hospital in May of 1993?
A. The same as they are now.
Q. Are you still at Meridia Hillcrest Hospital?
A. Yes.
Q. And you have been since May of 1993 without interruption?
A. Yes, but not as frequently now as I was then.
Q. Okay. Why is that, doctor?
A. Because I'm working more in Youngstown now at St. Elizabeth Hospital and Medical Center.
Q. You are saying your duties and responsibilities are the same now as they were in 1993. Would you describe them for me, please?
MR. SCOTT: At the present?
A. You mean what exactly are my duties?
Q. Yes.
A. You want to know what they are?
Q. Yes.
A. Sure. My responsibility entails working up new patients as they come into the hospital, in the step-down unit, in the CCU, in the ICU, and in

the fourth floor step-down unit. I'm responsible for doing histories and physicals on new patients admitted to those units.

I have other duties. I interpret chest x-rays, I insert intravenous lines, I insert feeding tubes, I interpret EKGs, I take care of all emergent situations that take place within the hospital at any particular given time.

Q. Of those units that you mentioned, would the CCU unit be included in one of those units?

A. Yes.

Q. Yes. And when you say one of your duties is to take care of emergent situations anywhere in the hospital --

A. That's right.

Q. -- what do you mean by that?

A. Well, say a patient on the fourth floor goes into acute pulmonary edema, they call the house doctor, that's me, I run up and I manage it. That's my job.

Q. Okay. Well, hypothetically, if a person runs into a problem in the coronary care unit --

A. Uh-huh.

Q. -- and, for example, is suffering a myocardial infarction --

A. Uh-huh.
Q. -- would you not also take care of that emergent situation?
MR. SCOTT: Objection. Assuming that he was asked to.
Q. Assuming the same situation you explained to me where a person has a pulmonary edema, only hypothetically a person is in the coronary care unit and suffers a myocardial infarction, would you be called in in that type of situation?
MR. SCOTT: Objection. Speculation. Are there times that you are called to the CCU?
MR. ZUCKER: That's not my question.
Q. My question is is that part of your job or part of your duties?
A. Yes.
Q. Okay. You mentioned in the pulmonary edema example that you would manage the patient, correct?
A. That's correct, if the patient was in crisis.
Q. Mr. Grasgreen was in crisis, would you agree with that?
A. He was, but treatment was being offered to him

at the time I arrived.
Q. By whom?
A. The protocol had already been established. He was receiving oxygen, he was receiving intravenous nitroglycerin, he had an IV in place, he was stable, his blood pressure was normal, and he was doing as well as could be expected. There was nothing for me to add at that time in terms of treatment.
Q. Who was he being treated by, to your knowledge?
A. He was followed by a protocol that the --
MR. SCOTT: Did you lose your train of thought?
THE WITNESS: Yes.
Q. Doctor, do you recall any individual physician who was treating Mr. Grasgreen when you arrived in the coronary care unit?
A. I think Dr. Grinblatt was in communication with the nurses at that time and I think when he went off duty, I think Dr. Van Dyke took over at that time.
Q. But did you have any personal knowledge when you interpreted the EKG that he was being treated by another physician?
A. I can't remember.

Q. Have you had an opportunity to review this chart subsequent to May of 1993?
A. Yes.
Q. Okay. And when did you do that?
A. Last two or three nights.
Q. The last two or three nights, that was the first time?
A. Yes.
Q. Have you reviewed any other documents in preparation for this deposition?
A. I went over Nurse Jordan's deposition and Dr. Van Dyke's deposition.
Q. Okay. My question was did you personally observe or did you have knowledge at the time that you were in the coronary care unit that Mr. Grasgreen was being treated by anybody, Nurse Jordan or otherwise?

MR. SCOTT: Well, he has already answered that question by saying that the patient was being treated pursuant to protocol.

Q. Well, then maybe you will have to explain that to me, doctor. I don't understand how the answer to whether or not you observed a patient being treated by a person --

A. If you are asking me was there a physician on the spot other than me that came in to read the EKG, there was not.
Q. Okay. That you are aware of yourself?
A. Yes, sir. But orders were phoned in from Dr. Grinblatt to manage Mr. Grasgreen.
Q. Did you know this at the time?
A. I can't remember. I can't remember. I went over the chart last night and I recall reading that, basically.
Q. Okay. But at the time, I'm not trying to badger you, at the time you interpreted the EKG you were not aware of any doctor who was treating Mr. Grasgreen, is that correct?

MR. SCOTT: Wait a minute. He has answered that question. He says he is not aware of anybody on the spot. In fact, he says he doesn't believe there is any physician there. He has indicated that he is aware that there were -- he may or may not have been aware of the physician orders at the time of the patient's admission.

Q. Did you observe Nurse Jordan rendering any care and treatment to Mr. Grasgreen?

MR. POLLIS: Objection.

A. I was there for such a short time. I don't think I did.

Q. Okay. Doctor, the emergent situation that you described to me before in the case of the pulmonary edema, would you manage a patient in a case like that where there was no attending physician on the spot?

MR. SCOTT: Objection. The question is vague and it doesn't give him sufficient details to make an answer. Does it include the referral by a physician to manage that patient, or a request?

MR. ZUCKER: I'll ask another question.

Q. When you are summoned to a patient in an emergent situation, when do you stay and manage the patient versus not stay and manage the patient?

MR. SCOTT: Objection. That's being too vague, but you may try to answer if you can, doctor.

A. Well, the best example would be when the vital signs are unstable. In the case of the acute pulmonary edema, for instance, let's say you arrive on the floor, the patient is acutely

aspirating, short of breath, profusely diaphoretic, can't breathe, the patient needs oxygen, the patient needs Lasix, the patient needs the drugs that are necessary to treat pulmonary edema on the spot, in which case I would treat immediately without asking any questions.

Q. Doctor, in the case of Arthur Grasgreen, if you did not personally observe the patient and if you did not look at his chart, how would you have known whether or not he was in crisis? How would you have known his vital signs?

MR. SCOTT: Objection. Go ahead.

A. I was told by the nurse that his vital signs were stable, that his blood pressure was stable, that he was experiencing chest pain, that IV nitroglycerin was running and that the rate had been increased and in spite of the increased rate he was still having pain. I didn't see what else I could do. The only thing, perhaps, that might have been done under -- well, all right.

MR. SCOTT: When you answer the question, I want you to come to a stop and wait for another question.

Q. What, in fact, could you have possibly done besides what you did, doctor?

MR. SCOTT: Objection. You may answer, if you can.

A. Maybe just a touch of morphine, that's all. That's all.

Q. If you had observed him and you had, in fact, seen that he was in the chest pain that was described to you by the nurse, is that correct?

A. That's correct.

Q. Have you ever in your career prescribed TPA --

A. No.

Q. -- for a patient?

A. No.

Q. Or any thrombolytic agent?

A. No.

Q. Doctor, do you read EKGs on a frequent basis?

A. Very frequent.

Q. Doctor, in May of 1993 were you licensed in the State of Ohio?

A. Yes.

Q. As a physician?

A. Yes.

Q. And did you have any disciplinary action pending against you at that time?

A. No.
Q. Have you ever had any disciplinary action pending against you?
A. No.
Q. Are you licensed in any other states?
A. Pennsylvania and New Mexico.
Q. Are you board certified, doctor?
A. I am not.
Q. Have you ever attempted to become board certified?
A. Yes.
Q. In what area?
A. Internal medicine.
Q. When was that?
A. This past year -- two years ago.
Q. Two years ago?
A. Yes.
Q. That was the first time you had attempted board certification?
A. No, I have taken it more than once.
Q. How many times have you taken it?
A. Four times.
Q. And you have not passed it --
A. No.
Q. -- any of those times?

In May of 1993 were you a member of the medical staff of Meridia Hillcrest Hospital?

A. I don't know if by my employment I'm an actual member of the staff.

MR. SCOTT: You have answered.

Q. In May of 1993 was my question. Does that answer apply to that period? My question was were you a member of the medical staff at Meridia Hillcrest Hospital in May of 1993?

A. No, I'm not a staff member. I'm a staff member at St. Elizabeth Hospital in Youngstown, but I think it's a different organization than Meridia Hillcrest.

Q. Okay. Did you ever complete an approved residency program in any hospital?

A. I did in internal medicine.

Q. Where and when?

A. Shadyside Hospital in Pittsburgh, Pennsylvania.

Q. And that was in?

A. 1981 to 1983.

Q. Doctor, what were you doing in the years 1985 and 1986 when you --

A. Took some time off and traveled.

Q. Are you married, sir?

A. No, single.

Q. Ever been married?
A. No.
Q. How long a residency did you do?
A. Two years. I have had four years of training.
Q. In what areas of medicine, doctor?
A. I did a straight medical internship and then I did a rotating internship with a lot of pediatrics and pathology at St. Elizabeth's Hospital in Youngstown.
Q. Have you ever done any intensive -- have you ever had any intensive study in cardiology?
A. I underwent the appropriate training you get during a residency in internal medicine. I took the required rotations in cardiology as a resident, yes.
Q. Besides internal medicine, have you ever attempted to become certified in any other area of medicine?
A. No.
Q. Have you ever done any fellowships, doctor?
A. No.
Q. Have you ever published?
A. No.
Q. Have you ever taught?
A. I do some teaching in Youngstown to residents

strictly on a friendly basis more than anything else.

Q. Not a formal program?

A. No.

Q. This is a teaching hospital that you are at in Youngstown now?

A. Yes, it is.

Q. But you are not on the formal staff?

A. I am on the house physician staff.

Q. Doctor, what is an EC heart page?

A. EC heart is either a cardiac arrest or a situation which arises when a patient is losing his vital signs completely, basically.

Q. Doctor, isn't it part of your duties and responsibilities at Meridia Hillcrest Hospital to evaluate patients and discuss in detail with the appropriate attending physician all emergent situations?

A. Yes, I would say so.

Q. Why didn't you attempt to have that type of discussion with doctor, with Mr. Grasgreen's doctor when you interpreted his EKG?

A. Because I wasn't asked.

Q. Oh --

A. I was asked to interpret the EKG.

Q. You were asked by a nurse, is that correct?
A. His vital signs were stable.
Q. But you were asked by the nurse to interpret an EKG, correct?
A. That's correct.
Q. And you interpreted an acute myocardial infarction, is that correct?
A. That's correct.
Q. Did you ask to speak to the attending physician?
A. No, I did not.
Q. Did you ask the nurse who the attending physician was?
A. I don't remember.
Q. Were you aware when you interpreted Mr. Grasgreen's EKG that he had had a prior myocardial infarction in 1986?
A. No, I was not aware of that.
Q. Did Nurse Jordan offer you any information other than that Mr. Grasgreen was experiencing chest pain which was not responding to nitroglycerin and that he had done an EKG?
MR. POLLIS: Objection.
Q. Did he offer any other information besides those three items?

MR. POLLIS: Objection.

MR. SCOTT: Objection.

A. He has testified to other information? I'm sorry.

Q. The question is did the nurse offer any other information to you but the chest pains, the nitroglycerin, and the EKG had been done?

MR. POLLIS: Objection.

MR. SCOTT: Objection. You mean in terms --

Q. If you recall.

MR. SCOTT: -- of the patient's condition?

MR. ZUCKER: Yes.

MR. SCOTT: He testified to vital signs, he testified to blood pressure, for example. What else?

Q. The nurse did give you the information on the vitals and the blood pressure?

A. Yes, he did.

Q. Doctor, the nurse testified that to the best of his recollection you were in the room while he was speaking with Dr. Van Dyke on the telephone. Is that something you disagree with?

A. I don't remember that.
Q. You don't recall that?
A. I do not, no.
Q. Doctor, I'm handing you an EKG from Arthur Grasgreen's chart.
A. At the time -- oh, I see. 1750, I see.
MR. SCOTT: 33.
MR. ZUCKER: Page 33. It's the May 21st, 1750 EKG.
MR. POLLIS: Page 33?
MR. ZUCKER: No.
MR. SCOTT: This has the number 33 on it.
MR. ZUCKER: Those aren't my numbers. Around 54 or 55, 56.
MR. KANE: What is the date again?
MR. ZUCKER: May 21st, 1750.
Q. Doctor, is that the EKG that you interpreted?
A. That's correct.
Q. Now I'm handing you, doctor, an EKG from Arthur Grasgreen's chart that was done earlier in the day of May 21st at 7:17 a.m. Do you see that?
A. Yes, I do.
Q. How do you interpret that EKG?
MR. SCOTT: I'd like to have these

marked.

MR. ZUCKER: Okay. Then you will. Excuse me a moment, doctor. We will have the EKG from May 21st at 7:17 in the morning marked as Plaintiffs' Exhibit 2 and the EKG from 1750 on May 21st marked as Exhibit 1.

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(Thereupon, Plaintiffs' Exhibits 1 and 2 were marked for purposes of identification.)

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MR. ZUCKER: Okay. We're ready.

Q. Doctor, have you had an opportunity to review both Plaintiffs' Exhibits 1 and 2?

A. Yes.

Q. The EKGs taken on May 21st, 1993, 1 at 7:17 and 2 at 17:50. Excuse me. Number 1 was taken at 1750 and Number 2 at 7:17, is that correct?

A. That's correct.

Q. How do you interpret the EKG that was done at 7:17 in the morning on May 21st?

A. There are Q-waves in V1 through V3, there is a one to two millimeter elevation at V1 through V3, there is ST-segment inversion in leads V4, V5, and slightly in V6. Otherwise, the EKG

indicates a normal sinus rhythm, no ectopy, borderline, don't have, it's hard to see, maybe a borderline first degree AV block, maybe, it's hard to say.

Q. Hard to say because of the copy, because of the EKG itself?

A. Yes, because of the EKG itself. It's very close. It's very close.

Q. Would you say, doctor, that that EKG of 7:17 a.m. indicates an acute myocardial infarction?

A. I would say so, yes.

Q. Do you think it's open to interpretation as to whether it could be a remote myocardial infarction?

A. What do you mean by remote?

Q. Old myocardial infarction.

A. It's possible, but then I'm not a cardiologist.

Q. Why is it possible, doctor?

A. The R-wave progression in V1 through V3 is not what it should be. That would be one criteria for remote.

Q. Would you agree that the R-waves aren't quite sufficient in the EKG of 1750, as well?

A. It's very possible. These two EKGs are almost identical.

MR. ZUCKER: Let's mark this.

- - - -

(Thereupon, Plaintiffs' Exhibit 3 was marked for purposes of identification.)

- - - -

Q. Doctor, hypothetically speaking, on May 21st, 1993, if you had been called to interpret Art Grasgreen's EKG, you interpreted it as an acute MI, and you had knowledge, you had personal knowledge that there was no attending physician tending to him, what would you have done?

MR. SCOTT: Objection. You know, this witness is here not as your expert.

MR. ZUCKER: I understand. I know.

MR. SCOTT: And he is not even a defendant in this case, he is a fact witness.

MR. ZUCKER: Yes, and this goes directly to his conduct in the case. So I note your objection, but it's something that is calculated to lead to relevant testimony here.

MR. SCOTT: Tell me what the question is again.

Q. The question is, doctor, hypothetically

speaking --

A. What would I have done?

MR. ZUCKER: Do you want me to repeat the question?

MR. SCOTT: Yes.

Q. Hypothetically, if on May 21st, 1993, when you were called to interpret Art Grasgreen's EKG and you did in fact interpret it to mean that he was experiencing an acute myocardial infarction and you knew that he didn't have an attending physician tending to him, what would you have done?

MR. POLLIS: Objection.

MR. SCOTT: Objection.

A. I already answered.

MR. SCOTT: The other aspect is what are you calling Dr. Van Dyke if he is not attending to this patient?

MR. ZUCKER: Well, I have a real problem with Dr. Van Dyke being called the attending physician from his car phone, I have a real problem with that. But the doctor understands the question, so I think he can answer it.

MR. POLLIS: I'll object to the

basis of whatever your problem is with Dr. Van Dyke being called an attending physician. I don't think there is any foundation for the fact that there would be a situation where a patient would have an MI in a CCU where the house physician would be called without an attending physician being on the case, so that's my objection.

MR. ZUCKER: I'm sorry. You indicated that there was -- you cannot foresee a situation?

MR. POLLIS: That's not what I said. I said there was no foundation that that would ever occur.

MR. ZUCKER: What would ever occur?

MR. POLLIS: The scenario that you are asking the witness to answer about.

MR. ZUCKER: That a patient experiencing an acute MI would not have an attending physician tending to him, is that what you are saying, that wouldn't arise?

MR. POLLIS: I don't know exactly what you mean by your words, but I have noted my objection.

Q. Doctor, it's a hypothetical question which you must answer. Can you answer the question?

MR. SCOTT: Well, he is not required to answer any hypothetical questions.

MR. ZUCKER: Are you instructing him not to the answer that question?

MR. SCOTT: I wish I knew better what it was that you meant and I'd feel more comfortable if it were a precisely known question.

MR. ZUCKER: Had he known that there was no attending physician, what would he have done.

MR. SCOTT: This doctor knew that the nurse was in contact with Dr. Van Dyke.

MR. ZUCKER: No, he did not. I'm not understanding that.

Q. Did you know that the nurse was in contact with the physician?

A. He relayed to Dr. Van Dyke the interpretation of the EKG, and I'm sure he was in contact with him at that time.

Q. Did you know that at the time, not from reviewing the chart the last two or three

nights?

A. I can't remember.

Q. Doctor, don't you think that it would have been in accordance with good medicine for you to get on the phone with the attending physician and to tell him what your interpretation was of the EKG?

MR. SCOTT: Objection. You may answer if you can, doctor. You want the question back?

THE WITNESS: No, I understand the question. Perhaps it would have been more appropriate.

Q. Do you think it was a departure from the applicable standard of medical care for you to have not gotten on the phone and talked to the attending physician about Arthur Grasgreen's EKG?

A. I don't think so.

MR. SCOTT: He has answered. Next question.

MR. ZUCKER: I didn't hear his answer because he was not allowing me to complete the question.

MR. SCOTT: He said he doesn't

think he departed from any standard of care.

Q. Was that your answer, doctor?

A. Yes.

Q. You understood my question fully?

A. Yes.

Q. Doctor, I'm handing you now what the court reporter has marked as Plaintiffs' Exhibit Number 3, which is an EKG that was taken, I believe, doctor, on 11/13/86. Is that correct? I can't see from here.

A. I can't see the date anywhere.

Q. This does appear to be a rather poor copy, doctor. However, you will agree with me that this EKG -- strike that.

There is a reference in this EKG to an EKG of 11/13/86, is that correct?

MS. KANE: '86?

MR. ZUCKER: Yes.

MR. SCOTT: Do we have the date of this?

MR. ZUCKER: No, we don't, not on your copy.

MR. SCOTT: What are you saying it is?

MR. ZUCKER: Can I see your copy for a minute?

MR. POLLIS: Is this the same thing you are looking at?

MR. ZUCKER: Yes.

Q. This copy was provided to me by the hospital and I'm pretty certain it was cut off up here where the date would appear. Well, doctor --

A. Yes, I would say, yes.

MR. SCOTT: Wait for a question.

THE WITNESS: Yes.

Q. Doctor, don't you think it would have been in accordance with good and accepted medical practice for you to have asked whether or not the patient had ever had a myocardial infarction?

MR. SCOTT: Objection.

A. I don't think so.

Q. Don't you --

A. I don't think so.

MR. SCOTT: You have answered the question.

Q. Why not?

MR. SCOTT: He has answered that question, as well. He was called to read

an EKG.

Q. Could you answer the question, doctor? I asked you why not.

MR. SCOTT: And he has answered that question.

MR. ZUCKER: No, we are talking about a half hour ago.

MR. SCOTT: It's valid a half hour ago, as well.

Q. I asked you if you thought it was in accordance with good and accepted medical practice to have asked whether or not this patient had had a prior myocardial infarction. Your answer is?

MR. SCOTT: He said he didn't think so.

Q. And I ask you why not.

A. Because I think the important thing in this situation with this particular patient was that he was having chest pain. Granted, it said in the depositions that it was three to four on a one to ten scale.

Q. Two to three.

A. Two to three, three to four, you know. The degree of chest pain is not always commensurate with the severity of myocardial infarction, I

mean, everybody knows that. The pain was unresponsive to increasing doses of nitroglycerin. The diagnosis of myocardial infarction is made as a clinical scenario and index of suspicion. He was having severe chest pain, not severe, three, four on the sale of one to ten. He had an EKG with ST elevation in the V1 through V3 and Q-waves present. It was my interpretation of that particular clinical situation that he was having an MI. That's just my clinical judgment.

Q. Had you reviewed his chart and had you seen the EKG or EKGs from his previous myocardial infarction, would that have had some bearing on your interpretation of the recent EKGs that you were interpreting?

A. It may have. It may have.

Q. Why would that have been?

MR. SCOTT: Well, he hasn't said that it would have.

Q. Why may that have been?

A. Because even with this EKG --

MR. POLLIS: Which one are you referring to?

THE WITNESS: The old comparing to

this.

MR. POLLIS: Which exhibit numbers?

MR. ZUCKER: 3 to 1, comparing 3 to 1.

A. He could have still been infarcting.

Q. Could have been?

A. Could have been.

Q. But it's more likely that the indications that you interpreted at 1750 on May 21st, 1993 were not from an acute MI in light of the fact that he had had a prior MI if you would have had the benefit of reading the EKG findings from the 1986 MI, is that correct?

MR. SCOTT: Don't answer that question. Don't answer that question. You have multiple questions and also the questions that you have asked have been answered. The doctor testified that he considered that the patient was having an MI. That takes care of your likelihood question.

MR. ZUCKER: Okay.

Q. Doctor, are you aware of the criticism that was directed towards you by Dr. Van Dyke in his

deposition?
A. Yes.
Q. Okay. And how do you respond to that?
MR. SCOTT: No. You indicate what the criticism is and then he will respond.
Q. Well, Dr. Van Dyke indicated that you misread or misinterpreted the EKG, isn't that correct?
MR. SCOTT: That's not true.
MR. ZUCKER: I'm asking him the questions.
MR. SCOTT: I know that.
MR. ZUCKER: Let him answer the question.
MR. SCOTT: We are going to bring it to an end very shortly.
MR. ZUCKER: Yes, we are going to bring it to an end very shortly if you keep interrupting and testifying for the doctor.
MR. SCOTT: I'm sorry. Ask a question.
Q. The question is are you aware of what Dr. Van Dyke's criticism is?
A. Refresh my memory, please.
Q. Dr. Van Dyke indicated that you misinterpreted the EKG, is that correct?

MR. SCOTT: That's a misstatement of the record.

Q. Doctor, do you believe Dr. Van Dyke said you misinterpreted the EKG?

MR. SCOTT: Why don't you find it and point it out.

MR. ZUCKER: Why won't you let him answer the question, John?

MR. SCOTT: There is only one proviso that I would make and that is Dr. Van Dyke simply said that if what Nurse Jordan said was correct, he would disagree with the interpretation.

MR. ZUCKER: Okay.

Q. Doctor, you are aware that --

A. Would you read what his objection was, please?

Q. Well, I'm not going to do that. If I can find it as we're going, but I'm going to add the proviso that Mr. Scott --

MR. SCOTT: He wants you to read it and find it and that's fair enough.

MR. ZUCKER: You find it. If he wants me to read it, I'm going to ask him a question straight forward.

Q. If Dr. Van Dyke indicated in his deposition that

if what Nurse Jordan told him you interpreted the EKG to be, then you misinterpreted the EKG, are you aware of that?

MR. SCOTT: Do you understand?

A. I remember, yes. It was marked --

MR. SCOTT: Wait. There is no question to you. Ask a question, counselor.

MR. ZUCKER: Ask the question?

MR. SCOTT: Ask a question. He answered your last question.

MR. ZUCKER: I asked him if he was aware.

MR. SCOTT: He said yes.

Q. You are aware of what his criticisms of your interpretation of the EKG are?

A. Yes.

Q. How do you respond to that?

A. I'd say he was wrong.

Q. You would say Dr. Van Dyke is wrong?

A. Yes.

Q. Doctor, did you in fact tell the nurse that the MI looked quite large?

A. No, I did not.

Q. You have a specific recollection of that?

A. I don't remember saying something like that, no.
Q. Okay. Doctor, do you recall ever telling the nurse, Omar Jordan, that you compared the 1750 EKG with the one that was taken earlier in the day at 7:17?
A. I don't remember that. I don't remember that.
Q. It's your testimony that you did not review the 7:17 a.m. --

MR. SCOTT: Objection. He has not said that whatsoever.

MR. POLLIS: Objection.

Q. Doctor, did you -- when you were called to interpret Arthur Grasgreen's 1750 EKG, did you compare it to the one that had been done at 7:17?
A. I don't remember doing so.
Q. You don't remember doing so?
A. I do not.
Q. Do you remember asking if there was an EKG that had been done previously in the day available to you for interpretation or comparison?

MR. SCOTT: Do you remember?

A. I don't remember doing so.
Q. Doctor, I asked you before if you knew the

criteria, the EKG criteria for a person's candidacy for thrombolytic therapy and you answered, if I'm not mistaken, ST elevations, is that correct?

A. ST elevation is one, one criteria.

Q. Can you be more specific regarding the ST elevation?

A. Well, I'd say one to two millimeters.

Q. In how many leads?

A. I don't know.

Q. So you really don't know, on May 21st, 1993 you really didn't know the EKG criteria for TPA, is that correct?

A. I don't know how I can answer that. I knew it was ST elevation, I thought it was one to two millimeters, other than that I don't know.

Q. In how many leads?

A. I don't know.

Q. And you didn't know on May 21st, 1993, correct?

A. That's correct.

Q. Okay. Doctor, how long have you been at Meridia Hillcrest via Physician Staffing?

A. 1989.

Q. Since 1989?

A. But infrequently.

Q. Pardon me?
A. Infrequently.
Q. How often were you going there in the year 1993?
A. Initially three times a week.
Q. Three times a week?
A. Yes.
Q. I know you have testified that you were called throughout the hospital, but was there any one area or department that you were called to more than another?
A. I'd say 50 to 60 percent of the work is done in the step-down unit.
Q. In the step-down unit?
A. In the step-down unit.
Q. Have you ever read any literature on thrombolytic therapy?
A. Throw-away journals I have.
Q. What is a throw-away journal?
A. Hospital Medicine, Resident and Staff Physician, Cardiology News. Not the academic journals, I don't read the academic journals.
Q. What journals do you regularly read?
A. I read Hospital Practice, Resident and Staff Physician, I keep up with those journals that are pertinent to the job I do. The academic

journals, the New England Journal of Medicine, the Green Journal of the American Journal of Medicine I don't read because they are academic journals and they have no bearing on what I do. Basically that's it.

Q. Were you aware in May of 1993 that thrombolytic therapy was being utilized at Meridia Hillcrest Hospital?

A. Yes.

Q. Were you aware of a program that had been initiated at Meridia Hillcrest Hospital and that was being advertised via fliers in the hallways of the hospital?

MR. SCOTT: Were you aware?

A. No, I'm not.

Q. Doctor, when you arrived in the coronary care unit to interpret Mr. Grasgreen's EKG, did you see his wife there, Mrs. Grasgreen?

A. I don't remember seeing her. I do not.

Q. Okay. Do you remember speaking with anybody besides Omar Jordan?

A. No, no.

Q. Nobody else, none of the other nurses mentioned anything to you about Mr. Grasgreen?

A. Somebody might have, but I -- I don't remember,

I really don't.
Q. Did the nurse tell you that he had looked at the EKG and what his opinion of the EKG was?
A. No, I didn't ask him his opinion of the EKG.
Q. I know. Did he offer you that information?
A. No, he didn't.
Q. Doctor, the nurse testified in his deposition that he specifically recalls you reviewing the chart, Mr. Grasgreen's chart. It is your testimony that that is not true, is that correct?
A. I don't remember.

MR. SCOTT: No. Wait a minute. Don't do that. You have heard his testimony about that point. Now, that question has been asked and it's been answered and don't rephrase his testimony like you have done. He has said he does not recall. Go ahead and ask another question.

Q. Doctor, do you currently hold a DEA license?
A. I do.
Q. Have you ever had your license suspended or revoked?
A. No.

Q. Have you ever had your application or your, your application to practice medicine in any hospital turned down?
A. No.
Q. Has your license in any state ever been suspended or revoked?
A. No.
Q. Did you go through any interviewing process -- strike that.

Did you make an application to practice at Meridia Hillcrest Hospital in 1989?

MR. POLLIS: Objection.

MR. SCOTT: If you recall. Do you recall making an application to practice?

A. I had to, yes.
Q. Do you recall the process?
A. Not the process, but I know I filled out an application.
Q. Were you interviewed?
A. Yes, I was interviewed by Bob Botti, as a matter of fact, the chief of medicine.
Q. Doctor, you didn't make any notations in Mr. Grasgreen's chart regarding your EKG interpretation, is that correct?
A. That's correct.

Q. Why is that?
A. I don't remember why. Normally --
MR. SCOTT: You have answered the question.
Q. Wouldn't it normally be customary for a doctor interpreting an EKG to make an entry in the progress notes, visitant's sheets of a hospital chart or any other part of the chart?
MR. SCOTT: Customary for a doctor to do so?
Q. Wouldn't it be customary for a doctor who interprets an acute MI to make an entry in the patient's chart?
MR. SCOTT: You can answer if you know.
A. Normally I would have.
Q. Okay. But you don't recall why you didn't do it in that situation?
A. No, I don't recall why not.
Q. Don't you think that that was a departure from the applicable standard of care not to have made an entry in Arthur Grasgreen's chart regarding your EKG interpretation?
MR. SCOTT: Don't answer that question.

MR. ZUCKER: Why not?

MR. SCOTT: I just don't want him to.

MR. ZUCKER: Why not?

Q. Doctor, do you think it was in accordance with good and accepted medical practice not to have made an entry regarding your EKG interpretation of Arthur Grasgreen in Arthur Grasgreen's chart?

MR. SCOTT: Objection. He has testified that he doesn't recall why he did not do so.

MR. ZUCKER: That's fine. We are on a different topic.

MR. SCOTT: No, we are not. You cannot possibly --

MR. ZUCKER: John, you are pushing it.

MR. SCOTT: He cannot give you an answer because he doesn't know the circumstances. Ask another question.

Q. Doctor, do you think it was in accordance with good and accepted medical practice not to have made an entry of your EKG interpretation in Arthur Grasgreen's medical chart on May 21st, 1993?

MR. SCOTT: Objection. Do not answer the question. Do you want me to state the objection?

MR. ZUCKER: Yes.

MR. SCOTT: The doctor has already testified that he does not know the reasons why he did not make the entry. Not knowing, he, therefore, cannot indicate to you whether there was some compelling reason that he did not.

MR. ZUCKER: I'm not asking him.

MR. SCOTT: Ask another question. You may take it to the court. David, go ahead. Dale, I'm sorry.

Q. Doctor, can you think of any reason why you didn't make the entry in Arthur Grasgreen's chart?

MR. SCOTT: Objection. He has answered that question.

MR. ZUCKER: I don't remember his answer.

MR. SCOTT: He says he does not recall. You may answer if you can. Can you think of any reason why you may not have made an entry?

MR. ZUCKER: No, why he didn't.

MR. SCOTT: Why you did not make an entry?

A. I can't recall. I just can't recall why I didn't.

MR. ZUCKER: I have no further questions at this time.

MR. POLLIS: Can we just take one second?

MR. ZUCKER: Sure. We can take a few.

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(Thereupon, a recess was had.)

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MR. POLLIS: I have no questions.

MR. ZUCKER: I have a couple more questions.

Q. Doctor, do you have any criticism of Omar Jordan's conduct in Arthur Grasgreen's case?

MR. SCOTT: Objection.

MR. POLLIS: Objection.

MR. SCOTT: He is not here -- really that goes --

MR. ZUCKER: I understand what you are about to say.

MR. SCOTT: -- a step far.

MR. ZUCKER: There is one person who the doctor came in contact with regarding this case and that's the nurse and I want to know if he has any criticism. He has reviewed the chart. I want to know if the doctor has any criticisms of the nurse's conduct in this case.

MR. POLLIS: I'll object. There's no foundation for the witness' competency to answer this question.

Q. The question to you is do you have any criticism of Nurse Jordan and --

A. Well, I think that he may have misinterpreted what I said as my interpretation of the EKG, he may have. I don't -- I read what -- I read Dr. Van Dyke's note in the chart and I didn't tell Nurse Jordan that, I didn't make that interpretation.

Number 2, see, you showed me two EKGs, one in the morning, one in the afternoon, those two EKGs are identical. I have too much experience to say that the one at 5:00 showed increased ST wave changes and more acute changes compared to

the one previously. I just wouldn't have said that.

Q. So, doctor, are you criticizing the nurse's interpretation of what you said based on Dr. Van Dyke's progress note or based on Dr. Van Dyke's deposition testimony which you read?

MR. SCOTT: Objection. First of all, he is not saying that he is critical, he doesn't know. He is saying that what was given, that is what Van Dyke wrote, was not what he said.

THE WITNESS: It wasn't what I said.

Q. And --

A. That must have been a mistake in transmission between Jordan and Van Dyke.

MR. POLLIS: Objection. Move to strike.

Q. Doctor, you did indicate that you reviewed Dr. Van Dyke's depo, correct?

A. Yes.

Q. And based on what Dr. Van Dyke stated the nurse told him, are you critical of what the nurse said to the doctor?

MR. POLLIS: Objection.

MR. SCOTT: Objection. He has asked and answered that question.

MR. ZUCKER: Let the record indicate that the doctor nodded yes to my question.

Q. Doctor, do you have any criticism regarding the way Art Grasgreen's case was handled by the hospital?

MR. POLLIS: Objection.

MR. SCOTT: Objection. There is no foundation for any of these questions.

MR. POLLIS: Lack of foundation. Do you know what is meant by the hospital?

THE WITNESS: I know what he is saying.

A. I don't think I'm qualified to answer something like that.

Q. Do you believe that Mr. Grasgreen should have had an attending physician tending to him at the time you interpreted his EKG?

MR. SCOTT: Objection.

MR. POLLIS: Objection.

MR. ZUCKER: Noted.

MR. POLLIS: It assumes that there

was not one.

A. I don't know how to answer that.

MR. SCOTT: That's a fine answer.

Q. Doctor, from your reading of the chart, would you say that Mr. Grasgreen had a physician tending to him?

A. Yes, I would.

Q. That being Dr. Van Dyke?

A. Yes, I would say so.

MR. ZUCKER: No further questions.

MR. POLLIS: I just have a couple.

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CROSS-EXAMINATION OF GEOFFREY L. CHENTOW, M.D.

BY MR. POLLIS:

Q. Doctor, I'm afraid I don't quite understand what it is that you are critical of in terms of what Omar Jordan said to Dr. Van Dyke.

First of all, where did you read Dr. Van Dyke's statement, whether in the chart or in his deposition, I guess which one of those that you believe the information that he got from Nurse Jordan was not what you had told Nurse Jordan?

A. In the chart.

Q. Can you show me in the chart where?

A. Yes, I can.
Q. Just identify the progress note.
A. Progress note on 5/22 at 8:20 in the morning.
Q. Can you read to me the statement that you believe Nurse Jordan made to Dr. Van Dyke, at least as Dr. Van Dyke reported, that is not what you believe you told Nurse Jordan?
A. Yes. Diagnosed, see where it says DSD.
Q. What line?
A. EKG, and DSD, diagnosed. Acute MI with new changes since that a.m. and more ST-wave changes. I did not say that.
Q. What did you not say?
A. I did not say new changes since that a.m. and more ST wave changes, I didn't say that.
Q. You don't know whether or not Omar Jordan reported this to Dr. Van Dyke, do you?
A. That's what he said right there.
Q. Yes, I understand this may be Dr. Van Dyke's progress note. You just don't have any knowledge one way or the other what Omar Jordan actually told Dr. Van Dyke, do you?
A. No.
Q. What is an acute MI, doctor?
A. Heart attack.

Q. By definition, would not an acute MI involve new changes on an EKG?
A. Well, he is saying with new changes since that a.m. and he is referring to the previous electrocardiogram taken that morning, okay. And if you look at those two EKGs, if you have any experience reading EKGs you will notice right away that there aren't any changes.
Q. That's not my question. My question is would not an acute MI by definition involve new changes on an EKG?
A. Yes.
Q. And, therefore, if you read the EKG which you read as being acute MI, does that not imply that you are assuming there are new changes since the last EKG?
A. I don't know what you are trying to say. I think you are making it more complicated than it is.
Q. I'm certainly not trying to make it complicated. Let me state the question again and just let me know if you can give me an answer.

By definition, if one makes a finding of acute MI, does that not mean that one has either

compared it to a prior EKG and found changes or assumes that the new EKG is changed?

MR. ZUCKER: That's a ridiculous question.

MR. SCOTT: Do you understand the question?

A. Yes, I do. But I don't know how to answer it.

Q. Okay. If you don't know how to answer it, then that's your answer.

Other than the discrepancy between what you believe you told Omar Jordan and what Dr. Van Dyke reports that he heard from Omar Jordan --

A. No. What I'm saying is I told Omar Jordan there were Q-waves in V1 through V3, with one to two millimeter elevation at V1 through V3, with ST-segment inversion in V4 through V6.

I didn't say anything about new changes, changes from a previous EKG. I just read him an EKG. This is what he reported to Van Dyke and I never said that. Do you see what I'm saying?

Q. I understand your testimony, but you don't know that he actually reported that to Van Dyke?

A. No, I don't.

Q. Okay. And other than -- well, strike that.

MR. POLLIS: Nothing further.

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FURTHER CROSS-EXAMINATION OF

GEOFFREY L. CHENTOW, M.D.

BY MR. ZUCKER:

Q. One more question, doctor.

When you arrived at the coronary care unit to respond to the page, was it your observation that Omar Jordan had everything under control --

MR. POLLIS: Objection.

Q. -- regarding Mr. Grasgreen's care and treatment?

MR. POLLIS: Objection.

Objection. Talk about ridiculous questions.

MR. SCOTT: Well --

MR. ZUCKER: I have a very specific reason.

MR. SCOTT: That doesn't make the question less objectionable.

Q. Did it appear to you that, doctor, that Omar Jordan had the situation well under control?

MR. POLLIS: Objection. Vague.

MR. SCOTT: Objection. You may answer if you are able to.

A. I think the patient was being cared for in an

appropriate manner. I don't think there was anything lacking, really, I really don't. No.

MR. ZUCKER: Thank you very much.

MR. SCOTT: The doctor will not waive.

GEOFFREY L. CHENTOW, M.D.

C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Dawn M. Fade, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named GEOFFREY L. CHENTOW, 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 stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness, and was subscribed by said witness in my presence; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulations of counsel; that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney or financially interested in this action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this _____ day of _____, A.D. 19 ___.

_____
Dawn M. Fade, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires October 27, 1997

W I T N E S S I N D E X

E X H I B I T I N D E X

#1

Ht: Wt:
Race:
Room: CCU 3

Vent. rate	60 BPM
PR interval	208 ms
QRS duration	96 ms
QT/QTc	420/420 ms
P-R-T axes	48 18 136

Pgm 105C /104 Reviewed by:
Referred by:

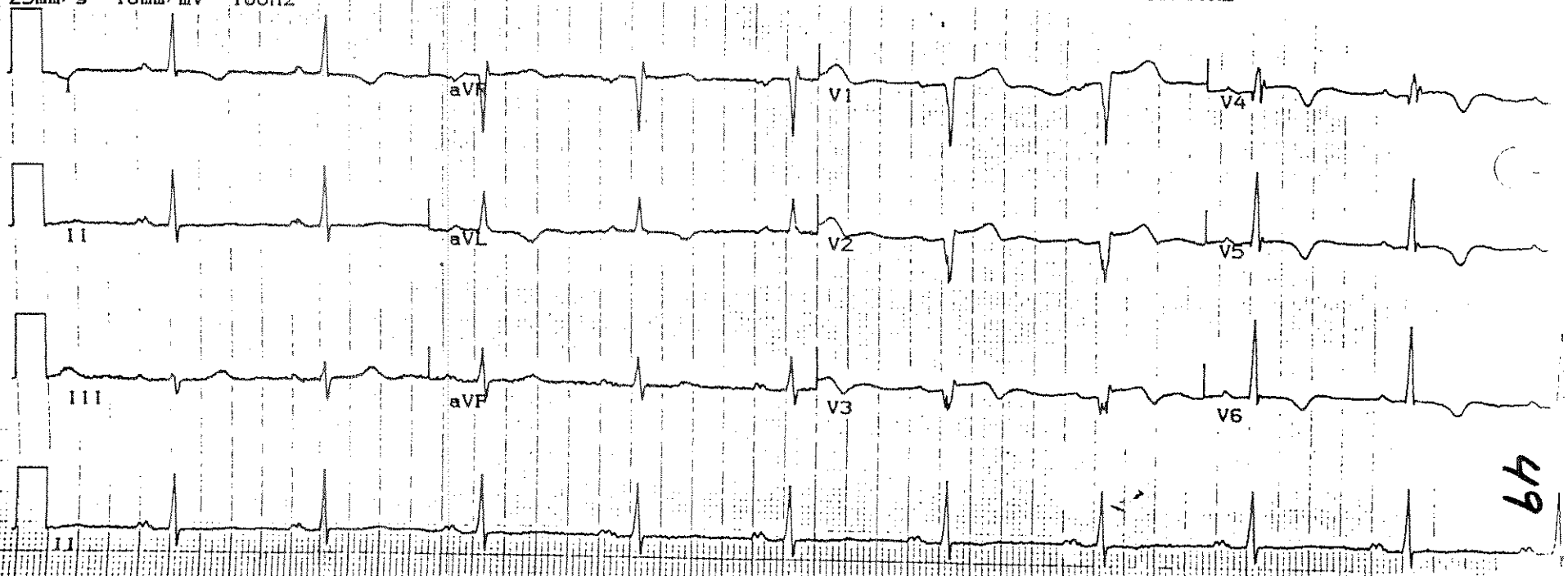
Sinus rhythm, rate 60/min. Borderline first degree AV block. ST elevation in V1-V4 with Q-waves. Acute antero-septal wall M.I. amp

Stewart N. Nickel, M.D.

PLAINTIFF'S EXHIBIT
1-Chentow
5-12-94 DMF
PENGAD-Bayonne, N. J.

000053

GRASSGREEN, ARTHUR ID: 21-MAY-93 17:50 MERIDIA HILLCREST HOSPITAL
25mm/s 10mm/mV 100Hz



49

GRASSGREEN, [illegible]THURR ID: 178749 21-MAY-93 C

Med:
74yr Ht: Wt:
Sex: M Race: Cauc
Loc: Room: CCU 3

Vent. rate	65 BPM
PR interval	204 ms
QRS duration	92 ms
QT/QTc	388/400 ms
P-R-T axes	45 40 137

Pgm 105C /104 Reviewed by:
Referred by: DR GRINBLATT

Sinus rhythm, rate 65/min. PR interval .20 seconds. Borderline first degree AV block. Q-waves in V1-V4 with inverted T-waves in V4-V6. Antero-septal wall myocardial infarction age undetermined. There is some ST elevation in V1-V4. amp

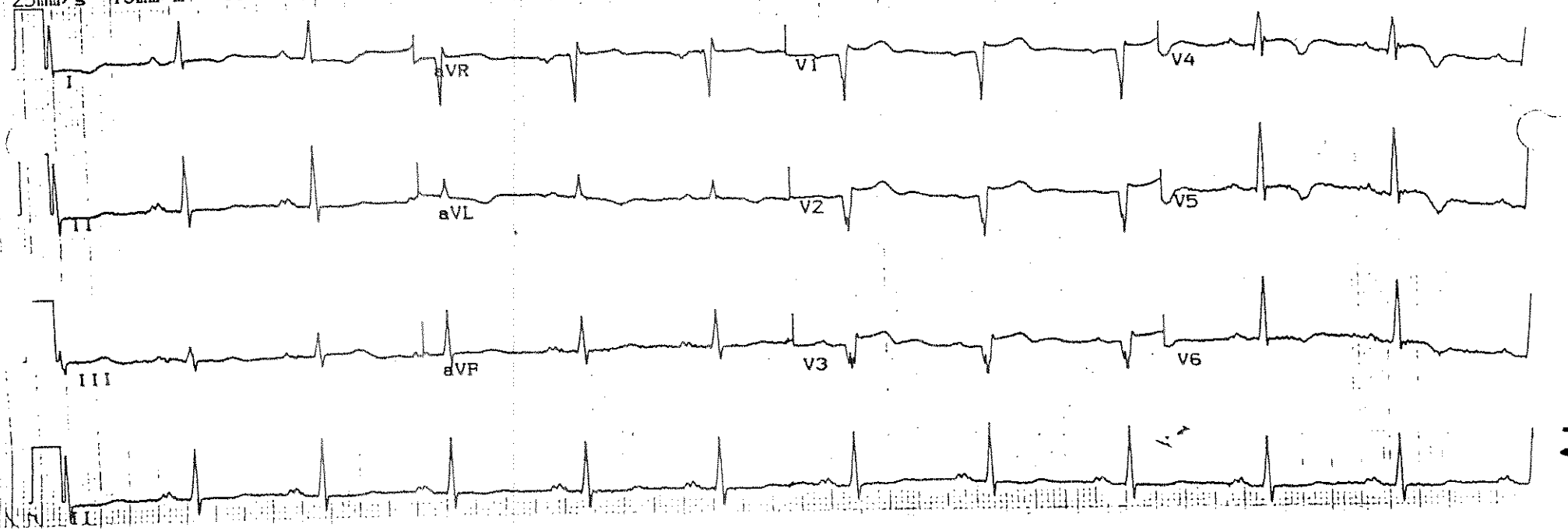
gp

Stewart N. Nickel, M.D.

PLAINTIFF'S EXHIBIT 2 Chanlow 5-13-94 AMF PENGAD-Bayonne, N. J.

00003

GRASSGREEN, ARTHURR ID: 178749 21-MAY-93 07:17 MERIDIA HILLCREST HOSPITAL
25mm/s 10mm/mV 100Hz



I	AVR	V1	V4
II	AVL	V2	V5
III	AVF	V3	V6

I II III AVR AVL AVF V1 V2 V3 V4 V5 V6

STANDARDIZATION PULSE

DATE

G 67M RATE 75

AXIS PR .16

QRS .08 QT

RX Nitropaste, Lido, Lopressor

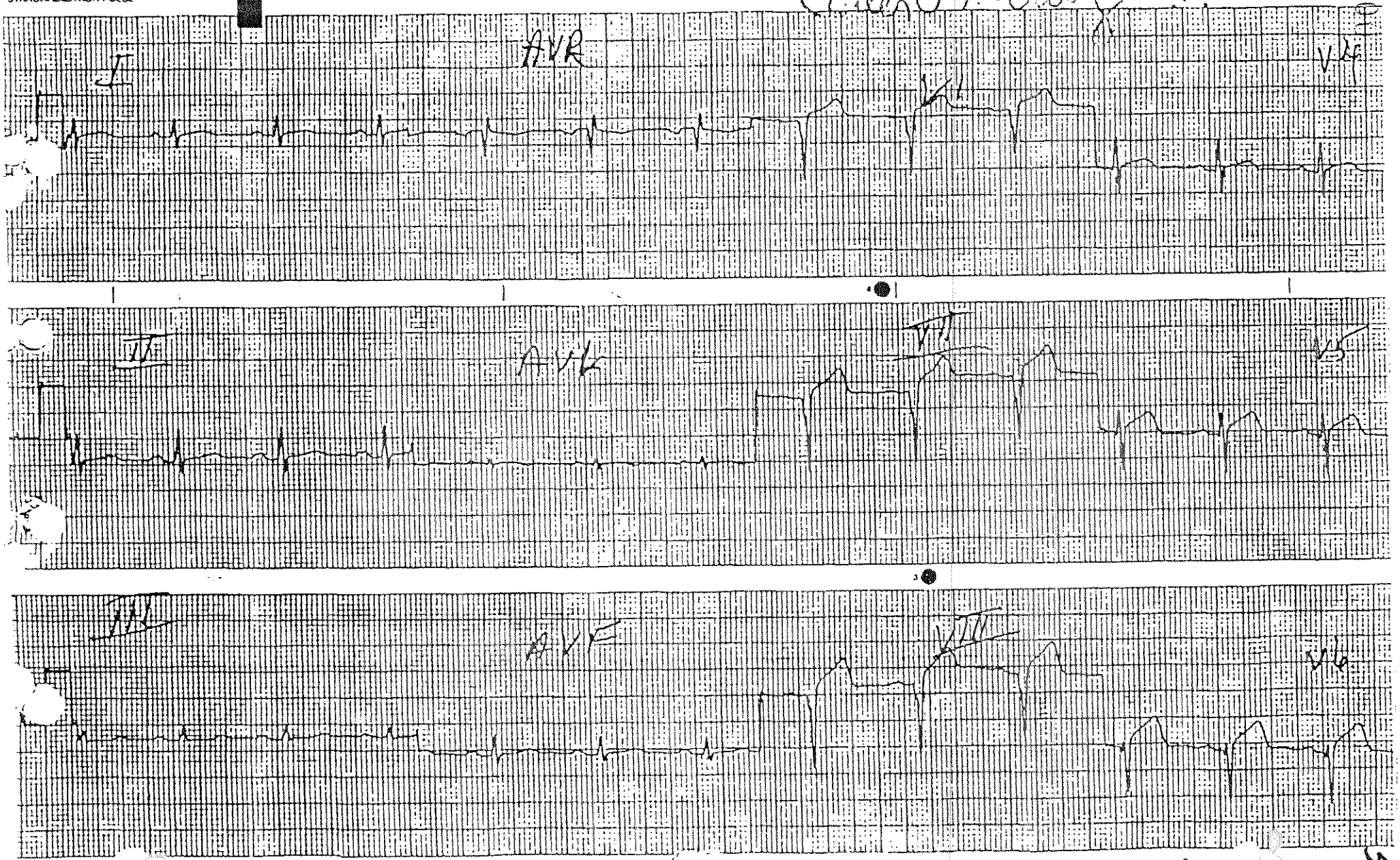
MD Dr. Ohanessian

B/P 112/70 DX: M.I.

PLAINTIFF'S EXHIBIT 3 - Chertow 5-13-94 DMF

There have been moderate changes of the ST segments and T waves since 11/13/86. R waves is absent in leads V2, and V3.
SInus Rhythm with antero-septal wall myocardial infarction. The lateral precordial leads were misplaced please repeat the tracing,hb

Peter S.T. Wang M.D.



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