



Donna Kolis, Esq.  
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Sixth Floor – Standard Building  
1370 Ontario Avenue  
Cleveland, Ohio 44113-1704

November 4, 2003

**Re: Herbert Dawson, Deceased v. Medina Hospital  
(Herbert Dawson, DOI: August 29 – August 31, 1999 (est.))**

Dear Ms. Kolis,

I have reviewed and extensive series of medical records and associated documents regarding Herbert Dawson with regard to a painful condition involving his left arm and hand initially experienced by him in the context of elective colon surgery in August, 1999. I have examined Mr. Dawson and the report of my evaluation of him was sent to Thomas Conway, Esq., formerly of your firm. I was informed by you that Mr. Dawson died of a sudden heart attack a week ago and am quite shocked by that most unpleasant news.

The documents I have reviewed to date include the following:

- Records of the Medina Hospital
- Records of Kaiser Permanente Group
- Records of the Following Doctors
  - Manuel Abellera, MD
  - Jeffrey Kontak, MD
  - A. Lawrence Cervino, MD
  - Charles Choi, MD
  - Julie Reeves, MD
  - Selwyn Lloyd McPherson, MD
  - Norman Lefkowitz, MD
  - Michael Faust, MD

**SCANNED**  
6/14/04

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(sources, cont'd)

- Expert Reports
  - Joseph Hanna, MD
  - Sue Masoorli, RN
- Depositions in This Matter
  - Manuel Abellera, MD
  - Jeffrey Kontak, MD
  - Herbert Dawson, Plaintiff
  - A. Lawrence Cervino, MD

The medical records are weighty and complex. They contain observation, opinions and statements made by persons not specifically cited and their contributions are subsumed. In addition I have reviewed the Independent Neurological Evaluation of Mr. Dawson performed by me on May 12, 2003, and sent to Mr. Conway. These things form the factual basis of opinions I offer you in this matter, all of them stated to a reasonable degree of medical certainty. My opinions are confined to the issues of causation and damages.

### **Opinions and Analysis**

1. There is no dispute over the established medical fact that Herbert Dawson suffered Complex Regional Pain Syndrome, Type I (CRPS, I), formerly known as Reflex Sympathetic Dystrophy (RSD) involving his left hand and arm. In him this condition was dreadfully painful and totally impairing in spite of treatment and served to disable him entirely and permanently.
2. Similarly there is little dispute, if any, that the cause of Mr. Dawson's CRPS I was the infiltration of intravenous fluids into the tissues of his left forearm between the dates August 29<sup>th</sup> and August 31<sup>st</sup>, 2000. This occurred during his postoperative recovery from colon surgery carried out at the Medina Hospital.
3. At the time Mr. Dawson developed his debilitating CRPS I he was under the observation of the Nursing Staff of the Medina Hospital who bore the primary responsibility of managing his intravenous lines.
4. The medical record documents infiltration of intravenous fluids and the presence of phlebitis in Mr. Dawson's left forearm during the critical dates and times. Beyond this, the record lacks precise description of what was going on with Mr. Dawson's left arm. This description is

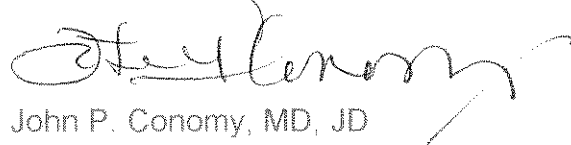
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supplied in his deposition, in medical records and in the history I obtained from him.

5. The effects of Mr. Dawson's injury, namely CRPS I affecting his left arm were painful, debilitating, totally disabling and permanent.

It is my understanding that additional depositions are to be taken in this matter. I would appreciate the opportunity to review them as well as any other medical information which may be obtained, including Mr. Dawson's interim medical records since the time I evaluated and any medical information which may be available surrounding his untimely death.

Yours truly,



John P. Conomy, MD, JD