IN THE COURT OF COMMON PLEAS
MAHONING COUNTY, OHIO
CASE NO. 96-CV-2055

DOROTHY A. GONDA, Individually and as Admx. of the Estate of DAVID PAUL GONDA, deceased
Plaintiff

vs.

H. M. HEALTH SERVICES, ET AL.
Defendants

DEPOSITION OF

ALAN J. CROPP, M.D.

offices of Pulmonary Medicine Consultants, 925 Trailwood Drive, Youngstown, Ohio, to be used in accordance with the Ohio Rules of Civil Procedure or

and for the County of Mahoning and State of Ohio.

APPEARANCES

On Behalf of the Plaintiff:
Mark W. Ruf, Attorney at Law

On Behalf of the Defendant, H.M. Health Services, et al.:
Douglas J. Kress, Attorney at Law
COMSTOCK, SPRINGER & WILSON

On Behalf of the Defendant, Alejandro Franco, M.D.:
Martin J. Boetcher, Attorney at Law
HARRINGTON, HOPPE & MITCHELL

On Behalf of the Defendants, Robert DeMarco, M.D. and Alan J. Cropp, M.D.:
Stephen P. Griffin, Attorney at Law
BUCKINGHAM, DOOLITTLE & BURROUGHS

On Behalf of the Defendant, Juan Ruiz, M.D.:
Thomas J. Travers, Jr., Attorney at Law
MANCHESTER, BENNETT, POWERS & ULLMAM

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Keyword index for: object

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PROCEEDINGS

ALAN J. CROPP, M.D.

having been duly sworn according to law, on his oath, testified as follows:

CROSS EXAMINATION BY MR. RUF:

MR. RUF: Doctor, my name is Mark Ruf. I, along with David Malik, represent the Estate of David Gonda. If at any time I ask you a question and you do not understand my question, please tell me. If you give me an answer to a question, I will assume that you have understood the question. Qkay?

THE WITNESS: Yes.

Q. Could you please state your name and spell your name?

A. Alan, A L A N, C R O P P, middle initial J.

Q. And what is your business address?

A. 925 Trailwood Drive, Youngstown, Ohio, 44513.

Q. What's your home address?

A. 5593 Engleton, E N G L E T o N, Lane, Girard, G I R A R D, Ohio, 44420.

Q. Are you affiliated with any corporations?

A. I have my own corporation.
Q. Could you tell me the name of that corporation?
A. Alan J. Cropp, M.D., Inc.
Q. Is that corporation in good standing in the State of Ohio?
A. Yes.
Q. Did you have that corporation at the time you treated David Gonda?
A. Yes.
Q. What is your affiliation with Pulmonary Medicine Consultants?
A. Pulmonary Medicine Consultants is a partnership which is partially owned by Alan Cropp, M.D., Inc. and partially by Robert DeMarco, M.D., Inc.
Q. Is that also a corporation or is it a partnership?
A. I believe I said it was a partnership.
Q. Is that partnership registered with the State of Ohio?
A. Yes.

Q. Are there any other partners, other than the two corporations you mentioned?
A. No.
Q. What hospitals are you on staff at?
A. I'm on active staff at St. Elizabeth Hospital Health Center and affiliate staff at Western Reserve Care Center.
Q. How long have you been on staff at those hospitals?
A. I don't recall at Western Reserve Care Center, Probably since approximately 1985. At St. Elizabeth, I've been on staff since 1984.
Q. Do you have any kind of contract with St. Elizabeth's?
A. Yes, I do.
Q. What kind of contract do you have with them?
A. I have an employee contract with them.
Q. How long have you been an employee of St. Elizabeth's Hospital?
A. Since 1984. It's a part-time job.
Q. Were you an employee of St. Elizabeth's

Hospital at the time you treated David Gonda?

A. Yes.

MR. GRIFFIN: Question. **Is** that a question that -- "Were you acting in the scope of your employment" type of question?

MR. RUF: No.

MR. GRIFFIN: Or you just want to know if he had that contract at the time he was treating him?

MR. RUF: I just want to know if he was an employee at the time he treated David Gonda,

THE WETNESS: Yes.

MR. GRIFFIN: I still have to object to the question again because I'm not sure if you are asking if he had an employment contract in existence or if he was acting as an employee of St. Elizabeth's Hospital when he treated him. That's what my objection is. Do you want to clarify that or --

Q. What were the terms of your employment?

MR. GRIFFIN: Hold on. **I** will ask

you to clarify that. Are you going to clarify it?

MR. RUF: Well, you can object. They are my questions to ask. This is my deposition.

MR. GRIFFIN: Oh, I understand, Mark. I'm not trying to be smart. I think there is a bit of a confusion, I'm asking you to clarify, And if you are saying you are clarifying it, then I don't need to do anything else and I'll shut up.

MR. RUF: Well, I'm asking him some additional questions.

MR. GRIFFIN: To clarify my point? Are you going to clarify the point or not? I mean, this is ridiculous. First of all, I don't know how it's important, but I've asked you to do a very simple thing. If you want to be gracious and give me an answer, fine. If not, I'll ask him the questions.

MR. RUF: I will clarify that, but I want to ask some additional questions first.

MR. GRIFFIN: Thank you.

Q. What were your terms of employment with

St. Elizabeth Hospital?

A. I guess I'm confused as to your question. Are you asking how long my contract is, how much I get paid, what I do? Exactly what are you asking?

Q. What are you employed to do by St. Elizabeth's Hospital?

A. I'm the assistant director of critical care unit, specifically medical intensive care.

Q. And what are your duties at that position?

A. To assist with teaching the residents, to be partially responsible for quality control in the medical intensive care unit, to be available for calls from the mobile intensive care unit, to generally teach residents who may be not in the intensive care unit but at other places in the institution at times, to give lectures when necessary, to be a resource person for the intensive care unit personnel. And I don't have my contract with me, so

I can't go over all of the other responsibilities that I may have.

Q. Are your responsibilities detailed in the employment contract?

A. No, they are general.

Q. Do you know the year you entered into the employment contract which was in effect at the time you treated David Gonda?

A. No.

Q. Do you have a copy of that contract here at your office?

A. No.

Q. Do you know where a copy of that contract is?

A. I might have it at my home.

MR. RUF: I'm going to ask for a copy of that contract. Do you want me to issue a request for production of documents to obtain that, Counsel?

MR. GRIFFIN: You are asking me a question now?

MR. RUF: Yes.

MR. GRIFFIN: No, I will make my

best effort. If he has it, we will produce it.

Q. Were you involved in any of your functions as an employee of St. Elizabeth's when you treated David Gonda?

A. No.

Q. Why do you say no?

A. Well, when I treated David Gonda, I treated him in this particular facility, and when I'm in this particular facility, I'm not working for St. Elizabeth, unless it's a call, as I mentioned previously, a resource type call, and I don't recall receiving any such communications from St. E's during the time that I was with Mr. Gonda, although it possibly could have happened.

Q. Do you know if there are any contracts between Pulmonary Medicine Consultants and St. Elizabeth's Hospital?

A. There are not.

Q. Are there any contracts between Alan J. Cropp, Inc. and St. Elizabeth's Hospital?

A. No.
Q. Do you have any other kind of affiliation with St. Elizabeth's Hospital other than being on staff at the hospital and your contract of employment?
A. Such as what? Give me some examples.
Q. Maybe you're employed in another capacity. I don't know if you have a contract with them concerning patient referrals. I'm just asking if you have any other kind of affiliations with the hospital.
A. Not that I can think of.
Q. Have you ever lost your privileges at any hospital?
A. No.
Q. What states are you licensed to practice medicine in?
A. Ohio.
Q. Has your license ever been subject to disciplinary proceedings?
A. No.
Q. How long have you been licensed in the State

of Ohio?

A. I received my license approximately 1981. It may have been 1980. May have even been early 1982, I don't recall offhand.

Q. How long have you been practicing medicine?

A. I graduated medical school in 1979, and I've been practicing medicine since that time, first in training and then as an attending physician.

Q. Could you tell me what you have done since 1979?

A. From 1979 to 1982 I was at St. Elizabeth Hospital, working as an intern ana resident. From 1982 to '84 I was at Cleveland Metropolitan General Hospital working in a pulmonary fellowship. Since that time I've been in Youngstown, Ohio, involved in the practice of pulmonary and critical care medicine.

Q. I'm sorry if I have already asked this, but how long have you been working under the corporation Alan J. Cropp, Inc.?

A. I believe it was formed somewhere approximately 1984.
Q. What did you do from 1982 to 1984?
A. I was at a pulmonary fellowship at Cleveland Metropolitan General Hospital.
Q. Are you board certified in any areas of medicine?
A. Yes.
Q. What are you board certified in?
A. Internal medicine, pulmonary disease, and critical care medicine.
Q. What is critical care medicine?
A. The discipline of caring for people in the critical care unit or who are critically ill.
Q. Does that involve treating people with cardiac conditions?
A. Occasionally.
Q. Do you regularly treat people with cardiac conditions in your practice?
A. Are you referring to critical care or pulmonary?

Q. Well, if you need to clarify, go ahead.
A. When I'm in the critical care unit, if the condition is the major reason that the patient is in the critical care unit, I defer to a cardiologist. In the office here, I can't -- I don't treat cardiac patients as far as adjusting cardiac medications, although I have given diuretics to people that are in congestive heart failure and asked them to discuss the situation with their cardiologist or their primary care physician, whichever is more appropriate.
Q. What type of cardiac conditions do you treat here at the office?
A. The major condition that I see at the office that requires treatment between the time I see the patient and the time the patient gets to talk to their cardiologist or primary care physician is usually congestive heart failure.
Q. Over a six month period, how often do you

treat patients with congestive heart failure?

A. I would guess approximately half a dozen times.

Q. Do you regularly treat patients with bacterial endocarditis?

A. I don't regularly treat patients with bacterial endocarditis.

Q. If you have a patient in which you suspect that they have bacterial endocarditis, what do you do with that patient?

A. If I suspect that they have it, I refer them to an infectious disease consultant,

Q. Why would you refer to an infectious disease consultant as opposed to a cardiologist?

A. The experience I have with treating bacterial endocarditis in the hospital setting is that it almost always involves an infectious disease expert on the case. If I suspect, which I believe was your question, that the patient has bacterial endocarditis, I obviously don't have a

definitive diagnosis and there is a lot of things that can mimic bacterial endocarditis, a lot of other infectious processes, that I would refer the patient to someone who treats or is an expert in infectious disease.

Q. If in working up a patient you suspect that a patient may have a cardiac condition, what type of doctor would you refer that patient to?

A. If I suspect that the patient might have a cardiac condition, I prefer to notify the primary care specialist and discuss with him whom the patient should be referred to. I'm a consulting physician, I'm not a primary care -- I don't act as a primary care physician. So, I talk with the people who sent the patient to me.

(PLAINTIFF'S EXHIBIT 1 MARKED FOR IDENTIFICATION)

Q. Doctor, I've marked your CV as Plaintiff's Exhibit 1. Is your CV current?

A. The CV does not specifically mention the

affiliate staff membership at Western Reserve Care Center, but otherwise, appears to be current.

Q. Do you regularly consult any medical periodicals in your practice?

A. Could you explain what you mean?

Q. Do you subscribe to any medical periodicals?

A. Yes.

Q. Which ones?

A. Chest and Critical Care Medicine.

Q. How often do those periodicals come?

A. Monthly.

Q. Do you review those periodicals on a monthly basis?

A. Not every page, just the articles that are of interest to me.

Q. Do you rely on those periodicals in your practice?

A. As far as what?

Q. Well, how do you use these periodicals?

A. Well, I use these periodicals to look at different authors' opinions on

treatments, new medications, that sort of thing. If one treatment is better than another treatment, for instance, somebody who is on a ventilator may get an aerosol treatment through the ventilator and there's been some discussion, for instance, whether it's better in an aerosolized form or metered dose inhaler form, whether the effect is the same on a patient, and look at studies that compare those two, for instance.

Q. Do you have any medical texts in your office'?

A. Yes, I do.

Q. What medical texts do you have?

A. I have Fraser and Pare.

Q. What is the title of that publication?

A. I don't know offhand. I mean, we can go back to my office and I can look at all the journals that I have there -- or the books, but I don't know offhand what the exact title is. I have a book called The Five Minute Clinical Consultant in the

office. There is a textbook on sleep medicine in the office. Again, I don't know the title. Couple of books on asthma. One on occupational -- maybe two on occupational lung disease.

Q Do you have any books in the office on cardiology?

A I'd have to look, but I don't believe I currently have any on cardiology in the office. But we could look, if you would like.

D Are there any medical texts that you consider authoritative on the subject of cardiology?

A There are cardiology textbooks that have differing opinions, and I don't know that one particular cardiology textbook is the authority. I'm not familiar enough with the field of cardiology to answer that fully.

D If you had to research an issue concerning cardiology, is there a medical textbook

that you would go to?

A. I think if I had to research a subject, I would probably discuss it with one of my cardiology colleagues and get some referrals or references from them.

Q. Did you do any medical research during your care and treatment of David Gonda?

A. Again, that's a broad question. Are you asking if I did any research in the hospital that I was working on for publication or are you asking if I researched his particular -- I don't know what you are asking.

Q. Did you do any research with respect to his particular case during your care and treatment of David Gonda?

A. No.

Q. Have you done any research with respect to his particular case since you stopped treating David Gonda?

A. When I saw the autopsy report from the Cleveland Clinic, I did look up the

disease that is mentioned, myocardial fibrosis.

Q. Where did you research that?

A. I believe I asked the library to pull an article or two for me that I reviewed.

Q. Do you still have a copy of that article?

A. Yes, I do.

Q. Do you know the title of it?

A. No. It was actually written by -- one of the articles was written by the Cleveland Clinic Foundation, actually.

Q. Do you specialize in any particular area of medicine?

A. Pu monary disease.

Q. On a weekly basis, how many patients do you see per week?

A. In the hospital, my current census runs between 12 and 15 patients a day, but please realize your question is somewhat confusing because if a patient is in the hospital for five consecutive days, they are on my census and they get seen five

consecutive days. In the office setting, I probably average 12 to 14 patients four days a week.

Q. What days do you see patients in the office?

A. Monday, Tuesday, Wednesday, Friday, and occasionally two or three patients on Thursdays.

Q. Were you seeing the same number of patients at the time you were treating David Gonda?

A. I don't recall, but probably.

Q. Has your practice remained fairly consistent since then?

A. The hospital practice has dropped off somewhat, but the office practice probably is a little bit busier now than it had been.

Q. What is your relationship with Dr. Cropp?

A. I am Dr. Cropp.

MR. GRIFFIN: That's a very close relationship. Can't get any closer. We are alteregos.

MR. RUF: You can read that at a

stupid question seminar.

Q. What is your relationship with Dr. DeMarco?

A. He's my partner.

Q. What is your relationship with Dr. Ruiz?

A. Dr. Ruiz is a primary care physician in the community that refers consultations to me occasionally.

Q. How often does he refer patients to you?

A. I would take a rough guess and say 10 to 15 patients per year. If you want to know the exact number, it would take me about five minutes to pull it out of the computer. Ten to 15 per year.

Q. What is your relationship with Dr. Francs?

A. Dr. Franco is a thoracic surgeon at St. Elizabeth whom I occasionally refer patients to for surgical procedures and who occasionally refers patients to me for pulmonary management.

Q. How often do you refer patients to Dr. Franco?

A. Although I make the referral, probably about a dozen cases per year, you need to realize

that the person doing the referring is mainly the primary care specialist. In other words, as I stated before, if a person needs a referral to another physician, my habit is to call the primary care doctor and ask who he would prefer to work with, or whom he would prefer to have the patient referred to. That's assuming that the insurance companies and HMO's haven't dictated who we are going to be referring to, which frequently happens, too.

MR. GRIFFIN: Give them time.

Q. Are you aware that we requested a copy of your entire chart?

A. Yes.

Q. To the best of your knowledge, was a complete and accurate copy produced?

A. To the best of my knowledge, yes.

Q. Are there any documents that you have concerning David Gonda that are not in your chart, other than correspondence

with counsel?

A. No.

Q. When did you first see David Gonda?

A. July 13, 1995.

Q. Why did you see him on July 13, 1995?

A. Because he was referred to the office and that's when his appointment was given. Are you asking what were his complaints or why did I see him that day as opposed to the day before?

Q. Well, you answered my question. You saw him because he was a referral.

A. Right.

Q. Who referred David Gonda to your office?

A. Dr. Sam Adornato.

Q. What kind of doctor is Dr. Adornato?

A. Ear, nose and throat specialist.

Q. Did you have any conversations with Dr. Adornato prior to seeing David Gonda on that date?

A. I don't recall that I did, but I quite possibly could have. Usually, but not

always -- usually I will make a note in the chart as to, you know, "The referring physician discussed this with me," but I can't for sure say that he didn't call, I just don't have any recollection of it.

Q. Did you take a history on July 13, 1995, when you saw David Gonda?

A. Yes.

Q. What history did you take?

A. I took a history concerning his complaints.

Q. could you tell me what history you obtained? And feel free to review your records at any time, Doctor.

A. I took the history that he was a 27 year old white man with a cough for six to seven weeks. He complained of clearing his throat a lot. Cough drops were helping him. The cough was productive of mucus, which he referred to as saliva. The mucus did not have a foul taste or smell to it. He denied any chest pain, heartburn, symptoms of gastric reflux,

wheezing. He did notice that at night he felt worse. He had been tried on a couple of medications, including Humibid and Triaminum. There was no family history of lung disease. He previously had a course -- short course of Doxycycline and Zithromax. Denied previous lung problems. Denied having swelling in the feet. He did complain of some shortness of breath with exertion, but could easily walk a flight of steps without stopping. No postnasal drainage at the time and he felt he did not have a sinus condition. He denied other medical problems, denied smoking, denied sweats. His father smokes. There were no cats living in his home. He had recently had a chest X-ray, which was reported clear. He felt that his condition started with an upper respiratory infection and he had been on Doxycycline for a few days prior to when I saw him and there was no

tuberculosis exposure.

Q. Did you conduct a physical exam?

A. Yes, I did.

Q. What did your physical exam reveal?

A. Temperature 102 degrees Farenheit, pulse 148, respiratory rate 32, blood pressure 118 over 70, height of 72.5 inches, weight 162-1/2 pounds, and the physical examination itself was essentially unremarkable.

Q. Were any of his vital signs abnormal?

A. Yes.

Q. Which ones were abnormal?

A. He was febrile and had a fast heart rate,

Q. And he also had an elevated temperature?

A. Febrile is elevated temperature.

Q. I'm sorry. Did you perform any diagnostic tests on July 13, 1995?

A. No.

Q. Did you send a letter to Dr. Adornato listing what your findings were?

A. Yes.

Q. And that's a letter dated July 13, 1995?
A. Yes.
Q. Did you have a differential diagnosis after your office visit with David Gonda on July 13, 1995?
A. I felt that he was suffering from a sinus infection, possibly something called TWAR, which is a chlamydial infection of the sinuses.
Q. Why was that your impression at the time?
A. Well, he had been febrile and he complained, in his words, of coughing, lots of phlegm, with occasional temperature, urge to clear his throat a lot. Those are all frequent conditions that people with a sinus infection have.
Q. Based upon your history, how long had he had a temperature?
A. I don't recall how long he had a temperature. He had mentioned that he had the cough for six to seven weeks.
Q. Did you ask him whether or not he had had a

temperature for six to seven weeks?

A. I don't recall.

Q. Did you find out from any other source how long he had had the temperature?

A. No.

Q. What symptoms on July 13, 1995 would be consistent with bacterial endocarditis?

A. Temperature, fast heart rate, possibly cough.

Q. On July 13, 1995, did you suspect that David Gonda was suffering from some type of infectious process?

A. I believe I just mentioned that I felt he had as an agent.

Q. Were there any symptoms or any results from the examination that were consistent with an infection?

A. The fever was consistent with the infection. Cough is consistent with that type of an infection. Mucus that is white or phlegm is consistent with that. The urge to clear his throat is consistent with that.

Q. Were you aware of whether or not any blood tests were done on David Gonda prior to July 13, 1995?

A. No.

Q. Did you perform any blood tests on July 13, 1995?

A. No.

Q. Why not?

A. I didn't feel they were indicated.

Q. What treatment did you give to him on July 13, 1995?

A. He had just been started a few days earlier than that on Doxycycline and I continued that. Assuming that he did have the TWAR infection, basically you need three weeks' worth of treatment for that infection. So, I felt that he had received an inadequate course of Doxycycline previously, and that that's why maybe he was a treatment failure and I wanted to give him a more full course of the Doxycycline.

Q. Doxycycline is an antibiotic?
A. Yes.
Q. Do you know if Doxycycline is used as a treatment for bacterial endocarditis?
A. It depends upon the organism. There may be instances where Doxycycline would be a medication that would be used to treat endocarditis.
Q. What medications was David Gonda on during the time you treated him at the office?
A. When I first saw Mr. Gonda, he was on -- he had just been started on Doxycycline, he was taking Advil and Humibid.
Q. What is Humibid?
A. A decongestant.
Q. When did you next see Mr. Gonda?
A. July 25, 1995.
Q. And what were your findings on July 25, 1995?
A. Well, he appeared to have done well with the antibiotic treatment, as he was -- had no fever on that visit. He stated that he was feeling better, but not quite back to

normal yet. He did have nasal drainage at the time that he felt was no better. He denied any wheezing. He did complain of temperatures at 4:00 and 8:00 p.m. and sometimes at midnight. And on a physical examination he basically had clear lung fields, no edema.

Q. Do you know whether or not with bacterial endocarditis that a person's fever will increase in the evening?

A. I don't know if it's specifically related to the evening, but somebody with bacterial endocarditis, temperature could go up and down at times.

Q. Do you have an office note for that date?

A. Yes, I do.

Q. Can I see your office note, please?

A. (Witness complies)

MR. RUF: Can I get a copy of that? I think that is missing.

MR. GRIFFIN: I think you passed it up. Is that it?

MR. RUF: Here it is.

Q. On July 25, 1995, had your diagnosis changed?

A. Well, I felt that the infection part of things had improved because he had no fever and he felt that he was feeling better. So, my diagnosis really had not changed. I thought he was responding to treatment.

Q. Did you take a set of vitals on July 25, 1995?

A. Yes.

Q. Were any of his vital signs abnormal?

A. His pulse was still a little bit high, but everything else was normal.

Q. When was the next time that you saw David Gonda?

A. August 8, 1995.

Q. What were your findings during the August 8 visit?

A. He again had an elevated temperature and his heart rate was again fast. Otherwise, his findings were essentially unchanged,

Q. Did you take a set of vital signs on August 8?

Yes.

Q. Were any of his vital signs abnormal?
A. His temperature was elevated and his heart rate was a little bit fast.
Q. Did you see David Gonda again at the office?
A. No.
Q. During those three office visits, did you discuss the differential diagnosis with David Gonda?
A. On the first -- yes. On the first office visit we discussed that we thought it was a sinus condition.
Q. In any of those three office visits, did you suspect that he may have some type of cardiac condition?
A. No.
Q. Why not?
A. He was not complaining of chest discomfort in any way. He had no physical examination findings that would be consistent with heart disease, such as I did not hear a heart murmur. There was no swelling in his feet. There was no jugular venous

distension. His heart was read to be a normal size on a chest X-ray, which was done prior to my seeing him. And, essentially, he did not give any indication that there was a heart condition.

Q. Is shortness of breath consistent with a cardiac condition?

A. You can see shortness of breath with a cardiac condition. You can also see it with a number of other conditions.

Q. Did you perform any chest X-rays here at the office?

A. No.

Q. Did you actually review the chest film that had been taken prior to his visit in your office?

A. Only the report. He was asked to bring the chest X-ray with him on his second visit, but he did not do that.

Q. Do you have the capability of performing chest X-rays here at the office?

A. Yes.
Q. Why didn't you perform a chest X-ray here?
A. The situation was that we were dealing with a gentleman in his 20's who basically had no previous pulmonary history and who had a normal chest X-ray shortly before seeing me. And again, I felt that the condition was more a sinus situation.
Q. Did there come a point during these three office visits that you ruled out the sinus condition?
A. No, there didn't, but on the third visit, I was concerned that he still had a fever and we discussed other diagnostic possibilities at that time.
Q. What diagnostic possibilities did you discuss?
A. I was most concerned about lymphoma, Hodgkin's disease, some form of underlying malignancy that can give you fevers such as that also.
Q. Why were you concerned about lymphoma or Hodgkin's disease? Just because of the

persistent fever?

A. Yes.

Q. Is there anything else that led you to suspect either lymphoma or Hodgkin's disease as the cause for his fever?

A. His age.

Q. What is it about his age that would make him a candidate for either of those two diseases?

A. Those diseases are more frequently found in people in their third, fourth generation of life.

Q. Was there anything either about his signs or the physical examination that would be inconsistent with Hodgkin's disease or lymphoma?

A. Well, I didn't feel any nodes, but that doesn't make it inconsistent with the possibility. There was nothing I felt that was really inconsistent with that. Nothing really consistent with it, either, other than I was concerned about

the fever.

Q. What was your next course of action?

A. I wanted him to have a CAT scan of the chest and abdomen. He was very busy with moving and with work and wanted to put it off for -- I believe I may have seen him late in the week and I wanted him to have it done early the next week and he was busy that week and wanted it performed the following week.

Q. Did you tell him that there was some type of urgency in performing the CAT scan?

A. I don't recall.

Q. Was the CAT scan done?

A. I believe that when he came into St. Elizabeth Hospital that the CAT scan of the chest was done. I don't know whether a CAT scan of the abdomen was done at that time or not.

Q. After August 8, 1995, were you involved in his care and treatment at all?

A. No. I shouldn't say that. I take it back.

Dr. DeMarco did call me on the morning that he presented to the emergency room to briefly find out what my thoughts were.

Q. Where were you when he presented to the emergency room?

A. On vacation.

Q. When did you leave to go on vacation?

A. Whatever the Friday night was before the date that he presented to the emergency room.

Q. Did you have any discussions with Dr. DeMarco about David Gonda prior to leaving for vacation?

A. No.

Q. Was Dr. Cropp covering -- or Dr. DeMarco covering for you when you went on vacation?

A. Yes.

Q. Do you know why David Gonda went to the emergency room?

A. What was said to me is that he was coughing up blood.

Q. What conversation did you have over the telephone with Dr. DeMarco?
A. I don't recall exactly, but it had to do with, "Who is David Gonda?" And I explained that he was a young gentleman who I had been seeing and had been referred by Dr. Adornato and had what I felt was a sinus condition, had originally improved with treatment and was scheduled for a CAT scan of the chest and abdomen sometime that week.
Q. Were you aware that a CBC was done on June 28, 1995?
A. No.
Q. Were you aware that an electrocardiogram was done on June 27, 1995?
A. I was not aware of that.
Q. Did you discuss this patient with Dr. Ruiz?
A. I don't recall offhand if I called him or not. I know that I wrote him that letter that we reviewed previously -- or sent him a copy of that letter that we reviewed

previously, the one to Dr. Adornato. If you looked at the bottom of that, you would have seen that he would have received a copy of that letter.

Q. How many letters did you send to Dr. Ruiz?

A. I sent him a copy of the original letter that was sent to Dr. Adornato, and I sent the original letter to Dr. Adornato because he was the one that made the referral. I believe there were two subsequent letters sent to Dr. Ruiz.

Q. Why did you send that letter to Dr. Ruiz?

A. Frequently, as part of my practice, as I see patients, if there are changes in their condition or concerns that I have, things that I want the primary care person to know about, I take the time to dictate a letter.

Q. Prior to David Gonda's admission to St. Elizabeth's Hospital, did you have any oral communications with Dr. Ruiz concerning David Gonda?

A. I really don't recall.
Q. During your care and treatment of David Gonda, did you obtain any medical records from any other medical care providers?
A. I believe a copy of the chest X-ray, which I referred to earlier, was sent to our office.
Q. Do you still have a copy of that chest X-ray?
A. Yes.
MR. GRIFFIN: You are referring to a report.
A. A report. Chest X-ray report. Not the X-ray, but the report.
Q. So, you do not have the actual film?
A. No.
Q. Do you have any actual films here at the office for David Gonda?
A. No.
Q. Do you know what happened to the plain films at St. Elizabeth's Hospital?
A. No.
Q. Have you had any discussions with anybody

about what happened to the plain films St. Elizabeth's Hospital?

A. I assumed that they were sent to you. I had no idea.

Q. Are you aware that the plain films are missing from St. Elizabeth's Hospital?

A. No. I take that back. I did read somewhere that -- in one of the things from my attorney that --

MR. GRIFFIN: Just hold on a second. If you learned something from me or through some communication, written or oral, he has no interest in ana has no right to learn that. Okay?

THE WITNESS: Got it.

Q. During your care and treatment of David Gonda, did you ever suspect that he had some type of cardiac condition?

A. No.

Q. Were you ever informed by Dr. Ruiz that there were abnormalities on the electrocardiogram of 6-27-95?

A. I was not informed by Dr. Ruiz about

abnormalities on the electrocardiogram.

Q. Other than a sinus infection, did you suspect any other type of infectious process during your care and treatment of David Gonda?

A. No.

Q. Why not?

MR. GRIFFIN: Other than the reasons that you have given already in your deposition.

A. Well, if you want to look at what causes other types of infections, as a pulmonologist, frequently I see people with purulent sputum and his sputum was not purulent. So, I wouldn't have expected a bronchitis or a pneumonia. I don't recall that he talked about burning with urination, but I may not have asked him that specific question; again, being a pulmonologist. And I felt that I had a reason for his -- what appeared to be an infection, that being the sinus.

Q. Did you find David Gonda to be a compliant

patient?

A. As far as I know, he seemed fairly compliant, with the exception that he put off the CAT scan of the chest and abdomen because of work or moving or something. I don't recall which it was, and it may have been both.

Q. Did you tell him that there was a problem with putting off the CAT scan?

A. I don't recall.

Q. Did you have any difficulty in communicating with David Gonda?

A. As far as -- I don't understand your question,

Q. Well, did he have any trouble in relating his symptoms to you?

A, I don't think he had any trouble. I mean, I did ask him his symptoms consistent with AIDS, for instance, that frequently I ask people who have fevers and are of his age and in this office. And he denied any and all predisposing factors to AIDS, and I think that if I had a communication

problem with him, he wouldn't have been as open with me. If you later tell me that he had that disease, you know, then I guess we did have a problem.

Q. But to the best of your knowledge, you did not have trouble in communicating with him?

A. To the best of my knowledge, no.

Q. Other than the treatment we discussed, what other treatment did you provide?

A. I prescribed a medication called Deconsal, which is a decongestant -- actually Deconsal II -- it's Roman numeral 11 -- which is a decongestant cough medicine combination, and also prescribed Vanceril, which is an inhaled steroid.

Q. Why did you prescribe the inhaled steroid?

A. Well, he seemed to have some discomfort in the back of his throat, and I thought that if there was any inflammation, that the inhaled steroid would be effective in cutting that down a little bit.

Q. Other than the discussion you had with

Dr. DeMarco by telephone, did you have any discussions with any other doctors while David Gonda was a patient at St. Elizabeth's Hospital?

A. No.

Q. Would you agree that the presenting symptoms for bacterial endocarditis can be highly variable?

A. Yes.

Q. And would you agree that because the clinical manifestations can be highly variable that it should be included in the differential diagnosis with anybody that has had a chronic, unexplained flu?

A. I suppose if you are going to give a laundry list of differential diagnosis, it would be in there somewhere.

Q. What are the symptoms of bacterial endocarditis?

A. Are we referring to acute or subacute?

Q. Subacute.

A. One of the symptoms is fever. Swelling in the

feet can be a symptom. Shortness of breath could be a symptom. Petechiae, or little red spots on the fingers, can be a symptom. There are some other findings, like splinter hemorrhages in the fingernails that could be a symptom. As far as signs, things like heart murmur, jugular venous distension, pulsatile liver, swelling in the feet, those type of things.

Q. Do you agree that with right-sided endocarditis, a murmur may not be present?

A. Probably it -- there are instances when it's not present. Most of the time I believe it is.

Q. Would you agree that the most consistent complaint by a patient with endocarditis is flu-like symptoms?

A. I personally don't see that many patients with subacute bacterial endocarditis to really answer that question.

Q. since you've been in practice, how many patients have you treated with bacterial endocarditis?
A. Subacute or acute?
Q. Why don't you tell me each one?
A. Acute, probably five or six.
Q. What about subacute?
A. When you say, "treated," are you specifically saying treated for the bacterial endocarditis or seen while they had that condition?
Q. Seen while they had that condition.
A. Probably 10 to 15.
Q. For subacute?
A. Yes.
Q. Did you actually treat those patients for the bacterial endocarditis or was another physician responsible for doing that?
A. Another physician was responsible for treating the endocarditis.
Q. What type of physician was responsible for treating that condition?

A. An infectious disease expert.
Q. Were blood cultures ever taken from David Gonda during your care and treatment of him?
A. No.
Q. Do you believe that you had an obligation to find out what other physicians were doing concerning David Gonda's care and treatment --

MR. GRIFFIN: Objection.

Q. -- during the time you were seeing him?
A. Can you ask the question again, please?
Q. Sure.

MR. RUF: Could you please read the question back?

(QUESTION ON PAGE 53 AT LINE 6 READ BY THE REPORTER)

MR. GRIFFIN: I object to the word "obligation."

A. What do you mean by "obligation"?
Q. Do you believe the acceptable standard of medical practice required you to find out what other physicians were doing with

respect to the care and treatment of David Gonda?

A. Usually we ask if there are any other physicians treating the same symptoms that I may be treating, to see if they are interfering with what we are doing. If you are asking, for instance, do I feel there is an obligation to know who the ophthalmologist is for somebody who has cataracts while I'm treating them and exactly what they are doing for the cataracts, other than listing the nedications, no, I don't.

Q. Do you believe the acceptable standard of medical care required you to find out what tests Dr. Ruiz was performing?

MR. GRIFFIN: I object, but go ahead.

A. I believe only as it relates to what I'm caring for Mr. Gonda concerning.

Q. Did you ask either David Gonda or Dr. Ruiz what type of tests he had performed on

David Gonda?

A. The only question that I recall asking him was about the chest X-ray.

Q. When you refer to "him," is that David Gonda or --

A. Yes.

Q. -- Ruiz?

A. Yes, Dr. -- or Mr. Gonda.

Q. Do you agree that bacterial endocarditis is almost universally fatal if untreated?

A. I think that acute bacterial endocarditis is almost universally fatal if untreated. And if subacute goes long enough, I believe there would be enough destruction of the valves so that it could be fatal,

Q. Do you agree that depending on the bacteria, the survival rate for a patient with bacterial endocarditis is over 90 percent through microbiological cure?

A. I think that it does not as much depend upon the bacteria as the underlying cause as to why the individual developed the

endocarditis. For instance, if they developed it because of a prosthetic heart valve, I think that a medical cure is a lot less likely.

Q. What about in a patient other than a patient with a prosthetic heart valve?

A. I'm not familiar with 90 percentile. I'm just not familiar with what the percentile is.

Q. Would you agree that the chief goal in treating bacterial endocarditis is to irradicate the infecting organism as soon as possible?

MR. GRIFFIN: Place an objection. He didn't testify that he treats endocarditis. But go ahead and answer if you can.

A. In patients being treated for endocarditis, one of the goals is to irradicate the infectious process.

Q. And that is done through long term antibiotic treatment?

A. Define long term.

Q. What is your understanding of the treatment

for bacterial endocarditis?

A. That antibiotics need to be given somewhere between four and six weeks.

Q. Do you know how the determination is made what type of antibiotics to give a patient?

A. Based on cultures that are done.

Q. As we sit here today, do you have an opinion based on reasonable medical probability as to the cause of David Gonda's signs and symptoms?

A. Which signs and symptoms are you referring to?

Q. The signs and symptoms he had when you saw him.

A. As we sit here, I believe that he may have had a sinus condition. Also I believe that a lot of his symptoms could have been caused by the endomyocardial fibrosis, which he was found to have at autopsy.

Q. Do you have an opinion based on reasonable medical probability as to how long he had that cardiac condition?

MR. TRAVERS: I'm sorry. Mark,

which cardiac condition are you asking about?

MR. RUF: The --

MR. GRIFFIN: Endomyocardial fibrosis.

MR. RUF: The endomyocardial fibrosis.

MR. TRAVERS: You're not asking about bacterial endocarditis in this question?

MR. RUF: No.

MR. TRAVERS: Okay.

A. I don't know how long he had signs and symptoms of that disease. The cough for six or seven weeks could have been signs and symptoms of that, it could have been from a sinus condition also.

Q. Are you aware of David Gonda's condition while he was a patient at St. Elizabeth's Hospital?

A. The only thing I'm aware of is the phone call that I got from Dr. DeMarco that was from the emergency room.

Q. Have you reviewed the St. Elizabeth's Hospital

medical records?

A. No.

Q. Other than your chart, have you reviewed anything in preparation for this deposition today?

A. Couple of things that my attorney had sent me.

Q. Well, other than the letters that were actually sent by the lawyer, did you review any medical records or documents?

A. I reviewed the autopsy, if that's what you are referring to.

Q. Did you review anything else?

A. In this -- in the chart that I have, there are some X-ray reports that I quickly looked through, but they had occurred after I saw Dr. -- or Mr. Gonda, so, I didn't really review them carefully.

Q. Do you know whether or not David Gonda had any difficulty in breathing and chest pain prior to seeing you?

A. He specifically denied any chest pain. He did complain of some shortness of breath, but

steps without stopping.

Q. Do you know who made the decision to admit David Gonda to St. Elizabeth's Hospital?

A. No.

Q. Did you have any discussions with David

8 visit.

Q. And what discussions did you have with her?

A. I basically told her that I was concerned about her son, that we had a couple of tests pending, but since I had not received permission from him to discuss his case with her, I really could not do that at the time.

Q. Were you on vacation the entire time he was admitted at St. Elizabeth's Hospital?

A. Yes.

MR. RUF: Thank you, Doctor. That's all I have.

CROSS EXAMINATION BY MR. KRESS:

MR. KRESS: Doctor, my name is Doug Kress. I'm here on behalf of St. E's and some of the residents who have also been named in this lawsuit. I think I just have one question for you. I just want to clear up one issue that was brought up earlier.

Q. Am I correct in stating that at the time you saw David Gonda in July and August of 1995, you were not acting as an employee of St. Elizabeth's?

A. That is correct.

MR. KRESS: Thank you. That's all E have.

MR. BOETCHER: I have no questions, Doctor.

MR. TRAVERS: I have no questions. Thank you, Doctor.

MR. GRIFFIN: He'll read -- unless you have any follow-up.

MR. RUF: No.

(WHEREUPON THE DEPOSITION OF ALAN J. CROPP, M.D., WAS CONCLUDED AT 4:00 PM)

REPORTER'S CERTIFICATE

I, Kathleen Skowron, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the above-named ALAN J. CROPP, M.D., was by me first duly sworn to testify the truth, and that this deposition was written in the presence of the witness and by me transcribed, and that the deposition was taken at the time and place in the agreement specified.

I certify that I am not of counsel or relative to either party or otherwise interested in this action.

I further certify that the above and foregoing is a true and complete transcript of all the testimony and proceedings had in this deposition, as shown by stenotype notes written in the presence of the witness at the time of this deposition.

IN WITNESS WHEREOF, I have set my hand and Seal of Office at Warren, Ohio, this 13th day of January, 1998.

.....
Kathleen Skowron, Notary Public
My Commission Expires 10-30-2000

CORRECTION SHEET

PAGE NO.	LINE NO.	CORRECTION

SIGNATURE PAGE

I, ALAN J. CROPP, M.D., have read or have had the opportunity to read the foregoing deposition and find it true and correct to the best of my knowledge, information and belief, unless otherwise specified and listed on page 63, and I hereby subscribe my signature thereto, this _____ day of _____, 1998.

_____

ALAN J. CROPP, M.D.

Before me, a Notary Public, in and for the State of Ohio, personally appeared ALAN J. CROPP, M.D., who deposes and says that he has read or has had the opportunity to read the foregoing deposition, and that he finds it true and correct to the best of his knowledge, information and belief, unless otherwise specified and excepted to on page 63 of the deposition.

Sworn to and subscribed before me this ------ day of _____, 1998.

_____

NOTARY PUBLIC