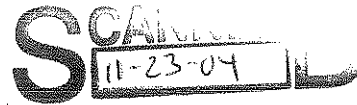


1 IN THE COURT OF COMMON PLEAS
2 OF CUYAHOGA COUNTY, OHIO

3 - - - - -

4 KATHY EVERETT,
Administratrix of the
5 Estate of
ELSIE MARIE PARSONS,
6 deceased.



7 Plaintiff,

8 vs

Case No. 432317

Judge Burnside

9 METROHEALTH MEDICAL CENTER,
et al.,

10

Defendants.

11

- - - - -

12 DEPOSITION OF ANTHONY DiMARCO, M.D.

13 NOVEMBER 11, 2001

14 VOLUME I

15 - - - - -

16 Deposition of ANTHONY DiMARCO, M.D., a
17 Witness herein, called by counsel on behalf of
18 the Plaintiff for examination under the statute,
19 taken before me, Vivian L. Gordon, a Registered
20 Diplomate Reporter and Notary Public in and for
21 the State of Ohio, pursuant to agreement of
22 counsel, at the offices of MetroHealth Medical
23 Center, 2500 MetroHealth Drive, Cleveland, Ohio,
24 commencing at 3:00 o'clock p.m. on the day and
25 date above set forth.

1 APPEARANCES:

2 On behalf of the Plaintiff

3 Becker & Mishkind

4 HOWARD D. MISHKIND, ESQ.

5 Skylight Office Tower Suite 660

6 Cleveland, Ohio 44113

7 216-241-2100

8

9 On behalf of the Defendants

10 Weston, Hurd, Fallon, Paisley & Howley

11 DEIRDRE HENRY, ESQ.

12 2500 Terminal Tower

13 Cleveland, Ohio 44113

14 216-241-6602

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1 ANTHONY DiMARCO, M.D., a witness
2 herein, called for examination, as provided by
3 the Ohio Rules of Civil Procedure, being by me
4 first duly sworn, as hereinafter certified, was
5 deposed and said as follows:

6 EXAMINATION OF ANTHONY DiMARCO, M.D.

7 BY MR. MISHKIND:

8 Q. Would you please state your name for
9 the record.

10 A. Anthony DiMarco.

11 Q. You are a physician; is that correct?

12 A. Yes.

13 Q. Are you employed by Metro?

14 A. Not currently.

15 Q. Back in 1999, were you employed by
16 Metro?

17 A. Yes.

18 Q. Doctor, I represent the Estate of
19 Elsie Parsons. I'm going to be asking you a
20 series of questions regarding your involvement
21 in her care and questions relative to the care
22 in general that I understand you were involved
23 in, either as an attending or some other
24 capacity.

25 If I ask you anything that you do not

1 understand, tell me, Mr. Mishkind, I have no
2 idea what you are asking me, rephrase it, or let
3 me hear it again, try over again. Would you do
4 that for me?

5 A. Yes.

6 Q. If you answer a question, I'm going
7 to conclude that you answered it because you did
8 understand it. Is that a fair assumption on my
9 part?

10 A. Yes.

11 Q. You indicated a moment ago that you
12 are not presently employed at Metro. Where are
13 you employed?

14 A. Case Western Reserve University.

15 Q. In what capacity?

16 A. Research.

17 Q. What type of research?

18 A. Related to respiratory muscle
19 physiology.

20 Q. Is this a research project that you
21 are working on?

22 A. Yes.

23 Q. How long have you been involved with
24 this project?

25 A. I have been involved for about 20

1 years.

2 Q. Is this currently a full-time
3 position?

4 A. No, it's part-time.

5 Q. What else do you do on a professional
6 level besides work on the respiratory muscle
7 physiology research?

8 A. I practice in pulmonary medicine.

9 Q. Where is that located, sir?

10 A. At Geauga Hospital.

11 Q. Do you have an office in the hospital
12 or at the medical building?

13 A. I have an office in the medical
14 building near Geauga Hospital and also at
15 University Suburban Health Center, South Euclid.

16 Q. 1611 South Green?

17 A. That's right.

18 Q. How do you divide your time between
19 Gauga and University Suburban?

20 A. I see patients at Suburban only for a
21 few hours in the morning one day a week and at
22 Gauga Hospital four mornings for three, four
23 hours.

24 Q. And the other professional time is
25 involved in your research project?

1 A. Yes.

2 Q. Are there any other professional
3 activities, either from a clinical standpoint,
4 from an academic, or an administrative
5 standpoint that you are involved in?

6 A. I'm involved in teaching at the
7 medical school.

8 Q. Is this to medical students or is
9 this a residency program?

10 A. Medical students.

11 Q. What do you teach?

12 A. Pulmonary physiology.

13 Q. What level medical students are you
14 teaching?

15 A. First year and second year.

16 Q. How long have you been teaching at
17 the medical school?

18 A. Twenty years.

19 Q. Which started first, your research or
20 your teaching?

21 A. They started about the same time.

22 Q. Aside from the teaching, your
23 research, your clinical practice at Geauga, and
24 your clinical practice at University Suburban,
25 have we pretty much covered your professional

1 activities currently?

2 A. Yes.

3 Q. Do you have privileges here at Metro?

4 A. No, not currently.

5 Q. When did you last have privileges
6 here?

7 A. In October, the year 2000.

8 Q. At that time, did your relationship
9 with Geauga Hospital start?

10 A. No.

11 Q. Had it already existed?

12 A. Yes.

13 Q. What caused you to terminate your
14 privileges here at Metro?

15 A. My position at Metro had always been
16 part time. They offered me a full-time
17 position. They really wanted full-time people
18 in pulmonary and I was unwilling to make that
19 type of commitment. It would've meant giving up
20 my research.

21 Q. So did you resign then in October?

22 A. Yes.

23 Q. Is that the only reason that you no
24 longer have part-time privileges here?

25 A. Well, I have privileges at University

1 Hospitals and they don't allow you to have
2 privileges at both institutions, so that's the
3 major reason. Actually, some of my research
4 involves patients and so I do have some
5 relationship with the hospital on that basis.

6 Q. Metro?

7 A. Yes.

8 Q. Is any of your research published?

9 A. Yes, it is.

10 Q. So this is ongoing research
11 projects --

12 A. Yes.

13 Q. -- in the area of respiratory muscle
14 physiology?

15 A. Yes.

16 Q. Aside from University Hospitals, and,
17 obviously, Geauga, do you have any privileges at
18 any other hospitals?

19 A. Yes. At Bedford Hospital.

20 Q. Any other hospitals?

21 A. V.A. Medical Center.

22 Q. Any others, doctor?

23 A. No.

24 Q. Do you currently see patients at
25 Bedford or the V.A.?

1 A. Not at the V.A. I see a few
2 patients at Bedford. Not very much.

3 Q. You are a pulmonary specialist; is
4 that correct?

5 A. Yes.

6 Q. Are you board certified in pulmonary
7 medicine?

8 A. Yes, I am.

9 Q. Do you have any other board
10 certifications?

11 A. Internal medicine and critical care
12 medicine.

13 Q. Do you happen to have a copy of your
14 CV with you today?

15 A. I don't.

16 Q. Is that something that you could make
17 available to Ms. Henry and she then would
18 forward it to me?

19 A. Certainly.

20 Q. Does your CV list all of your
21 publications?

22 A. Yes, it does.

23 Q. Give me an idea, not by title, but by
24 number, approximately how many publications you
25 have.

1 A. There is actual manuscripts,
2 approximately, guessing, maybe 80, 85. And
3 there are abstracts, probably 125 or 130. Book
4 chapters, four or five of those.

5 Q. How about any books?

6 A. I have chapters in books, but I
7 haven't written any whole books.

8 Q. Ever had your deposition taken
9 before, sir?

10 A. Yes.

11 Q. Tell me on how many occasions that
12 has happened.

13 A. I don't know exactly, but I have done
14 depositions for other -- I have been involved in
15 other physicians' malpractice cases and I have
16 given depositions in those circumstances.

17 Q. So you have served as an expert
18 witness in medical malpractice cases?

19 A. Yes, I have.

20 Q. By your last answer, I assume that
21 you've appeared as an expert on behalf of other
22 physicians that have been sued for malpractice?

23 A. Yes.

24 Q. Give me an idea of how many times
25 your deposition has been taken as an expert.

1 A. I am guessing, but I would say maybe
2 approximately five or six times.

3 Q. Have you ever served as an expert
4 witness on behalf of a patient bringing a claim
5 against a physician?

6 A. Yes.

7 Q. Has your deposition ever been taken
8 in that capacity?

9 A. Yes.

10 Q. The same question, on how many
11 occasions?

12 A. I am guessing. Maybe three.

13 Q. When is the last time your deposition
14 was taken?

15 A. I don't remember exactly. I would
16 say -- I can't remember giving one in the past
17 year, so it's more than a year ago.

18 Q. Do you have any depositions currently
19 scheduled?

20 A. There is one case and I believe there
21 may be a deposition next week on the case.

22 Q. Are you an expert witness in that?

23 A. An expert witness, yes.

24 Q. For the defendant or the plaintiff?

25 A. For the defendant.

1 Q. Have you ever been named as a party
2 defendant, with the exception of this case, in a
3 malpractice case?

4 A. Yes.

5 Q. On how many occasions?

6 A. There have been several, but I can't
7 give you an exact number. Six, approximately
8 six or seven, something like that.

9 Q. Would all of the cases be in the
10 Cuyahoga County area or emanating from Cuyahoga
11 County situations?

12 A. And Geauga County.

13 Q. Are any of those six cases currently
14 pending, to your knowledge?

15 A. Yes, there is two cases other than
16 this one.

17 Q. So you are currently, to your
18 knowledge, named as a defendant in three medical
19 negligence cases?

20 A. Right.

21 Q. This case involving Elsie Parsons
22 obviously involves an issue on a patient who was
23 on Heparin therapy and was being treated in the
24 intensive care unit and then subsequently
25 developed a bleed and died. Is that a fair sort

1 of a global statement?

2 A. Yes.

3 Q. Obviously, she had some other medical
4 issues, but we will talk about those.

5 The other cases that you are
6 currently named as a defendant, do they have any
7 similar issues from a medical standpoint to
8 those which you understand to exist in the Elsie
9 Parsons case?

10 A. No, they don't.

11 Q. Have you ever served as an expert
12 witness in any cases involving issues of
13 patients that developed a suspected bleed that
14 were on any type of thrombolytic or coagulation
15 therapy?

16 A. No.

17 Q. Have you ever written book chapters,
18 manuscripts, et cetera, on any issues that would
19 be relevant or pertinent to the issues that you
20 believe are applicable to this case?

21 A. No.

22 Q. So, when I do look at your CV -- and
23 I promise, I will -- and look at the various
24 articles, book chapters, et cetera, there isn't
25 anything that you would rely upon as being

1 supportive of any of the medical issues in this
2 case?

3 A. No.

4 Q. My statement is accurate?

5 A. Your statement is accurate.

6 Q. Thank you.

7 Have any of the cases where you have
8 been named as a defendant ever gone to trial?

9 A. One case, yes.

10 Q. And would that have been in Cuyahoga
11 County?

12 A. Yes.

13 Q. At the time that you were an
14 attending and Elsie Parsons was in the intensive
15 care unit, you were an employee here at Metro?

16 A. Yes.

17 Q. Did you have any other professional
18 associations back in September of 1999 at the
19 point in time that you were an attending at
20 MetroHealth?

21 A. As an employee?

22 Q. Well, maybe my question wasn't
23 carefully worded. You have been involved with
24 the research for 20 years.

25 A. Yes.

1 Q. You have been involved in teaching
2 for 20 years.

3 A. Yes.

4 Q. If we put aside those activities, and
5 I was asking you back in September of 1999 about
6 your professional time, would you say that other
7 than those activities; i.e., an employee of
8 MetroHealth Medical Center --

9 A. I also had a practice, a private
10 practice at that time, not at University
11 Suburban but at Geauga Hospital.

12 Q. The same location that you currently
13 have?

14 A. Yes.

15 Q. When you were seeing Elsie Parsons,
16 though, it had no relationship with your
17 independent clinical practice; correct?

18 A. I'm not sure I understand your
19 question.

20 Q. When you were the attending here at
21 MetroHealth and Elsie was in the intensive care
22 unit, your association with Elsie on a
23 physician/patient relationship was as an
24 employee at MetroHealth as opposed to an
25 independent contractor?

1 A. As an employee of MetroHealth.

2 (Discussion off the record.)

3 Q. The practice in Geauga, is it a solo
4 practice or do you have others that you practice
5 with?

6 A. I have people who cover for me, but
7 for the most part, it's a solo practice.

8 Q. You don't have any partners or
9 associates?

10 A. I have a partner who we share
11 coverage.

12 Q. What is your partner's name?

13 A. Jeffrey Renston.

14 Q. Was Dr. Renston also your partner
15 back in September of '99?

16 A. No, he wasn't at that time.

17 Q. Did you have any partners back then?

18 A. No.

19 Q. Your practice at 1611 South Green, is
20 it a solo practice or do you have partners?

21 A. I have a partner.

22 Q. Who is that?

23 A. Dr. Renston.

24 Q. Dr. Renston wasn't involved in any of
25 the clinical aspects of the treatment of Elsie

1 Parsons back in September of '99, was he?

2 A. No, he was not.

3 Q. I take it you have never had your
4 privileges to practice medicine suspended,
5 revoked, or called into question; is that true?

6 A. Yes.

7 Q. Ever submitted an application for
8 privileges to a hospital and been denied?

9 MS. HENRY: I'm going to object.
10 That is within privilege, but he can go ahead
11 and answer for the purposes of this so we don't
12 have to go to the court and waste all sorts of
13 time.

14 A. The question again?

15 Q. Have you ever submitted application
16 for privileges and been denied?

17 A. No, I don't believe so.

18 Q. I'm going to move now to talking to
19 you about your involvement in Elsie Parsons'
20 care. Sound like a reasonable approach?

21 A. Yes.

22 Q. Let me ask you this. First, I take
23 it you have had a chance to review the chart in
24 preparation for today's deposition; true?

25 A. Yes.

1 Q. Have you reviewed anything else other
2 than Elsie Parsons' chart to prepare yourself
3 for this deposition?

4 A. No.

5 Q. Have you reviewed any policies or
6 procedures from MetroHealth Medical Center that
7 have been presented to you by anyone relating to
8 the Elsie Parsons case?

9 A. No, I haven't.

10 Q. Have you talked with any physicians
11 that were involved in any aspect of the care of
12 Elsie?

13 A. No, I haven't.

14 Q. We are going to talk about a number
15 of physicians and I want to try to get a pretty
16 good overview of who some of these people were,
17 and hopefully you will be able to help me with
18 that. But generally speaking, do you have a
19 recollection of this patient?

20 A. Yes.

21 Q. Back in September of 1999, you have
22 already told me about your clinical practice and
23 what else you were doing. How much time were
24 you spending at MetroHealth back in September of
25 '99?

1 A. You mean hours per day?

2 Q. Well, whatever is the easiest for
3 you.

4 A. I was here between 40 and 50 hours a
5 week.

6 Q. Were you working in the medical
7 intensive care unit or were you seeing patients
8 throughout the hospital?

9 A. At what time period?

10 Q. In September of '99.

11 A. I was covering the intensive care
12 unit.

13 Q. And specifically the medical
14 intensive care unit or all ICU's?

15 A. No, only the medical ICU.

16 Q. And for a simple mind like mine, when
17 you say that you were covering the medical
18 intensive care unit, what does that mean in
19 simple parlance?

20 A. I was the attending physician of
21 record for that month.

22 Q. Were you the attending during the day
23 or the night, or a combination?

24 A. We had a call schedule, and the
25 pulmonologist in the pulmonary division would

1 rotate depending on the weekend or weekday, so
2 there would be days and nights when I would
3 cover and other times when another physician
4 would cover certain nights or weekends.

5 Q. You had a number of residents that
6 were also seeing the patient at various times
7 during that month; true?

8 A. True.

9 Q. And these residents, and I think also
10 some medical students that were involved, were
11 ultimately under your supervision; true?

12 A. Some were.

13 Q. Were some under the supervision of
14 someone else?

15 A. Yes.

16 Q. Can you help me out in terms of who
17 was under the supervision of someone else?

18 A. Well, there were also consultants
19 that were called into her case, and a consulting
20 service may also be students working with those
21 particular consultants who may see the patient,
22 and those particular students would not be under
23 my direction.

24 Q. When we delve into the chart, we will
25 revisit this in terms of who the various

1 students and residents were and whether or not
2 they were under your supervision --

3 A. Okay.

4 Q. -- rather than just having you off
5 the top of your head tell me who was and who
6 wasn't, okay?

7 A. Okay.

8 Q. It's my understanding that
9 Dr. Auckley was also involved as an attending at
10 one point in time when Elsie was admitted to the
11 hospital; is that true?

12 A. Yes.

13 Q. Did you take over as the attending
14 for Dr. Auckley?

15 A. I believe so, yes.

16 Q. Can you tell me, was he her attending
17 from the time of her admission to the ICU up to
18 a particular date and time at which point you
19 became the attending?

20 A. That's true.

21 Q. Can you tell me when the division
22 occurred when Dr. Auckley was no longer the
23 attending?

24 A. I would have to review the chart to
25 know exactly what date that was.

1 Q. Please. It's not a memory contest.
2 For the balance of my questions, you can have
3 your hands in the chart as you feel necessary.

4 A. September 8th. And at that point,
5 she was admitted under the care of Dr. Auckley.

6 My first was September 11th, so the
7 care was transferred to my service on that date.

8 Q. Do you know the reason that that
9 occurred?

10 A. I don't.

11 Q. Is that unusual for the transfer of
12 attendings in the middle of the month to take
13 place?

14 A. Not that unusual, no.

15 Q. When you say not that unusual, that's
16 almost like being kind of pregnant. Does it
17 happen?

18 A. It happens.

19 Q. So simply because it occurred in the
20 middle of the month, there shouldn't be any
21 conclusions or questions raised as to why
22 Dr. Auckley was off and you were on?

23 A. Right. There is no significance to
24 that.

25 Q. Do you know in this particular case

1 whether there is anything that took place with
2 regard to Dr. Auckley's position here at the
3 hospital that caused him to no longer be the
4 attending and you became the attending?

5 A. Not that I'm aware of.

6 Q. Is Dr. Auckley still here at the
7 hospital?

8 A. Yes, he is.

9 Q. And he is a pulmonologist, as well?

10 A. Yes.

11 Q. Besides the chart, doctor, is there
12 anything else that you have had occasion to
13 review that in any way relates to Elsie Parsons?

14 A. No.

15 Q. You've answered very directly when I
16 asked you before whether you remember the
17 patient. Without reviewing the chart, are you
18 able to recall the patient?

19 A. Yes.

20 Q. This may be somewhat of a broad
21 question and I'm not trying to be unfair with
22 regard to the question, but can you tell me what
23 it is about the patient that you are able to
24 remember, recognizing that I'm sure you see a
25 lot of patients and it's been a couple years

1 since this incident happened.

2 A. What I recall is that I had seen her.
3 I usually make rounds both in the morning and
4 stop back in the late afternoon or the early
5 evening to review the patients. And I recall
6 that we had a change in lab value and I remember
7 looking at her.

8 Q. A change in what?

9 A. One of the lab values. Her blood
10 count had changed.

11 Q. What day was that?

12 A. On the 14th. And I also reviewed the
13 case with the resident and what the plan of care
14 would be. I was very surprised the next morning
15 to learn that she had expired.

16 Q. Do you recall what time it was that
17 you stopped back and became aware of the change
18 in lab values?

19 A. It was late afternoon. I don't
20 recall the exact time.

21 Q. Do you recall what time it was that
22 you had conversation with or reviewed the change
23 in lab values with one of the residents?

24 A. I recall it was late afternoon, but I
25 don't recall anything more specific than that.

1 Q. Is there anything reflected in the
2 record in the late afternoon of September 14th,
3 1999, that would confirm that you were made
4 aware of the change in lab values?

5 A. I think my notes of September 14th.
6 My note, anemia, recent fallen hematocrit.

7 Q. We are going to talk about your notes
8 themselves. The note that you are just
9 referring to now, would that be a late afternoon
10 note?

11 A. I don't recall.

12 Q. It's not timed, is it?

13 A. No.

14 Q. The normal practice here at
15 MetroHealth is to date and to time progress
16 notes; correct?

17 A. No, not necessarily. At least it
18 wasn't at that time in 1999.

19 Q. Is it fair to say, though, that --
20 let me withdraw that.

21 Can you tell me whether or not this
22 note that you just referenced corresponds with
23 an afternoon visit as opposed to a morning
24 visit?

25 A. I don't recall.

1 Q. The review with the resident of the
2 change in lab values, is that reflected anywhere
3 in any of your progress notes?

4 A. Not a specific progress note. There
5 is no mention of any review with the residents.
6 But my practice is to review every case with the
7 resident on a daily basis.

8 Q. Fair enough. However, is there
9 anything that would confirm that you reviewed
10 with the resident the change in lab values in
11 the afternoon, separate and apart from, perhaps,
12 whatever review you had had with the residents
13 that morning of September 14th?

14 A. Well, my recollection is the lab
15 value actually returned in the afternoon. So it
16 would have had to have been in the afternoon.

17 Q. Do you recall that the lab values for
18 the hematocrit and hemoglobin the morning of
19 September 14th were down from the values for the
20 hematocrit and hemoglobin from the day before?

21 A. I reviewed this and my review showed
22 that the hematocrit was in the same range that
23 they had been over the past several days.

24 Q. There had been a trend downward,
25 though, had there not?

1 A. Based upon that morning's value, I
2 didn't think there was, no.

3 Q. On the basis of just raw numbers,
4 when you look back at the hemoglobin,
5 hematocrit, going back from the 10th up through
6 the early morning of the 14th, just on raw
7 numbers, the hemoglobin was trending downward,
8 not necessarily significantly, but there was a
9 trend downward.

10 A. My recollection was that they were
11 not significant changes, so I wouldn't attribute
12 any trend to them.

13 Q. I am not. Perhaps trend may not be
14 the greatest term. But the lab values were
15 going down as opposed -- the hemoglobin we will
16 talk about was going down as opposed to
17 increasing?

18 A. We always look at the hematocrits and
19 the hemoglobin together.

20 Q. Okay.

21 A. And in my review, I did not see that
22 there was a significant trend in either
23 direction.

24 Q. And again, I'm not using the term
25 significant and I'm not using --

1 A. I don't attribute any real change
2 unless it's significant.

3 Q. Can we agree, just so I can move on
4 to my next thought process here, that
5 significant or not, trend or not, if one just
6 looks at the complete blood count from the 10th
7 to the early morning of the 14th, the hematocrit
8 and hemoglobin values were lower on each lab
9 report?

10 A. I would have to look at them.

11 MS. HENRY: What dates are we talking
12 about, Howard?

13 MR. MISHKIND: On the sheet, I think
14 from the 11th to the 14th.

15 (Pause.)

16 A. Over those three days, they are lower
17 each day.

18 Q. That was my only question.

19 I understand in fairness to you,
20 doctor, you don't feel that the drop in the
21 hematocrit and hemoglobin over those days up to
22 the early morning of the 14th was significant;
23 true?

24 A. True.

25 Q. And you don't feel that the drop in

1 hematocrit and hemoglobin over those three days
2 represents a trend; true?

3 A. True.

4 Q. Just in raw numbers, though, the
5 hemoglobin and hematocrit were going down in
6 absolute numbers; true?

7 A. True. The reason is that -- on the
8 9th it was 30. And that's why if you look at
9 the whole picture, not just those three days,
10 you will see that there is two or three days
11 where the hematocrit is rising and two or three
12 days falling, but all within a very narrow
13 range, and that's why I don't attribute any
14 significance to them.

15 Q. Now, the review that you had with the
16 resident concerning the lab values, that's the
17 lab values that came back in the afternoon of
18 the 14th as opposed to the lab values from the
19 morning of the 14th; true?

20 A. I would have reviewed both, probably.

21 Q. And obviously, you would have
22 appreciated a significant drop from the morning
23 labs to the afternoon labs --

24 A. Yes.

25 Q. -- concerning drop in hematocrit and

1 hemoglobin; true?

2 A. True.

3 Q. Something that needed to be
4 investigated; true?

5 A. True.

6 Q. Something that could represent
7 evidence of a bleed; true?

8 A. True.

9 Q. And especially a patient that's on
10 blood thinners, you have to be on heightened
11 alert for the possibility of some type of a
12 hemorrhagic event taking place; true?

13 A. True.

14 Q. Now, the review that you remember
15 with the resident, is that something that you
16 remember independent of the record, actually
17 having the review with that particular resident?

18 A. Yes.

19 Q. So we are not going to see anything
20 noted in the record that Dr. DiMarco talked with
21 the resident and came up with some treatment
22 plan. It's just something that you remember
23 happening that's not recorded in the record; is
24 that true?

25 A. That's true.

1 Q. And the reason I'm asking these
2 questions, I want to find out what it is that
3 you remember that for whatever reason is not
4 recorded in the record as opposed to something
5 that you remember, and it just so happens to
6 also be recorded in the record. Do you follow
7 the difference?

8 A. Yes.

9 Q. Is there anything else that you
10 remember about this patient in terms of your
11 involvement in her care that's not recorded in
12 the record?

13 A. I remember talking about getting a
14 CAT scan of her abdomen.

15 Q. All right. That conversation that
16 you had about getting a CAT scan would have been
17 with the resident?

18 A. Yes.

19 Q. And would that have been sometime on
20 your return?

21 A. Yes.

22 Q. On the 14th?

23 A. Yes.

24 Q. Sometime in the afternoon?

25 A. Yes.

1 Q. Are you able to give me an
2 approximation based upon your custom and
3 practice as to when this probably was?

4 A. I don't recall.

5 (Telephone interruption.)

6 (Discussion off the record.)

7 - - - - -

8 (Deposition adjourned at 3:45 p.m.)

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CERTIFICATE

State of Ohio,

SS:

County of Cuyahoga.

I, Vivian L. Gordon, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named ANTHONY DiMARCO, M.D. was by me first duly sworn to testify to the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony as above set forth was by me reduced to stenotypy, afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony.

I do further certify that this deposition was taken at the time and place specified and was adjourned; that I am not a relative or attorney for either party or otherwise interested in the event of this action. I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 11th day of February, 2002.



Vivian L. Gordon, Notary Public
Within and for the State of Ohio

My commission expires June 8, 2004.

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