

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

3                   - - - - -

4       NADIRAH D. MALIK, etc.,  
5               Plaintiff,

6                   vs                               Case No. 443949  
  Judge Russo

7       MERIDIA HEALTH SYSTEMS,  
      et al.,

8  
                      Defendants.

9  
10                   - - - - -

11       DEPOSITION OF REGINALD P. DICKERSON, M.D.  
12               WEDNESDAY, JANUARY 16, 2002

13                   - - - - -

14       Deposition of REGINALD P. DICKERSON, M.D.,  
15       a Defendant herein, called by counsel on behalf  
16       of the Plaintiff for examination under the  
17       statute, taken before me, Vivian L. Gordon, a  
18       Registered Diplomate Reporter and Notary Public  
19       in and for the State of Ohio, pursuant to  
20       agreement of counsel, at the offices of Ulmer &  
21       Berne, 900 Penton Media Building, Cleveland,  
22       Ohio, commencing at 5:30 p.m. on the day and  
23       date above set forth.

24  
25

1 APPEARANCES:

2

On behalf of the Plaintiff

3

Becker & Mishkind

HOWARD D. MISHKIND, ESQ.

4

Skylight Office Tower Suite 660

Cleveland, Ohio 44113

5

216-241-2600

6

On behalf of the Defendant Meridia Health  
Systems

7

Reminger & Reminger

JOSEPH FARCHIONE, ESQ.

8

The 113 St. Clair Building

Cleveland, Ohio 44113

9

216-687-1311

10

On behalf of the Defendant D'Hue

Reminger & Reminger

11

ERIN HESS, ESQ.

The 113 St. Clair Building

12

Cleveland, Ohio 44113

216-687-1311

13

On behalf of the Defendant Dickerson

14

Ulmer & Berne

MURRAY LENSON, ESQ.

15

900 Penton Media Building

Cleveland, Ohio 44115

16

216-621-8400

17

- - - - -

18

19

20

21

22

23

24

25

1           REGINALD P. DICKERSON, 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 REGINALD P. DICKERSON, M.D.

7   BY MR. MISHKIND:

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

10          A.     Reginald P. Dickerson, M.D.

11          Q.     You are a cardiologist; is that true?

12          A.     Correct.

13          Q.     Dr. Dickerson, my name is Howard  
14   Mishkind. I'm going to be asking you some  
15   questions about your background and then I will  
16   talk to you about Mr. Edwards with regard to  
17   your treatment of him.

18          A.     Okay.

19                 MR. MISHKIND: Do you have a CV for  
20   the doctor?

21                 MR. LENSON: He has it. He didn't  
22   bring it. We will get it to you.

23          Q.     Where is your office located, doctor?

24          A.     5 Severance Circle, number 205,  
25   Cleveland Heights, Ohio.

1 Q. How long have you been there?

2 A. Approximately 18 years, with a hiatus  
3 of one or two years that I was at another  
4 address.

5 Q. What hospitals do you get privileges  
6 at?

7 A. Currently, Huron Hospital, South  
8 Pointe Hospital, Hillcrest Hospital.

9 Q. Have you ever had your privileges at  
10 any hospital suspended or revoked?

11 A. No.

12 Q. Or applied for privileges to a  
13 hospital and been denied?

14 A. No.

15 Q. Are you board certified?

16 A. Yes.

17 Q. Which boards?

18 A. American Board of Internal Medicine  
19 and American Board of Internal Medicine/  
20 Cardiology.

21 Q. How long have you been board  
22 certified in both of those areas?

23 A. The internal medicine examination and  
24 certification commenced in '91 and the  
25 cardiology certification commenced in '93.

1 Q. When you say commenced, what do you  
2 mean by that?

3 A. Basically, that's when I completed  
4 the certification examination.

5 Q. Were you successful in becoming  
6 certified, board certified in both areas, on  
7 your first attempt?

8 A. No.

9 Q. Let's talk about internal medicine.  
10 How many attempts did you make?

11 A. I took the internal medicine boards  
12 three times.

13 Q. And the cardiology boards?

14 A. Once.

15 Q. Did you have to participate in any  
16 additional residency training --

17 A. No.

18 Q. -- before being able to take the  
19 internal medicine boards again?

20 A. No.

21 Q. I know sometimes there is a  
22 requirement that you go back for further  
23 training, but that wasn't the situation?

24 A. There was no stipulations, no.

25 Q. I reviewed the interrogatory answers

1     that you provided through Mr. Lenson and I know  
2     that you indicated that you have been named as a  
3     defendant in medical negligence cases before.

4     I'm not sure that you gave me in the  
5     interrogatory answers the number of times. So I  
6     am going to ask you a few questions about that.  
7     I'm not going to repeat that which you already  
8     answered in the interrogatories, but tell me how  
9     many times you have been named as a defendant.

10                 MR. LENSON: Object. You can answer,  
11     doctor.

12                 MR. MISHKIND: You can have a  
13     continuing objection.

14                 Q. Go ahead and answer.

15                 A. To my recollection, twice.

16                 Q. This is the third situation that you  
17     have been named as a defendant?

18                 A. Correct.

19                 Q. The one case that you referenced. I  
20     don't know if I have the interrogatories with  
21     me.

22                 MR. LENSON: Let me show the doctor.  
23     There it is.

24                 THE WITNESS: Okay, yes.

25                 MR. MISHKIND: If I could see that

1 for a second, just borrow Mr. Lenson's copy.

2 Q. Let me give you the opportunity, is  
3 there any clarification you need to make on the  
4 record given this interrogatory answer to your  
5 previous answer?

6 A. Yes. There is a discrepancy. That  
7 says one and I have two. There is a  
8 recollection of one other case that was settled,  
9 and those are the only two cases.

10 Q. All right. The one that is  
11 referenced here, Diana Seliga, S-E-L-I-G-A, was  
12 settled in 1991?

13 A. Correct.

14 Q. And that's an accurate statement?

15 A. Yes.

16 Q. The other lawsuit against you was  
17 dismissed?

18 MR. LENSON: Howard, to clarify, I  
19 believe there was one other that he just now  
20 told me about that was settled. All others have  
21 been dismissed, without compensation.

22 MR. MISHKIND: So there were three  
23 lawsuits before --

24 MR. LENSON: There may be more, but  
25 all of them were dismissed, other than Seliga

1 and the one he is about to tell you about.

2 Q. Doctor, what I want to ask you about  
3 is how many times have you been named as a  
4 defendant where you have been served with papers  
5 for court, whether they were dismissed or  
6 payments made or trials occurred, just how many  
7 times in total, including or excluding this  
8 case?

9 A. I don't have an exact number, but I  
10 would approximate four to five.

11 Q. And the four to five would include  
12 the Edwards' matter or would that now make it an  
13 additional five to six?

14 A. Five to six.

15 Q. Just so I don't mischaracterize your  
16 testimony, I think you told me that there have  
17 been two cases that were settled with payments  
18 made?

19 A. Correct.

20 Q. One is the Seliga matter?

21 A. Correct.

22 Q. Do you remember the name of the other  
23 case?

24 A. I think the name is Brandice.

25 Q. Do you remember the subject matter of



1 the Brandice case?

2 A. Yes.

3 Q. What was it, please?

4 A. Brandice, this was an individual that  
5 had coronary bypass surgery that expired in the  
6 postoperative period.

7 Q. Are you an invasive cardiologist?

8 A. Yes.

9 Q. Do you do bypass?

10 A. No.

11 Q. Do you do heart catherizations?

12 A. Correct.

13 Q. Were you managing the patient -- was  
14 it Mr. Brandice?

15 A. No, it was a woman.

16 Q. Mrs. Brandice?

17 A. Yes.

18 Q. Were you managing her care in the  
19 postoperative period after the CABG was done?

20 A. The postoperative care delivered to  
21 virtually all post coronary bypass surgery  
22 patients is given by the surgeons, by the  
23 cardiac surgeon.

24 Q. The Brandice case, as it relates to  
25 you, was settled with some monetary payment

1 being made on your behalf; true?

2 A. Correct.

3 Q. How long ago was the Brandice case?

4 A. Prior to the Seliga case. I don't  
5 know the exact date, but prior to.

6 Q. The Seliga case you had was settled  
7 in '91, so sometime before '91, the Brandice  
8 case?

9 A. Yes.

10 Q. And those are the only two that you  
11 were involved in where payments were made on  
12 your behalf?

13 A. Correct.

14 Q. Are you currently named as a  
15 defendant in any other cases besides this case?

16 A. No.

17 Q. So the other cases, the three or  
18 four, whatever number that have been filed  
19 against you, have all eventually been dismissed  
20 without payments being made?

21 A. Correct.

22 Q. Did any of those cases go to trial?

23 A. That, I don't know.

24 Q. Were you ever in a courtroom  
25 defending yourself before a jury or a judge on

1 any malpractice case?

2 A. No.

3 Q. Did any of those cases involve issues  
4 concerning -- and I'll break it down --  
5 preoperative clearance for a cardiac patient  
6 undergoing a noncardiac surgery?

7 A. No.

8 Q. Did any of those cases involve  
9 postoperative management of a patient, one of  
10 your patients that had undergone noncardiac  
11 surgery?

12 A. No.

13 Q. I'm going to get your CV, so I will  
14 very quickly skim over a couple things with you.

15 You went to medical school where,  
16 sir?

17 A. Hahnemann Medical School.

18 Q. Graduated what year?

19 A. 1977.

20 Q. Your practice at Severance Circle, is  
21 it a solo practice?

22 A. Correct.

23 Q. And pretty much has that been your  
24 practice over the years?

25 A. Yes.

1 Q. So when Mr. Edwards was a patient of  
2 yours, going back a number of years, and he  
3 would see you in the office, would he be seen  
4 exclusively by you? When I say that, if there  
5 were any physician interactions, was it always  
6 by you?

7 A. Yes, always me.

8 Q. Have you done any publishing of  
9 anything in the medical literature?

10 A. Yes.

11 Q. How many articles or book chapters  
12 have you published?

13 A. Approximately three articles which  
14 were case reports.

15 Q. And are they delineated on your CV?

16 A. At least one is.

17 Q. Tell me about the articles.

18 A. One article was Conduction  
19 Abnormalities in a Patient with Cancer. Another  
20 article I was a co-author, the Significance of  
21 Elevated Troponin Level in Patients with  
22 Congestive Heart Failure and Systemic  
23 Hypertension.

24 Q. The Conduction Abnormalities in a  
25 Patient with Cancer, what type of cancer was

1     that?

2           A.     Lung cancer, as I recall.

3           Q.     Where was that article published?

4           A.     Journal of Cancer. I would have to  
5     get that reference for you.

6           Q.     Would that be difficult for you to  
7     provide Mr. Lenson with when you provide him  
8     with a CV?

9           A.     It would take some time.

10          Q.     Do you know what year it was  
11     published?

12          A.     Approximately 1986 to '88.

13                 MR. LENSON: Is it on your CV,  
14     doctor?

15                 THE WITNESS: That one is not. I  
16     don't think so, no.

17          Q.     Were you the lead author on that?

18          A.     No.

19          Q.     Who was the lead author?

20          A.     Dr. Hassan Tahsildar.

21                 MR. LENSON: He is an oncologist.

22                 MR. MISHKIND: Where does the doctor  
23     practice?

24                 MR. LENSON: Lake County.

25                 MR. MISHKIND: Can you spell his last

1 name for me?

2 MR. LENSON: T-A-H-S-I-L-D-A-R.

3 MR. MISHKIND: Hassan?

4 MR. LENSON: Yes.

5 MR. MISHKIND: Thank you.

6 Q. The second article that you  
7 referenced, what was that published in?

8 A. That article is currently being  
9 submitted to various journals. The lead author  
10 is currently a research fellow at Cleveland  
11 Clinic.

12 Q. What is his name?

13 A. His name is George -- I'm blocking  
14 his name. I'm sorry, I'm blocking his name. It  
15 will come to me.

16 Q. If you think of it during the --

17 A. Angeliu A-N-G-E-L-I-U or something  
18 like that.

19 Q. The third article is the one that's  
20 referenced in your CV?

21 A. This is the article that's referenced  
22 in the CV.

23 The third article, again, this is my  
24 recollection. I'm not a prolific writer, as you  
25 can see.

1 Q. What is the third article on?

2 A. I could not elucidate that at this  
3 point in time.

4 Q. Have you done any research at all in  
5 preparation for today's deposition?

6 A. No.

7 Q. Are you relying on any articles with  
8 regard to your preoperative clearance of  
9 Mr. Edwards in terms of what you did in this  
10 case?

11 A. Not specific articles, but general,  
12 you know, cardiology principles and the  
13 referenced textbooks.

14 Q. Which referenced textbooks would you  
15 be relying on?

16 A. Hurst, and also the various  
17 guidelines that are produced by American College  
18 of Cardiology and American Heart Association.

19 Q. Which specific guidelines do you  
20 believe to be relevant to this case?

21 A. The guidelines that reference  
22 perioperative management of cardiac patients for  
23 noncardiac surgery.

24 Q. Any other guidelines that you believe  
25 to be relevant to this case?

1 A. No.

2 Q. Do you believe the guidelines on  
3 perioperative management of cardiac patients for  
4 noncardiac surgeries to be a reasonably reliable  
5 source of information as it relates to what is  
6 expected of a cardiologist?

7 A. Yes.

8 Q. Dr. D'Hue was the surgeon?

9 A. Correct.

10 Q. You provided clearance, medical  
11 clearance for Mr. Edwards; true?

12 A. Cardiology clearance, yes.

13 Q. You had been Mr. Edwards'  
14 cardiologist for a number of years?

15 A. Correct.

16 Q. I see that he had had coronary artery  
17 bypass surgery years back?

18 A. Correct.

19 Q. I now know that you were not the  
20 surgeon to do that.

21 A. I was not.

22 Q. Do you recall who the surgeon was?

23 A. Dr. Thomas Santoscoy.

24 MR. LENSON: O-Y.

25 Q. Where did he do the surgery?



1 A. Huron Hospital.

2 Q. Have you talked to Dr. D'Hue at all  
3 about the Molvin Edwards case?

4 A. No.

5 Q. Since the time the lawsuit was filed,  
6 the answer is no?

7 A. No.

8 Q. What about since the time that  
9 Mr. Edwards passed away, have you talked to  
10 Dr. D'Hue at all about --

11 A. Only that he expired.

12 Q. When did you learn that Mr. Edwards  
13 had passed away?

14 A. To my recollection, I was called that  
15 he had arrested.

16 MR. LENSON: I think he is asking  
17 when, too, doctor, if you remember.

18 THE WITNESS: I do not remember the  
19 date.

20 Q. There is a reference on the code  
21 sheet to notification of physicians and your  
22 name is on there.

23 A. Okay.

24 Q. Do you have a recollection of being  
25 notified at or around the time that the code had

1     been completed and he had expired?

2           A.     I can't attest to when I received the  
3     call relative to what the events in the hospital  
4     were, but I do recall getting a call.

5           Q.     Any recollection as to who the call  
6     came from?

7           A.     Not really.

8           Q.     Was it a nurse or a physician?

9           A.     I can't really say.

10          Q.     Did you make any type of notation in  
11     your chart or your records concerning that  
12     telephone call?

13          A.     No.

14          Q.     Mr. Lenson permitted me to look  
15     through your office records and you have them in  
16     front of you; correct?

17          A.     Correct.

18          Q.     Or to your side. Feel free to  
19     reference them during the course of the  
20     deposition.

21                     Is that a complete set of records on  
22     Mr. Edwards?

23          A.     A complete set of office records. I  
24     cannot attest to anything that happened in the  
25     hospital. It may not be contained here.

1           Q.     Has there been anything removed from  
2     that file that relates to medical treatment of  
3     Mr. Edwards?

4           A.     No.

5           Q.     Had you had an opportunity to treat  
6     any of Mr. Edwards' family over the years?

7           A.     No.

8           Q.     Did you ever meet his daughter, his  
9     granddaughter?

10           MR. LENSON:   Granddaughter?

11           MR. MISHKIND:   His daughter, I'm  
12     sorry.

13           A.     I met a daughter.   I'm not sure what  
14     her name is, but there was a daughter that  
15     consistently accompanied Mr. Edwards.

16           Q.     And did you meet any grandchildren?

17           A.     No.   Not that I recall.

18           Q.     After Mr. Edwards' death, did you  
19     have an opportunity to talk to any family  
20     members, daughter, granddaughter, or anyone  
21     identifying themselves as an Edwards family  
22     member?

23           A.     No.

24           Q.     Have you had any conversation at any  
25     time with any nurses or house physicians after

1 Mr. Edwards' death related in any way to the  
2 circumstances surrounding his death?

3 A. No.

4 Q. In your file, do you have copies of  
5 any of the hospital records for the admission  
6 for the cancer surgery leading up to the time of  
7 his death?

8 A. I'll have to refer.

9 Q. Okay.

10 A. I have the face sheet of the  
11 admission with the demographic data. I have a  
12 consultation.

13 MR. LENSON: From whom, doctor?

14 THE WITNESS: That was performed by  
15 my resident; that I saw and I reviewed both the  
16 documentation on the patient, and I also have a  
17 discharge summary from that admission.

18 Q. Let's talk about the consultation. I  
19 think you've indicated a resident; is that  
20 correct?

21 A. Correct.

22 Q. Did you see Mr. Edwards when he was  
23 in the hospital?

24 A. Yes, I did.

25 Q. If I could just see your copy just to

1 make sure I'm looking at the same thing.

2 MR. LENSON: That's not his consult.

3 MR. MISHKIND: Well, the consult  
4 sheet that he is referring to.

5 MR. LENSON: But that's not his. You  
6 asked if he had seen the patient in the  
7 hospital. And he said yes, and that would be a  
8 consult, but that's not the one.

9 Q. The report of consultation, I have a  
10 copy of it as well, so I wanted to make sure  
11 that we were referring to the same document.

12 A. But this is not my document that I  
13 provided when I saw the person personally.

14 Q. I understand that. The report of  
15 consultation that is written, where it says  
16 signature of consultant, whose name is that?

17 A. That's Dr. Sylvia Labes, L-A-B-E-S.

18 Q. And Dr. Labes was a resident?

19 A. Yes, she was.

20 Q. Was Dr. Labes working under your  
21 direction and control?

22 A. Yes.

23 Q. What year was she in her residency?

24 A. Obviously in 2000.

25 Q. What year of her program?

1           A.       I would have to get that  
2       documentation and reference that for you.

3           Q.       Is she still a resident that works  
4       under your --

5           A.       No, she is not. She finished her  
6       training and is in private practice now.

7           Q.       Private practice here in town?

8           A.       I don't think she is in town. I  
9       could find out where, but she is not in town.

10          Q.       Did she do all of her residency  
11       training under your tutelage, if you will?

12          A.       Well, she did all of her residency  
13       training at Huron Hospital.

14          Q.       And were you the principal attending  
15       under --

16          A.       I was an attending at that point in  
17       time, yes.

18          Q.       And certainly, when she did this  
19       consult, it was pursuant to your direction;  
20       correct?

21          A.       Correct.

22                   MR. LENSON: What's the date of that  
23       consult?

24                   MR. MISHKIND: Requested January 25  
25       and it is signed January 25.

1 (Discussion off the record.)

2 Q. You also wrote a progress note in the  
3 records; correct?

4 A. Correct.

5 Q. Is your progress note written January  
6 25?

7 A. Yes.

8 Q. If you want to get your progress note  
9 in front of you.

10 If I could just see it. Is this a  
11 copy of your progress note dated January 25?

12 A. To the best of my knowledge, yes.

13 Q. And your signature is in the lower  
14 right-hand corner?

15 A. Yes.

16 Q. Is that the only progress note that  
17 you have in the chart?

18 A. No.

19 Q. What other dates do you have progress  
20 notes?

21 A. I think it's January 27th.

22 Q. Before we talk about the  
23 hospitalization itself, I want to talk about  
24 Mr. Edwards' medical condition before he was  
25 cleared medically for the surgery.

1 A. Yes.

2 Q. I take it that you are not an expert  
3 in the area of this cancer?

4 A. Not at all.

5 Q. Do you have any knowledge as to  
6 Mr. Edwards' prognosis had he not died as it  
7 relates to the cancer?

8 A. As it relates to the cancer?

9 Q. Yes.

10 A. No, I do not.

11 MR. LENSON: Independently of talking  
12 to Dr. D'Hue or anybody?

13 MR. MISHKIND: Right.

14 MR. LENSON: In other words, do you  
15 have your own opinion or opinion based upon  
16 information provided by --

17 MR. MISHKIND: No.

18 Q. Do you have any expertise to comment  
19 on what Mr. Edwards' prognosis was relative to  
20 the cancer that he had?

21 A. No.

22 Q. Or what his prognosis was following  
23 the surgery in terms of any morbidity or  
24 mortality associated with this type of cancer?

25 A. No.



1           Q.     Now, because curiosity frequently  
2     killed the cat, I will ask you, have you had any  
3     conversations with Dr. D'Hue at any time prior  
4     to the lawsuit, since the lawsuit, where he has  
5     given you any indication as to Mr. Edwards'  
6     prognosis with this type of cancer?

7           A.     The only discussion that I had with  
8     Dr. D'Hue was that he needed clearance. He had  
9     oropharyngeal cancer -- the type, I do not  
10    know -- and that it appeared from the  
11    preliminary evaluation that it was localized to  
12    the site and that the surgery was being done for  
13    cure.

14          Q.     So that certainly sounds like good  
15    news going into surgery.

16          A.     If it was not for a curative  
17    procedure, I would not have cleared it.

18          Q.     Is that the only time that you had  
19    any conversation with Dr. D'Hue about  
20    Mr. Edwards and his prognosis prior to surgery  
21    or the kind of morbidity or mortality that he  
22    likely was going to be subjected to after  
23    undergoing this type of surgery?

24          A.     Yes.

25          Q.     Now, I have some questions for you

1 relative to -- I don't mean to jump around, but  
2 I'm going to go back before the hospitalization  
3 now and hopefully I will clear that out and then  
4 we will talk about the events that occurred at  
5 the hospital. Okay?

6 A. Okay.

7 Q. You had back in 1994 -- I'm looking  
8 specifically to August 19, 1994 if you want to  
9 take a look at your records. You had noted that  
10 if Mr. Edwards' symptoms were to recur, you  
11 would recommend a diagnostic cardiac cath. Do  
12 you see that?

13 A. Yes.

14 Q. After 1994, did you ever perform any  
15 diagnostic catheterizations?

16 A. If you just let me thumb through the  
17 records.

18 Q. Take your time.

19 (Pause.)

20 A. No, I did not.

21 Q. A, echo was performed in December of  
22 '95; true? December 18th?

23 A. Yes, December 18th, yes.

24 Q. And at that time, there were a number  
25 of findings, left ventricular dilatation, as

1 well as left ventricular dysfunction?

2 A. Yes.

3 Q. Also apparently some thickening of  
4 aortic stenosis and aortic insufficiency?

5 A. Yes.

6 Q. From 1995 up through 1999,  
7 Mr. Edwards would see you on a fairly regular  
8 basis for cardiac monitoring; is that correct?

9 A. Correct.

10 Q. Was he a compliant patient?

11 A. Yes, he was.

12 Q. Because he had been your patient as  
13 long as he had, I presume you remember  
14 Mr. Edwards?

15 A. Very well.

16 Q. I will ask this, because I don't want  
17 to assume anything. Did you have any  
18 interaction with Mr. Edwards on a social basis?

19 A. None.

20 Q. Did he ever invite you anywhere or  
21 you him?

22 A. I never invited him anywhere.  
23 Whether he invited me, I have no recollection,  
24 but that's very common.

25 Q. Was he a personable kind of

1 gentleman?

2 A. In terms of -- was he a nice guy?

3 Q. Was his affect flat, was he jovial,  
4 was he personable?

5 A. He was a normal person.

6 Q. Sometimes patients come in,  
7 especially cardiac patients, and they are always  
8 down and depressed and worried about their  
9 cardiac condition to the point where they hardly  
10 say anything.

11 Did he seem to be active and  
12 interacting with you?

13 A. Yes.

14 Q. Is there anything that stands out in  
15 your mind about Mr. Edwards in terms of anything  
16 that you would describe as negative in terms of  
17 how he complied with your medical treatment?

18 A. No.

19 Q. Or what he was doing relative to any  
20 noncardiac related matters that you were aware  
21 of?

22 A. I don't understand that.

23 Q. Was there anything that you saw from  
24 the standpoint of his overall health status that  
25 you were concerned about with regard to

1 Mr. Edwards, things that he was doing that he  
2 shouldn't have been doing?

3 A. My recollection is that he was a  
4 compliant individual. I was not his internist.

5 Q. Do you recall who his internist was?

6 A. The record shows.

7 MR. LENSEN: It may have changed, but  
8 to your best knowledge.

9 A. To my best knowledge, the record  
10 shows Dr. Andrew Jimerson at the time of at  
11 least the original cardiac catheterization and  
12 procedure.

13 Q. So if I can make a broad statement,  
14 from 1995 up until 1999, Mr. Edwards would see  
15 you on a fairly regular basis, he was compliant  
16 as far as you knew with his medical management,  
17 and he was a gentleman who basically lived  
18 independently. He wasn't in any type of an  
19 assisted living facility; he was able to  
20 function, as far as you knew?

21 A. Correct.

22 Q. He wasn't a cardiac cripple, if you  
23 will?

24 A. No.

25 Q. He had a lot of coronary artery

1 disease; correct?

2 A. Yes.

3 Q. He had hypertension, which he was  
4 medicated for; correct?

5 A. Let me just reference that.

6 (Pause.)

7 A. Yes, he had hypertension.

8 Q. And that was being managed with what  
9 medication?

10 A. He was on Accupril, 20 milligrams per  
11 day. Yes, he was on Accupril, 20 milligrams per  
12 day.

13 Q. Now, I touched on a moment ago the  
14 comment that you had made that if symptoms  
15 recur, we will do a cardiac cath. And from  
16 1994, we went a number of years where he was  
17 seen and I think you told me there was no  
18 cardiac catheterization done; true?

19 A. Correct.

20 Q. In October of 1999 -- you saw him on  
21 October 8, 1999, if my records are accurate.

22 A. Yes.

23 Q. Do you have that note in front of  
24 you?

25 A. Yes.

1 Q. At that time he had complaints of  
2 chest fullness?

3 A. Uh-huh.

4 MR. LENSON: You have to answer yes,  
5 doctor.

6 A. Yes. Sorry.

7 Q. And if you don't, Mr. Lenson will  
8 remind you.

9 MR. LENSON: I will.

10 Q. And if I read your notes correctly,  
11 on that visit, I think you made a similar  
12 statement that you had made back in August of  
13 '94, if symptoms persist, may need repeat  
14 cardiac cath; correct?

15 A. Correct.

16 Q. Now, it had been five years since you  
17 had made that statement about repeating the  
18 cardiac cath.

19 A. Yes.

20 Q. He returns October '99, has  
21 complaints of chest fullness. Why didn't you at  
22 that time recommend a cardiac catheterization?

23 A. Because as stated in my note of  
24 October 8th of '99, his symptoms were  
25 inconsistent, so my suspicion of this being

1 truly a cardiac problem was not very acute.

2 Q. He returned to your office on  
3 December 1, 1999; correct?

4 A. Yes.

5 Q. Did you see him at all between  
6 October 8 and December 1?

7 A. Not in the office. And I have no  
8 recollection of other instances that I may have  
9 seen him between those times.

10 Q. Over the course of the years that you  
11 saw Mr. Edwards, did he ever experience either  
12 chronic or acute episodes of anemia?

13 A. I would have to refer back to my  
14 notes. However, that is something that would be  
15 monitored by his primary care physician.

16 (Pause.)

17 A. Relative to my laboratory  
18 documentation, I have no evidence of anemia.

19 Q. Mr. Edwards carried a diagnosis  
20 throughout the years under your care of both  
21 chronic stable angina as well as compensated  
22 CHF; correct?

23 A. Correct.

24 Q. What do you mean by compensated CHF?

25 A. No symptoms.



1           Q.       What significance would an acute  
2       episode of anemia potentially have on a patient  
3       that has compensated congestive heart failure  
4       and chronic stable angina?

5           A.       Could you repeat the question?

6           Q.       Sure.   If one of your cardiac  
7       patients that has the ongoing diagnosis that  
8       Mr. Edwards had experiences an acute episode of  
9       anemia, of what significance, if any, is that to  
10      you as a cardiologist?

11          A.       That is an issue that needs to be  
12      evaluated in terms of if that anemia is  
13      contributing to the patient decompensating;  
14      tachycardia, for example.   If those clinical  
15      indicators are suggestive that the anemia is  
16      affecting the person hemodynamically, you would  
17      want to, of course, transfuse those individuals.

18          Q.       Can anemia in a cardiac patient lead  
19      to a fatal arrhythmia?

20                   MR. LENSEN:   Hypothetically now?

21                   MR. MISHKIND:   Yes.

22          A.       Hypothetically, yes.

23          Q.       What is the compensatory mechanism of  
24      the heart when a patient is acutely anemic?

25          A.       Tachycardia.

1           Q.     Are there any other compensatory  
2 mechanisms?

3           A.     No.

4           Q.     Are there any concerns that you have  
5 as a cardiologist treating a patient that has  
6 acute anemia in terms of -- strike that. That  
7 was poorly worded. I was never going to get to  
8 where I wanted to be.

9                     How do you treat acute anemia in a  
10 cardiac patient?

11                    MR. LENSON: Objection. You are  
12 assuming he treats them.

13           Q.     If you have a cardiac patient that  
14 you test and the patient is acutely anemic.

15                    MR. FARCHIONE: Objection.

16           A.     I just would like to clarify. What  
17 do you mean acutely anemic?

18           Q.     If there is a drop in the patient's  
19 hematocrit and hemoglobin from their normal  
20 baseline and you have a patient that has  
21 compensated congestive heart failure and stable  
22 and nonsymptomatic angina.

23                    MR. LENSON: This is a nonsurgical  
24 patient, a patient in the office without having  
25 undergone any surgical intervention?

1 MR. MISHKIND: Right. We will get to  
2 the hospitalization.

3 MR. LENSON: I want to make sure that  
4 this is a patient that presents in the office  
5 for a regular checkup, cardiological checkup and  
6 demonstrates now acute anemia.

7 MR. MISHKIND: You are correct.

8 A. The treatment?

9 Q. Yes.

10 A. Evaluation. Surveillance for cardiac  
11 manifestations, and decompensation from that  
12 anemia. And if those things are not present,  
13 and the level of anemia is acceptable,  
14 diagnostic treatments for the cause of anemia.

15 Q. And what are the diagnostic  
16 treatments of the cause of anemia?

17 A. Gastrointestinal procedures. Blood  
18 count for iron, various vitamins and the like.

19 Q. Are there any particular concerns  
20 that you had as a cardiologist in terms of  
21 transfusing a patient that has compensated  
22 congestive heart failure?

23 A. Again, rephrase that, please.

24 Q. Sure. One of the treatment  
25 modalities when you have a patient that is

1     anemic is to provide them with blood  
2     transfusions; right?

3             A.     Correct.

4             Q.     Are there any issues that have to be  
5     balanced from a cardiac standpoint in terms of  
6     giving a person that has compensated congestive  
7     heart failure blood transfusions?

8             A.     Yes.

9             Q.     What are the issues that you have to  
10    take into account?

11            A.     Decompensation of the heart.

12            Q.     Exacerbating the congestive heart  
13    failure?

14            A.     Yes.

15            Q.     Is that an issue of the timing of the  
16    transfusions or the amount of transfusion or  
17    both?

18            A.     Usually the amount.

19            Q.     After Mr. Edwards saw Dr. D'Hue, he  
20    was apparently referred to you for medical  
21    clearance for purposes of undergoing the  
22    surgery; is that correct?

23            A.     Yes.

24            Q.     Did you talk to Dr. D'Hue at that  
25    point in time about Mr. Edwards? Is that when

1     you had the conversation with him?

2           A.     Yes.

3           Q.     You did an echo at the time you did  
4     the medical clearance; is that correct?

5           A.     Let me check.   Yes.

6           MR. LENSON:   Is that 12-19, doctor?

7           THE WITNESS:   Yes.    I'm looking  
8     for -- no, that was 1-19.

9           Q.     Do you have that?

10          A.     Here is the echo report.

11          MR. LENSON:   It's summarized in your  
12     chart?

13          THE WITNESS:   Yes, it is.

14          Q.     That showed 30 percent injection  
15     fraction?

16          A.     Yes.

17          MR. FARCHIONE:   Did you say 30  
18     percent?

19          MR. MISHKIND:   Yes.

20          Q.     Can you tell me, reflecting back on  
21     the echo that had been done back in '95, whether  
22     there was any significant change in his cardiac  
23     function between December of '95 and January of  
24     2000?

25          A.     Relative to the reports, none.

1           Q.       So his diagnosis that he carried in  
2       2000 was pretty much the diagnosis that he had  
3       had back in '95 from a cardiac standpoint; true?

4           A.       Yes.

5                   MR. FARCHIONE:   You said 30 percent.  
6       I am looking at something that said 20 to 30  
7       percent for ejection fraction. Did you have  
8       another page?

9                   MR. MISHKIND:   I'm looking at my note  
10      which I marked down 30 percent.

11                  MR. FARCHIONE:   The note I have says  
12      20 to 30 percent.

13           A.       That's what is listed here, 20 to 30  
14      percent.

15           Q.       I don't have the copy in front of me.  
16      I'm looking at my scribble here. These are  
17      qualitative estimates from an echo.

18                  What I want to get an idea of, we  
19      have an echo in '95 and an echo in 2000, and  
20      there is no significant change from a  
21      decompensation standpoint cardiac-wise in  
22      Mr. Edwards from '95 to 2000; true?

23           A.       Correct.

24           Q.       Whether it's 20 or 30 percent, he was  
25      basically the same?

1           A.       The same.

2           Q.       Function, the ticker was working  
3    about the same?

4           A.       The same, that's right.

5           Q.       Did you have any concerns in clearing  
6    Mr. Edwards for the surgery?

7                   MR. LENSON:  Objection.  When you say  
8    concerns, other than what he objectively  
9    evaluated?

10          Q.       Did you have any concerns from a  
11   cardiac standpoint in terms of permitting  
12   Mr. Edwards to undergo the proposed surgery?

13          A.       I had no concerns that Mr. Edwards  
14   would not be able to tolerate the surgery.

15          Q.       There was on December 20th of '99 an  
16   EKG that had been performed.  I'm not sure  
17   whether that was in your office or in  
18   Dr. D'Hue's.  Do you have a December 20, 1999  
19   EKG?

20          A.       No, I did not see him on December  
21   20th.  And I have no -- no, I don't.

22          Q.       In terms of your clearance for the  
23   surgery, did you make any recommendations in  
24   terms of any pre or perioperative medication  
25   that you wanted used?

1 A. No, I did not.

2 Q. Did you recommend any beta blockers?

3 A. No, I did not.

4 Q. Why?

5 A. Because this individual had  
6 compensated congestive heart failure. To  
7 initiate a medication that may potentially cause  
8 decompensation at a time when he would be in the  
9 hospital would not be in the best judgment of  
10 the patient.

11 Q. Under what circumstances would you  
12 use beta blockers on a cardiac patient that's  
13 undergoing noncardiac surgery?

14 A. I would use it when I had enough time  
15 to evaluate the effect of that beta blocker  
16 before the individual went to surgery,  
17 especially in someone that has left ventricular  
18 dysfunction as their baseline.

19 Q. You did see Mr. Edwards before he  
20 went for the surgery?

21 A. Yes, I did.

22 Q. If you can get your January 25  
23 consult. Just so I make sure that I'm not  
24 missing anything, can you read into the record  
25 what your note says?



1           A.       1-25-00 cardiology. Patient known to  
2 me with history CABG, coronary artery bypass  
3 graft. CHF, congestive heart failure, HTN,  
4 hypertension. Found to have oropharyngeal CA,  
5 cancer. Currently no symptoms of angina/CHF, no  
6 palpitations or syncope. ECG,  
7 electrocardiogram, sinus rhythm, LVH, left  
8 ventricular hypertrophy, nonspecific ST, T  
9 changes. PE, physical exam, VSS, vital sign  
10 stable. Blood pressure 140/70. Pulse, 70s. No  
11 JVD, jugular venous distention. Heart regular  
12 rhythm. No S3. 2/6 SEM systolic ejection  
13 murmur. Lungs, hyphen, clear. EXT,  
14 extremities, no edema. CXR, chest x-ray, no  
15 CHF, minimal blunting of costophrenic angles.  
16 Labs, hyphen, K plus potassium 4.3,  
17 BUN/creatinine, 13/1.2.  
18 H and H, hemoglobin/hematocrit, 13/40.  
19 Impression, stable, no signs of angina/CHF.  
20 Chest x-ray, probably chronic pleural changes.  
21 Plan, cleared for surgery, R. Dickerson.

22           Q.       What was the significance, if any, of  
23 the minimal blunting?

24           A.       None.

25           Q.       Was that part of the chronic pleural

1 changes?

2 A. Probably, yes. That is a common  
3 finding.

4 Q. Did you see Mr. Edwards between the  
5 time that he had the dilatation of the esophagus  
6 and when he had the radical neck dissection?

7 A. If you could tell me when he had the  
8 dilatation of the esophagus.

9 Q. The 25th, and then the radical neck  
10 on the 26th.

11 A. No, I did not.

12 Q. Did you order any post-op EKG's?

13 A. I would have to refer to the record,  
14 to the hospital record.

15 (Pause.)

16 A. I do not see any orders from me for  
17 an EKG, no.

18 Q. Did you order cardiac enzymes at any  
19 time on a postoperative basis?

20 A. I did not see an order from me for  
21 that, no.

22 MR. LENSON: Were there any orders  
23 from you at all, post-op?

24 THE WITNESS: No.

25 Q. Now, did you see Mr. Edwards when he

1 was in the ICU after surgery?

2 A. Yes.

3 Q. On what day did you see him?

4 A. I would assume that was the 27th.

5 Q. Is that the last note that you wrote  
6 in the chart?

7 A. Yes, it is.

8 Q. And again, just to make sure that I'm  
9 not missing anything that you have written, it's  
10 a shorter note, so it will take less time.

11 A. 1-27-00. Hemodynamically stable,  
12 awake, alert, communicating with sign language.  
13 Vital signs stable. Blood pressure 130 over 80.  
14 Regular rhythm murmur unchanged. Lungs clear,  
15 extremities, no edema, labs stable. Impression,  
16 tolerated procedure well. Plan, same, restart  
17 outpatient medications, watch for fluid overload  
18 and CHF.

19 Q. Now, were you seeing him on  
20 consultation or were you seeing him just to  
21 follow up because he was your cardiac patient?

22 A. Consultation.

23 Q. At the request of Dr. D'Hue?

24 A. Correct.

25 Q. And the 27th is the last time that

1     you saw Mr. Edwards alive?

2             A.     The last documented note that I have.

3             Q.     Do you have any recollection of  
4     seeing Mr. Edwards at any time prior to his  
5     demise after the 27th?

6             A.     I can't document that.

7                     MR. LENSON:   Do you have any  
8     recollection?

9             A.     I think I did.   I usually see all my  
10    patients every day.   Me writing notes every day,  
11    I have residents sometimes document that we saw  
12    the patient.

13            Q.     On the 28th, the following day,  
14    Mr. Edwards was transferred to telemetry, and  
15    then it's on the telemetry floor that he expired  
16    early morning on the 29th.   I tell you that just  
17    to give you a framework.   Do you recall seeing  
18    him on the telemetry floor on the 28th?

19            A.     I recall making rounds with the  
20    resident, but again --

21                     MR. LENSON:   The question is  
22    specific.   Do you recall seeing this patient?

23                     THE WITNESS:   No.

24                     MR. LENSON:   Not what your standard  
25    is.

1 A. No, I do not.

2 Q. If you could look at the doctor's  
3 orders on the 28th.

4 A. Okay.

5 Q. There is a long list of orders  
6 starting at 9:00 a.m. Transferred to 6 main  
7 telemetry and at the very bottom there is a  
8 note, transfuse, towards the bottom. Do you see  
9 that?

10 A. Yes.

11 Q. Whose order was that to transfuse?

12 A. That appears to be one of the  
13 surgical residents.

14 Q. And would that be a resident under  
15 Dr. D'Hue?

16 A. Correct.

17 MR. LENSON: All he can say, it's a  
18 surgical resident.

19 Q. As best as you know, would it be a  
20 surgical resident that would be working in  
21 conjunction with Dr. D'Hue?

22 MS. HESS: Objection.

23 MR. LENSON: All you can say is it's  
24 a surgical resident?

25 A. A surgical resident.

1           Q.       Do you know which surgical resident  
2   it was?

3           A.       I think this signature is Namury, I  
4   think.

5           Q.       How does doctor --

6           A.       I'm not sure.

7           Q.       Do you know Dr. Namury?

8           A.       He is currently a resident. Well, if  
9   he is currently a resident, he couldn't have  
10   been on this case. But I'm pretty sure this is  
11   a surgical resident. And the reason being is  
12   because the patients are admitted to services  
13   and those services have residents rather than  
14   surgical or medical. This was a surgical  
15   admission of a patient and so these types of  
16   tasks are designated to the surgeons and the  
17   residents.

18          Q.       Why didn't you order a postoperative  
19   EKG on Mr. Edwards?

20          A.       He was hemodynamically stable,  
21   without any complaints.

22          Q.       Given his history, you didn't feel it  
23   was necessary to do a postoperative EKG?

24          A.       The information that you would  
25   receive in an asymptomatic individual is

1 limited.

2 Q. The transfusion order, even though  
3 it's not your order, are you able to decipher  
4 what that order says?

5 MR. LENSON: Doctor, I don't want you  
6 guessing. He can always depose the person that  
7 wrote the order. I don't want you guessing.

8 MR. MISHKIND: I'm not asking him to  
9 guess.

10 MR. LENSON: That's what he would  
11 have to do, because I'm not sure he could read  
12 someone's order.

13 MR. MISHKIND: Murray, if that's an  
14 objection, object.

15 MR. LENSON: I don't want him to feel  
16 obligated to read someone's.

17 Q. Doctor, I don't want you to feel  
18 obligated to answer any of my questions unless  
19 you can do that.

20 Can you interpret what that says?  
21 Transfuse, and then there is a note -- does that  
22 say two units?

23 A. It appears that that's the notation,  
24 two units PRBC's, looks like packed red blood  
25 cells.

1 Q. And then it says each unit over -- is  
2 that four hours?

3 A. Yes.

4 Q. Mr. Edwards on January 28th had a  
5 hemoglobin that had dropped to 8.8. Was that  
6 brought to your attention?

7 A. It was noted.

8 MR. LENSON: Was it brought to your  
9 attention?

10 THE WITNESS: No, it was not.

11 Q. As his cardiologist, in a  
12 postoperative noncardiac surgery, should a drop  
13 of the hemoglobin in your patient who had  
14 previously not been chronically or acutely  
15 anemic be brought to your attention?

16 A. Could you repeat the question?

17 Q. Sure. There is no question that on  
18 January 28th his hemoglobin had dropped to 8.8.  
19 The records indicate that. And I think you  
20 probably have seen that, as well; correct?

21 A. Yes.

22 Q. I asked you before whether or not he  
23 had ever been chronically or acutely anemic, and  
24 you said no; correct?

25 A. To my knowledge, yes.



1           Q.     An 8.8 hemoglobin is a concerning  
2     hemoglobin, is it not, in a patient who has not  
3     previously had a low or --

4           A.     It is concerning if you do not know  
5     the cause and if there is hemodynamic  
6     instability.

7           Q.     And over the course of time in the  
8     hospitalization postoperatively, if there is a  
9     continued drop in the hemoglobin from the  
10    postoperative from 10 to 9 to 8.8, is there  
11    reason to be concerned about what is causing the  
12    drop in the hemoglobin?

13          A.     Yes, there should be some concern.

14          Q.     Is transfusion of your patient --

15          A.     Of Dr. D'Hue's patient.

16          Q.     Of Mr. Edwards.

17          A.     Okay.

18          Q.     Was that, in your opinion, a  
19    reasonable order to have been made?

20                 MS. HESS:  Objection.

21                 MR. LENSEN:  Objection.  Remember,  
22    the reason I'm going to object, he is not a  
23    surgical -- he can't utilize his surgical skills  
24    because he can't testify as to what a surgeon  
25    would do, but go ahead.

1           Q.       Doctor, so there is no question,  
2       because I want your answers --

3                   MR. MISHKIND:   And Murray, with all  
4       due respect, if you want to object to something,  
5       that's fine, but under the local rules I would  
6       ask that you not make speeches or statements.

7           Q.       I'm asking you from a medical  
8       standpoint, from a hemodynamic standpoint in  
9       your patient that's postoperatively day two  
10      post-op that has a drop in his hemoglobin down  
11      to 8.8, that has a history that you're aware of,  
12      is it reasonable to order transfusions of two  
13      units packed red blood cells each unit over a  
14      four hour period for Mr. Edwards?

15                   MS. HESS:   Objection.

16                   MR. LENSON:   Objection.

17           A.       Transfusion, whether in the  
18      postoperative period or not, in the cardiac  
19      individual, the guidelines must also include the  
20      stability of the individual, and if that level  
21      of hemoglobin is responsible for any observed  
22      hemodynamic alterations.

23           Q.       As best as you can tell from looking  
24      at the record, what were the hemodynamic  
25      alterations that led to an order being initiated

1 for transfusing packed red blood cells?

2 A. Up until the time that I saw  
3 Mr. Edwards on the 27th, he remained  
4 hemodynamically stable.

5 Q. On the 28th, what were the  
6 hemodynamic parameters as you understand them  
7 that prompted an order for transfusion of packed  
8 red blood cells on the morning of the 28th?

9 MS. HESS: Objection.

10 Q. You can go ahead. The objection is  
11 just for the record.

12 A. Not having evaluated him that day, I  
13 have no response to that. I did not evaluate  
14 him or there is no documentation for that.

15 Q. Did the nurses notify you that  
16 Mr. Edwards' hemoglobin levels had been  
17 dropping?

18 A. Not to my knowledge.

19 Q. Should they have notified you?

20 A. That is not a nursing function, no.

21 Q. Should you have been notified?

22 A. Well, that is a function of and all  
23 of the data that is obtained is under the  
24 responsibility of the attending physician, so  
25 the nurses themselves do not have responsibility

1 to report any laboratory data except what we  
2 call panic values, and I'm not sure that this  
3 was a panic value.

4 Q. Did you participate at all in or did  
5 the cardiology team residents participate at all  
6 in the decision to initiate an order for  
7 transfusion?

8 MS. HESS: What was that question?

9 (Record read.)

10 A. No.

11 Q. When a patient is transferred to  
12 telemetry, how frequently are heart rhythm  
13 strips to be recorded in the chart?

14 A. I cannot attest to the hospital's  
15 protocols for that. We would have to get the  
16 protocols.

17 Q. There is a telemetry strip on the  
18 28th, and I'll give you the time, just to  
19 reference it, but it looks to be about 11:24  
20 a.m.

21 MR. LENSON: On the 28th, Howard?

22 MR. MISHKIND: On the 28th, correct.

23 Q. Would you tell me whether you see in  
24 lead two any deepening ST depression?

25 A. Deepening?

1 Q. Yes.

2 A. Compared to what?

3 Q. The previous strip.

4 MR. LENSON: The previous or previous  
5 strips, plural?

6 MR. MISHKIND: The previous strip.

7 MR. LENSON: Do you have the previous  
8 strip?

9 A. Well, in both of these tracings, the  
10 patient does have nonspecific ST and T wave  
11 changes. The telemetry monitoring system is not  
12 designed to measure ST segment changes. The  
13 design of the telemetry or the purpose of  
14 telemetry is to monitor cardiac rhythms.

15 Q. Because of changes in body position,  
16 the telemetry --

17 A. Lead positions, various things.

18 Q. -- may not be as reliable?

19 A. They are not standard -- well, they  
20 should be standard, but they are not always  
21 standard.

22 Q. How does one then determine whether  
23 or not those ST segment depressions are  
24 consistent with any myocardiac ischemia?

25 A. Electrocardiogram, symptomatology.

1 Q. Did you see those rhythm strips at or  
2 around the time?

3 A. On the 28th?

4 Q. Yes.

5 A. I cannot attest to that. I did not  
6 interpret any of these.

7 MR. LENSON: The answer is you don't  
8 recall.

9 A. I don't recall.

10 Q. Can you tell me, looking at those  
11 strips, had you seen those at the time, whether  
12 or not you would have ordered an EKG?

13 MR. LENSON: Objection as being  
14 speculative, but go ahead, doctor.

15 A. No.

16 Q. No, you can't tell me, or no, you  
17 wouldn't have?

18 A. This strip would not have made me  
19 order an EKG on the basis of the strip itself.

20 Q. In the context of a patient who has  
21 also had a drop in the hemoglobin, that there  
22 has been an order for blood transfusion, would  
23 that enter into whether you, having this  
24 information brought to your attention, would  
25 have ordered an EKG or any other diagnostic

1 cardiac studies?

2 MS. HESS: Objection.

3 A. Again, rephrasing.

4 Q. Go ahead.

5 A. If I would have known about  
6 transfusion, and if all of these things were  
7 brought to my attention --

8 Q. Yes.

9 A. -- was there an indication for a  
10 cardiogram?

11 Q. Yes.

12 A. There was still no indication.

13 Q. Would you have ordered an EKG?

14 A. Not necessarily.

15 Q. Would you have ordered cardiac  
16 isoenzymes?

17 A. No.

18 Q. Why not, as to both?

19 A. I would have spoken to the patient  
20 and evaluated the hemodynamic stability of the  
21 patient and the symptomatology.

22 Q. The strip that we just talked about  
23 at 11:34 -- I'm sorry, 11:24 a.m. on the 28th --

24 A. Is that still this?

25 Q. Yes, sir. Do you see any other

1 strips in the chart over the next 12 plus hours  
2 prior to Mr. Edwards being found unresponsive in  
3 his room?

4 MR. LENSON: After?

5 A. After this strip, we would have to go  
6 through and document the times and the dates.

7 Q. As you are looking at this, what I'll  
8 represent on the record is I don't see any  
9 rhythm strip after 11:24 a.m. through the  
10 balance of the day up to and including before  
11 and at the time of the code. I just want,  
12 number one, to see whether or not there is  
13 anything that you have that might be different  
14 than what I have.

15 A. No, not on that point, but I do see  
16 the same nonspecific ST and T wave changes.

17 MR. LENSON: That was not the  
18 question, doctor.

19 Q. When do you see the same nonspecific  
20 ST and T wave changes?

21 A. Even on the 26th.

22 Q. Can you explain to me why there are  
23 no rhythm strips for this patient at any time  
24 after 11:24 a.m. on January 28th and for the  
25 balance of that day into the 29th?



1 MS. HESS: Objection.

2 MR. LENSON: Can you explain it?

3 A. I can't explain it, no.

4 Q. If the patient is on telemetry and  
5 experiences an arrhythmia, or a fatal  
6 arrhythmia, some type of arrhythmia, isn't the  
7 telemetry unit set up such that rhythm strips  
8 would automatically be on the patient?

9 A. I think the mechanics of the machine  
10 is supposed to do that, yes.

11 Q. Do you see any rhythm strip at or  
12 around the time that Mr. Edwards was found  
13 unresponsive shortly after midnight on the 29th?

14 A. Looking through the documentation, I  
15 don't see any strips from the 29th.

16 Q. Do you have any explanation -- again,  
17 I recognize you did not see him -- but do you  
18 have any explanation for why there isn't a  
19 strip?

20 A. No, I do not.

21 Q. Under normal procedure, when a  
22 patient codes and is on telemetry, is a rhythm  
23 strip, number one, generated?

24 MR. LENSON: Objection. If you know,  
25 doctor.

1           A.     Is the question, during the  
2     resuscitation procedure?

3           Q.     Actually, if a patient sustains --

4           A.     The code means resuscitation.

5           Q.     If a patient sustains an arrhythmia  
6     that leads to a state of unresponsiveness, is a  
7     rhythm strip, when a patient is on telemetry, if  
8     the equipment is on, is a rhythm strip  
9     generated?

10          A.     It should be.

11          Q.     If one was not generated in this  
12     case and the patient sustained an arrhythmia, do  
13     you have any explanation for why there wouldn't  
14     be such a strip in the chart?

15          A.     No.

16          Q.     Has anyone ever explained to you at  
17     any time why there is no strip on Mr. Edwards  
18     leading up to him becoming unresponsive and  
19     being found shortly after midnight?

20          A.     No.

21          Q.     Do you have any explanation?

22          A.     No.

23          Q.     Do you see any evidence that  
24     Mr. Edwards was ever transfused?

25          A.     I would have to look through the

1 records.

2 MR. LENSON: Do you want to represent  
3 that there is none?

4 Q. Based upon my review of the  
5 records -- and certainly I'm here to learn. I  
6 learn every day. Sometimes I learn things I  
7 want to learn and sometimes I learn things I  
8 don't want to learn.

9 A. I tell my residents the same thing.

10 MR. LENSON: I'm not sure he has to  
11 go through the record. If you are going to  
12 represent that there is no indication, we will  
13 go along with that.

14 MR. MISHKIND: And certainly counsel  
15 for the hospital is here and counsel for  
16 Dr. D'Hue, if either of them have any evidence  
17 that would suggest that the transfusion order  
18 was carried out and the patient was given the  
19 transfusion, I'm happy to hear from anyone. I  
20 don't see any evidence.

21 MR. LENSON: You have no knowledge of  
22 that?

23 THE WITNESS: I have none, no  
24 knowledge.

25 Q. Do you see any orders or progress

1 notes that indicates that that order was  
2 cancelled or countermanded in any way?

3 A. Again, I will look through the  
4 orders.

5 MR. LENSON: You will represent that  
6 you found none, Howard? He is not making these  
7 entries and I think you will have to ask the  
8 hospital people rather than the doctor.

9 A. No evidence.

10 Q. Do you have an opinion, doctor, in  
11 this case, whether it was below the standard of  
12 care for Mr. Edwards to have been transferred  
13 from the ICU to telemetry with an order for  
14 transfusion, yet over the next essentially 24  
15 hour period never receive a transfusion?

16 MR. LENSON: Objection.

17 MS. HESS: Objection.

18 MR. FARCHIONE: Objection. This is a  
19 fact witness, not an independent expert.

20 Q. Do you have an opinion?

21 A. No.

22 MR. LENSON: If the doctor is going  
23 to render any opinions on standard of care other  
24 than his own, we shall advise you, but as of  
25 today, he is not. We will provide you with a

1 report.

2 MR. MISHKIND: We can go around on  
3 the Voik case. And we have had this discussion  
4 before.

5 MR. FARCHIONE: I'm not raising the  
6 Voik case. You and I have talked about that  
7 before.

8 MR. LENSON: I'm raising it because  
9 the doctor is not here to testify as to the  
10 standard of care, the hospital, or any other  
11 position, just his own care.

12 MR. MISHKIND: I know that, but  
13 certainly under normal circumstances I'm  
14 entitled to cross-examine him on whether or not  
15 he has any criticisms or opinions, and based  
16 upon Voik versus Cleveland Clinic Foundation,  
17 one has to at least be back on their haunches.

18 MR. LENSON: I represent to you if  
19 the doctor is going to assert standard of care  
20 for or against, we shall advise you and you will  
21 have an opportunity to examine him again, but he  
22 is not.

23 Q. If one sees ST segment depression on  
24 a telemetry strip in a post-op patient that has  
25 a cardiac condition, should a 12 lead EKG and/or

1 cardiac enzymes be drawn?

2 MS. HESS: Objection.

3 A. My standard is to examine the patient  
4 and try to discern from his signs and symptoms  
5 if this is truly a cardiac issue or basically a  
6 mechanical problem with the monitor.

7 Q. How can you assess a patient that has  
8 ST segment depressions on a telemetry strip to  
9 make that decision without being contacted by  
10 either the attending or the nurses on the floor?

11 MS. HESS: Objection.

12 A. I cannot.

13 Q. Have you reviewed the autopsy at all?

14 A. No.

15 Q. Do you have an opinion as to what  
16 caused Mr. Edwards to become unresponsive?

17 MR. LENSON: Do you have an opinion,  
18 doctor? That's all he asked you. Yes or no?

19 A. No.

20 Q. You started answering, you have no  
21 opinion as to what the cause of death was in  
22 this case?

23 A. The cause of death in this case, I  
24 don't have an opinion, but my opinion about  
25 death in people with cardiomyopathies and severe

1 coronary disease is that the mortality rate is  
2 extremely high and these people do have episodes  
3 of sudden death.

4 Q. If a patient has a bleed, a  
5 postoperative bleed, and is not given  
6 appropriate medication to treat that anemia, can  
7 the anemia lead to a fatal arrhythmia in a  
8 patient?

9 MS. HESS: Objection.

10 MR. LENSON: He is asking you  
11 hypothetically, doctor.

12 MR. FARCHIONE: Objection.

13 A. Hypothetically, yes, depending on the  
14 level of the anemia.

15 Q. In this particular patient, being at  
16 8.8 in the hemoglobin, is that sufficient enough  
17 of a drop in the hemoglobin to cause the patient  
18 to experience an abnormal arrhythmia?

19 MR. LENSON: Objection.

20 MS. HESS: Objection.

21 MR. FARCHIONE: Objection.

22 A. I can only answer that relative in  
23 context to the stability in the hemodynamic  
24 status of the patient as I saw him last, and the  
25 last I saw him, he was very stable.

1           Q.     Well, can you tell me whether you  
2     assessed him from a hemodynamic standpoint on  
3     the 28th while he was on the telemetry floor  
4     during the context of there being this order for  
5     him to be transfused, or more likely, did you  
6     see him at some point in time before that order  
7     had been given?

8           A.     I saw him before, but I can't attest  
9     to anything after the date that I saw him, which  
10    was on the 27th.

11          Q.     Fair enough. So that on the 28th, if  
12    there was an order given for blood transfusion,  
13    what you are telling me is that you were not  
14    aware of that at any time on the 28th?

15          A.     Correct.

16          Q.     You did not see him on the 28th to  
17    assess what his hemodynamic status was?

18          A.     Correct.

19          Q.     I take it, had you seen him on the  
20    28th, you would have been aware -- one of the  
21    things doctors look at is to see what doctor's  
22    orders are; correct?

23          A.     Yes.

24          Q.     So you would have looked and seen  
25    there is an order for blood transfusion and you



1 would wanted to have known whether or not the  
2 patient had been transfused, and if not, why  
3 not; correct?

4 A. No. Potentially why would he get  
5 transfused if he was hemodynamically stable.

6 Q. Do you conclude that if someone has  
7 ordered a blood transfusion that there must be  
8 some evidence of hemodynamic instability?

9 A. No.

10 Q. Why would someone order a blood  
11 transfusion in a postoperative patient that has  
12 a cardiac history unless there is hemodynamic  
13 instability?

14 MS. HESS: Objection.

15 A. Unfortunately, most practitioners are  
16 not aware of the finer points of managing the  
17 cardiac patient and what is necessary relative  
18 to symptomatology versus numbers, so you have  
19 some people that, because the hemoglobin is  
20 down, feel let's get the number looking well.  
21 There are numerous occasions and instances of  
22 individuals in postoperative coronary bypass  
23 surgery that do not get transfused for these  
24 types of numbers.

25 Q. So as to the decision for

1 transfusion, you don't have an opinion whether  
2 or not the decision was based upon appropriate  
3 clinical parameters or not?

4 A. Correct.

5 Q. From what you can see from the  
6 record, for whatever reason that the order was  
7 given, you don't see any evidence that it was  
8 actually implemented or followed through on;  
9 true?

10 A. No, I don't.

11 Q. And if there were clinical  
12 indications sufficient enough to justify the  
13 order in a cardiac patient, sufficient clinical  
14 symptoms of anemia can, in fact, cause a fatal  
15 arrhythmia; correct?

16 A. Hypothetically.

17 Q. And if that anemia is not balanced  
18 out or if the patient is not restored to their  
19 hemodynamic status in a patient like Mr. Edwards  
20 with his cardiac history, he would be at  
21 increased risk for fatal arrhythmia over a  
22 patient who has a drop in hemoglobin that  
23 doesn't have a cardiac history; true?

24 A. Mr. Edwards --

25 MR. LENSON: Is that a true

1 statement, doctor?

2 A. You have to tell me again.

3 Q. Too much?

4 A. Yes.

5 Q. A drop in the hemoglobin to 8.8 in  
6 the context of Mr. Edwards' cardiac history --

7 A. History.

8 Q. Right. With his compensated  
9 congestive heart failure, et cetera, his left  
10 ventricular function and everything else that he  
11 had from a cardiac standpoint, was he at greater  
12 risk with a hemoglobin of 8.8 of experiencing a  
13 fatal arrhythmia than any other postoperative  
14 patient that has a hemoglobin of 8.8 but not the  
15 same cardiac history?

16 A. Not the same cardiac history or  
17 normal?

18 Q. Normal.

19 A. Of course Mr. Edwards would be at  
20 more risk.

21 Q. The telemetry unit is on the 6th  
22 floor at Huron Road Hospital?

23 A. At this point in time, we have a  
24 different number, but, yes, he was on the 6th  
25 floor telemetry.

1           Q.       If a patient is on telemetry, are  
2       they literally hooked up with leads, so that  
3       there is a readout at the nurses' station?

4           A.       Yes.

5           Q.       Can you account for how a patient  
6       that's on telemetry, hooked up to leads with a  
7       readout at the nurses' station, would be found  
8       unresponsive?

9                   MR. LENSON:   Doctor, do you know?

10          A.       No, I don't know.   I don't know if  
11       you know what the whole telemetry concept is.

12                  MR. LENSON:   He will learn that.   You  
13       answer the question.

14          Q.       I'm going to ask you another  
15       question.   What I want you   --

16                  MR. MISHKIND:   Murray, please.

17                  MR. LENSON:   Howard, I want to make  
18       sure that he understands that he doesn't have to  
19       go beyond what you ask him, and he doesn't,  
20       that's it.

21                  MR. MISHKIND:   I don't want to play  
22       games.

23                  MR. LENSON:   I don't want to either.  
24       He is answering a question that's beyond what  
25       you asked.   I'm telling him as my client not to

1 do that, just answer the question.

2 9. Doctor, stay with me. Explain to me  
3 how a patient on telemetry would be found  
4 unresponsive by a nurse coming into the room as  
5 opposed to information being up on the screen  
6 available for the nurses at the nurses' station  
7 ahead of time?

8 A. I can't explain.

9 Q. Would you agree that the concept and  
10 the way that the telemetry is set up is that  
11 nurses should be aware of any change in the  
12 heart rhythm on the monitors before a patient  
13 advances to a state of being unresponsive?

14 MR. FARCHIONE: Objection.

15 A. The monitors should register.

16 Q. And indicate that there is something  
17 abnormal going on with the patient?

18 A. Yes.

19 Q. And then what are the nurses supposed  
20 to do, from your understanding, once the monitor  
21 shows an abnormal heart rhythm?

22 A. Assess the patient.

23 Q. And are they then supposed to contact  
24 an attending if there is a serious change in a  
25 patient's hemodynamic status?

1           A.       Relative to the assessment, there is  
2   notification of attendings, residents. I'm not  
3   sure what the ascension in the surgical realm  
4   is, but someone should get a call.

5           Q.       Late on the 28th, early on the 29th  
6   of January, who would the nurses have to report  
7   to to notify about Mr. Edwards in terms of a  
8   change in his condition? Would it be you or  
9   would it be Dr. D'Hue or someone else?

10          A.       It would probably be Dr. D'Hue or one  
11   of his agents, possibly the residency staff, the  
12   resident staff.

13          Q.       In terms of the quality of  
14   Mr. Edwards' life had he survived, do you have  
15   any opinion in terms of what his enjoyment of  
16   life would have been had he been discharged  
17   following his surgery without experiencing a  
18   fatal arrhythmia?

19          A.       No.

20                 MR. LENSON: Objection. Speculation.

21          Q.       Do you have an opinion as to whether  
22   or not Mr. Edwards sustained a myocardial  
23   infarction the morning of the 29th or late on  
24   the day of the 28th?

25          A.       No.

1           Q.     You don't have an opinion one way or  
2     another?

3           A.     I haven't seen the autopsy.

4           Q.     There is some reference to organized  
5     and organizing acute myocardial infarction. Do  
6     you have any way to tell me from what you know  
7     at this point whether or not his clinical course  
8     leading up to the time that he was found  
9     unresponsive would be consistent with a  
10    pathologic finding at the time of autopsy of  
11    organizing myocardial infarction?

12          A.     No, no evidence that would support  
13    that.

14          Q.     We don't have any rhythm strips over  
15    a 12 hour period to show what his heart rhythm  
16    was, correct, leading up to the time of his  
17    death?

18          A.     I think the last strip --

19                   MR. LENSON: The 28th.

20          Q.     Before noon.

21                   MR. LENSON: 11:24 or something.

22          Q.     Do you know whether the telemetry  
23    monitors were working properly on the floor on  
24    the 28th?

25          A.     I do not know.

1           Q.     Do you know whether the hospital  
2     experienced in January of 2000 any staffing  
3     shortages?

4           A.     I do not know.

5           Q.     Are you in a position at this point  
6     to say that Mr. Edwards was managed properly on  
7     January 28th up to the time of his death?

8                   MS. HESS:  Objection.

9                   MR. LENSON:  Objection.

10          A.     I have no way of knowing that.  I  
11     didn't evaluate him that day.

12          Q.     So as to whether or not the care  
13     provided by the nurses, Dr. D'Hue, or any of the  
14     residents was or was not appropriate, any  
15     opinion?

16                   MS. HESS:  Objection.

17          A.     No.

18          Q.     I think in your interrogatories, you  
19     indicated that Mr. Edwards was, in your opinion,  
20     not at fault.  In other words, there is nothing  
21     that you see that he did that caused or  
22     contributed to his death.  And I take it you  
23     still stand by that?

24          A.     Yes.

25          Q.     After the 27th, is there anything



1     that you recall that occurred on the 28th or up  
2     to the 29th when he died that we have not talked  
3     about?

4             A.     No.

5             Q.     Did any nurses or anyone from the  
6     hospital ever explain to you in any way,  
7     generally or specifically, how it is that  
8     Mr. Edwards was found unresponsive without any  
9     telemetry strips or indication of some problem  
10    immediately prior to him coding?

11            A.     No.

12            Q.     You did not participate in the  
13    attempt to resuscitate him; correct?

14            A.     No.

15            Q.     Did you ever talk to anybody that was  
16    involved in the resuscitative efforts?

17            A.     No.

18            Q.     Sort of a global statement, but I  
19    just want to find out at this time, other than  
20    to the extent that there is any opinions that  
21    you arrive at beyond what we have talked about,  
22    have you told me in terms of the context of this  
23    man's hospitalization everything that you can  
24    recall, either from the record or independently?

25            A.     Yes.

1 MR. MISHKIND: I have nothing  
2 further. Thanks.

3 EXAMINATION OF REGINALD P. DICKERSON, M.D.  
4 BY MR. FARCHIONE:

5 Q. As you know, my name is Joe Farchione  
6 and I represent the hospital in this case. A  
7 couple questions.

8 You had indicated in answer to a  
9 question that you had no opinion with regard to  
10 the standard of care for the hospital staff or  
11 for the other surgeons involved, and that's  
12 because you were not there to clinically assess  
13 that particular patient?

14 A. Correct.

15 Q. The clinical assessment, I take it,  
16 is a very important part of evaluation of a  
17 patient such as this in the postoperative  
18 period?

19 A. Correct.

20 Q. Now, when you see patients like this  
21 with residents, sometimes do the residents write  
22 the note for you?

23 A. The resident writes a note relative  
24 to their assessment, and usually it is customary  
25 that the attending physician, when they evaluate

1 the patient, authenticates the documentation and  
2 usually co-signs in some notation.

3 Q. On the 28th, was there a note written  
4 by a cardiology resident? If you can take a  
5 look at the progress section, please.

6 A. Yes, there was.

7 Q. The orders toward the bottom, what  
8 does that read?

9 A. Consider transfusion to keep  
10 hematocrit greater than 30.

11 Q. The rest of it reads what?

12 A. Patient has CAD with increase --  
13 okay, consider transfusion to keep hematocrit  
14 greater than 30. Patient has CAD, coronary  
15 artery disease, with increased diuresis if  
16 transfused.

17 Q. Was that something that you would  
18 have been consulted on or aware of at that time?

19 A. If, in fact, the patient was  
20 transfused, and if I was involved with this by  
21 my resident, that would have been my  
22 recommendation, to diurese the patient.

23 MR. LENSON: The question is, were  
24 you aware of this?

25 THE WITNESS: No, I wasn't.

1 Q. Any disagreement with what is written  
2 there by the cardiology resident?

3 A. No.

4 Q. Is that something that you would have  
5 ordered had you been aware of the information  
6 that we have been discussing for the past couple  
7 hours?

8 MR. LENSON: Objection. You can  
9 answer. It's speculative.

10 A. Again, this is not an order, this is  
11 a consideration.

12 Q. But you would have recommended or put  
13 out for consideration?

14 A. Consideration relative to hemodynamic  
15 stability.

16 Q. And then it would have been up to the  
17 attending service, Dr. D'Hue and his residents,  
18 as to whether or not to implement the record?

19 A. To make that decision, yes.

20 MR. FARCHIONE: Thank you. That's  
21 all.

22 MS. HESS: No questions

23 EXAMINATION OF REGINALD P. DICKERSON, M.D.

24 BY MR. MISHKIND:

25 Q. Do you know who the resident is that

1 signed that January 28th cardiology note?

2 A. Yes. That's the same individual we  
3 talked about here, Sylvia Labes.

4 MR. LENSON: We will read.

5 MR. MISHKIND: We will waive the  
6 seven days.

7 - - - - -

8 (Deposition concluded at 7:15 p.m.)

9 (Signature not waived; seven days waived.)

10 - - - - -

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 AFFIDAVIT

2 I have read the foregoing transcript from  
3 page 1 through 77 and note the following  
4 corrections:

5 PAGE LINE REQUESTED CHANGE

6

7

8

9

10

11

12

13

14

15

16

17

REGINALD P. DICKERSON, M.D.

18

Subscribed and sworn to before me this  
19 day of , 2002.

20

21 Notary Public

22

23 My commission expires .

24

25

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 REGINALD P. DICKERSON, 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 completed without adjournment; 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 23rd day of January, 2002.



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

My commission expires June 8, 2004.

1	INDEX	
2	EXAMINATION OF REGINALD P. DICKERSON, M.D.	
3	BY MR. MISHKIND: .....	3:7
4	BY MR. FARCHIONE: .....	74:6
5	BY MR. MISHKIND: .....	77:1

6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25



<p><b>A</b></p> <p>able 5:18 29:19 39:14 47:3</p> <p>abnormal 63:18 69:17,21</p> <p>Abnormalities 12:19,24</p> <p>about 3:15,16 5:9 6:6 7:20 8:1,1,2 12:17 17:3,8,10 20:18 23:22,23 25:19 26:4 28:8 28:15,25 31:17 36:25 39:3 49:11 52:19 55:5,22 61:6 62:24 70:7 73:3,21 77:3</p> <p>above 1:23 79:11</p> <p>acceptable 35:13</p> <p>accompanied 19:15</p> <p>account 36:10 68:5</p> <p>Accupril 30:10,11</p> <p>accurate 7:14 30:21</p> <p>action 79:16</p> <p>active 28:11</p> <p>actually 58:3 66:8</p> <p>acute 32:1,12 33:1 33:8 34:6,9 35:6 71:5</p> <p>acutely 33:24 34:14 34:17 48:14,23</p> <p>additional 5:16 8:13</p> <p>address 4:4</p> <p>adjournment 79:14</p> <p>admission 20:5,11 20:17 46:15</p> <p>admitted 46:12</p> <p>advances 69:13</p> <p>advise 60:24 61:20</p> <p>affect 28:3</p> <p>affecting 33:16</p> <p>AFFIDAVIT 78:1</p> <p>affiliated 79:16</p> <p>affixed 79:18</p> <p>aforesaid 79:11</p> <p>after 9:19 19:18,25 25:22 26:14 36:19 43:1 44:5 56:4,5,9,24 57:13 58:19 64:9 72:25</p> <p>afterwards 79:11</p> <p>again 5:19 14:23 35:23 43:8 44:20 55:3 57:16 60:3 61:21 67:2 76:10</p> <p>against 7:16 10:19 61:20</p> <p>agents 70:11</p> <p>ago 10:3 30:13</p> <p>agree 69:9</p>	<p>agreement 1:20</p> <p>ahead 6:14 49:25 51:10 54:14 55:4 69:7</p> <p>al 1:7</p> <p>alert 43:12</p> <p>alive 44:1</p> <p>along 59:13</p> <p>already 6:7</p> <p>alterations 50:22 50:25</p> <p>always 12:5,7 28:7 47:6 53:20</p> <p>American 4:18,19 15:17,18</p> <p>amount 36:16,18</p> <p>Andrew 29:10</p> <p>and/or 61:25</p> <p>anemia 32:12,18 33:2,9,12,15,18 34:6,9 35:6,12,13 35:14,16 63:6,7 63:14 66:14,17</p> <p>anemic 33:24 34:14 34:17 36:1 48:15 48:23</p> <p>Angeliu 14:17</p> <p>angina 32:21 33:4 34:22</p> <p>angina/CHF 41:5 41:19</p> <p>angles 41:15</p> <p>another 4:3 12:19 38:8 68:14 71:2</p> <p>answer 6:10,14 7:4 7:5 17:6 31:4 47:18 54:7 63:22 68:13 69:1 74:8 76:9</p> <p>answered 6:8</p> <p>answering 62:20 68:24</p> <p>answers 5:25 6:5 50:2</p> <p>anybody 24:12 73:15</p> <p>anyone 19:20 58:16 59:19 73:5</p> <p>anything 12:9 18:24 19:1 27:17 28:10,14,15,23 40:24 43:9 56:13 64:9 72:25</p> <p>anywhere 27:20,22</p> <p>aortic 27:4,4</p> <p>apparently 27:3 36:20</p> <p><b>APPEARANCES</b> 2:1</p> <p>appeared 25:10</p> <p>appears 45:12</p>	<p>47:23</p> <p>applied 4:12</p> <p>appropriate 63:6 66:2 72:14</p> <p>approximate 8:10</p> <p>Approximately 4:2 12:13 13:12</p> <p>area 24:3</p> <p>areas 4:22 5:6</p> <p>around 17:25 26:1 54:2 57:12 61:2</p> <p>arrested 17:15</p> <p>arrhythmia 33:19 57:5,6,6 58:5,12 63:7,18 66:15,21 67:13 70:18</p> <p>arrive 73:21</p> <p>artery 16:16 29:25 41:2 75:15</p> <p>article 12:18,20 13:3 14:6,8,19,21 14:23 15:1</p> <p>articles 12:11,13,17 15:7,11</p> <p>ascension 70:3</p> <p>asked 21:6 48:22 62:18 68:25</p> <p>asking 3:14 17:16 47:8 50:7 63:10</p> <p>assert 61:19</p> <p>assess 62:7 64:17 69:22 74:12</p> <p>assessed 64:2</p> <p>assessment 70:1 74:15,24</p> <p>assisted 29:19</p> <p>associated 24:24</p> <p>Association 15:18</p> <p>assume 27:17 43:4</p> <p>assuming 34:12</p> <p>asymptomatic 46:25</p> <p>attempt 5:7 73:13</p> <p>attempts 5:10</p> <p>attending 22:14,16 51:24 62:10 69:24 74:25 76:17</p> <p>attendings 70:2</p> <p>attention 48:6,9,15 54:24 55:7</p> <p>attest 18:2,24 52:14 54:5 64:8</p> <p>attorney 79:15</p> <p>August 26:8 31:12</p> <p>authenticates 75:1</p> <p>author 13:17,19 14:9</p> <p>automatically 57:8</p> <p>autopsy 62:13 71:3 71:10</p>	<p>available 69:6</p> <p>awake 43:12</p> <p>aware 28:20 50:11 64:14,20 65:16 69:11 75:18,24 76:5</p> <p>away 17:9,13</p> <p>A-N-G-E-L-I-U 14:17</p> <p>a.m 45:6 52:20 55:23 56:9,24</p> <p><b>B</b></p> <p>back 5:22 12:2 16:17 26:2,7 31:12 32:13 37:20,21 38:3 61:17</p> <p>background 3:15</p> <p>balance 56:10,25</p> <p>balanced 36:5 66:17</p> <p>based 24:15 59:4 61:15 66:2</p> <p>baseline 34:20 40:18</p> <p>basically 5:3 29:17 38:25 62:5</p> <p>basis 27:8,18 29:15 42:19 54:19</p> <p>Becker 2:3</p> <p>become 62:16</p> <p>becoming 5:5 58:18</p> <p>before 1:17 5:18 6:3 7:23 10:7,25 23:22,24 26:2 40:16,19 48:22 56:10 61:4,7 64:6 64:8 69:12 71:20 78:18</p> <p>behalf 1:15 2:2,6,10 2:13 10:1,12</p> <p>being 3:3 5:18 10:1 10:20 14:8 17:24 25:12 30:8 31:25 46:11 50:25 54:13 56:2 58:19 62:9 63:15 64:4 69:5,13</p> <p>believe 7:19 15:20 15:24 16:2</p> <p>below 60:11</p> <p>Berne 1:21 2:14</p> <p>besides 10:15</p> <p>best 23:12 29:8,9 40:9 45:19 50:23</p> <p>beta 40:2,12,15</p> <p>between 32:5,9 37:23 42:4</p> <p>beyond 68:19,24 73:21</p>	<p>bleed 63:4,5</p> <p>blocker 40:15</p> <p>blockers 40:2,12</p> <p>blocking 14:13,14</p> <p>blood 35:17 36:1,7 41:10 43:13 47:24 50:13 51:1 51:8 54:22 64:12 64:25 65:7,10</p> <p>blunting 41:15,23</p> <p>board 4:15,18,19 4:21 5:6</p> <p>boards 4:17 5:11,13 5:19</p> <p>body 53:15</p> <p>book 12:11</p> <p>borrow 7:1</p> <p>both 4:22 5:6 20:15 32:20 36:17 53:9 55:18</p> <p>bottom 45:7,8 75:7</p> <p>Brandice 8:24 9:1,4 9:14,16,24 10:3,7</p> <p>break 11:4</p> <p>bring 3:22</p> <p>broad 29:13</p> <p>brought 48:6,8,15 54:24 55:7</p> <p>Building 1:21 2:8 2:11,15</p> <p>BUN/creatinine 41:17</p> <p>bypass 9:5,9,21 16:17 41:2 65:22</p> <p><b>C</b></p> <p>CA 41:4</p> <p>CABG 9:19 41:2</p> <p>CAD 75:12,14</p> <p>call 18:3,4,5,12 52:2 70:4</p> <p>called 1:15 3:2 17:14</p> <p>came 18:6</p> <p>cancelled 60:2</p> <p>cancer 12:19,25,25 13:2,4 20:6 24:3 24:7,8,20,24 25:6 25:9 41:5</p> <p>cardiac 9:23 11:5 15:22 16:3 26:11 27:8 28:7,9 29:11 29:22 30:15,18 31:14,18,22 32:1 33:6,18 34:10,13 35:10 36:5 37:22 38:3 39:11 40:12 42:18 43:21 50:18 53:14 55:1 55:15 61:25 62:1 62:5 65:12,17</p>
--	--	---	---	---

66:13,20,23 67:6 67:11,15,16 cardiac-wise 38:21 cardiogram 55:10 cardiological 35:5 cardiologist 3:11 9:7 16:6,14 33:10 34:5 35:20 48:11 cardiology 4:20,25 5:13 15:12,18 16:12 41:1 52:5 75:4 76:2 77:1 cardiomyopathies 62:25 care 9:18,20 32:15 32:20 60:12,23 61:10,11,19 72:12 74:10 carried 32:19 38:1 59:18 case 1:66:19 7:8 8:8,23 9:1,24 10:3,4,6,8,15 11:1 12:14 15:10,20,25 17:3 46:10 58:12 60:11 61:3,6 62:22,23 74:6 cases 6:3 7:9 8:17 10:15,17,22 11:3 11:8 cat 25:2 cath 26:11 30:15 31:14,18 catherization 29:11 30:18 31:22 catherizations 9:11 catheterizations 26:15 cause 35:14,16 40:7 49:5 62:21,23 63:17 66:14 79:11 caused 62:16 72:21 causing 49:11 cells 47:25 50:13 51:1,8 certainly 22:18 25:14 59:5,14 61:13 CERTIFICATE 79:1 certification 4:24 4:25 5:4 certified 3:4 4:15 4:22 5:6,6 certify 79:9,13 cetera 67:9 change 37:22 38:20 69:11,24 70:8 78:5 changed 29:7	changes 41:9,20 42:1 53:11,12,15 56:16,20 chapters 12:11 chart 18:11 23:17 37:12 43:6 52:13 56:1 58:14 check 37:5 checkup 35:5,5 chest 31:2,21 41:14 41:20 CHF 32:22,24 41:3 41:15 43:18 chronic 32:12,21 33:4 41:20,25 chronically 48:14 48:23 Circle 3:24 11:20 circumstances 20:2 40:11 61:13 Civil 3:3 79:17 Clair 2:8,11 clarification 7:3 clarify 7:18 34:16 clear 26:3 41:13 43:14 clearance 11:5 15:8 16:10,11,12 25:8 36:21 37:4 39:22 cleared 23:25 25:17 41:21 clearing 39:5 Cleveland 1:21 2:4 2:8,12,15 3:25 14:10 61:16 79:18 client 68:25 Clinic 14:11 61:16 clinical 33:14 66:3 66:11,13 71:7 74:15 clinically 74:12 code 17:20,25 56:11 58:4 codes 57:22 coding 73:10 College 15:17 come 14:15 28:6 coming 69:4 commenced 4:24 4:25 5:1 commencing 1:22 comment 24:18 30:14 commission 78:23 79:24 commissioned 79:8 common 1:1 27:24 42:2 communicating 43:12	(Compared 53:2 (compensated 32:21 32:24 33:3 34:21 35:21 36:6 40:6 67:8 (compensation 7:21 (compensatory 33:23 34:1 (complaints 31:1,21 46:21 (complete 18:21,23 (completed 5:3 18:1 79:14 (compliant 27:10 29:4,15 (complied 28:17 (concept 68:11 69:9 (concern 49:13 (concerned 28:25 49:11 (concerning 11:4 18:11 49:1,4 (concerns 34:4 35:19 39:5,8,10 39:13 (conclude 65:6 (concluded 77:8 (condition 23:24 28:9 61:25 70:8 (Conduction 12:18 12:24 (congestive 12:22 33:3 34:21 35:22 36:6,12 40:6 41:3 67:9 (conjunction 45:21 (consider 75:9,13 (consideration 76:11,13,14 (consistent 53:24 71:9 (consistently 19:15 (consult 21:2,3,8 22:19,23 40:23 (consultant 21:16 (consultation 20:12 20:18 21:9,15 43:20,22 (consulted 75:18 (contact 69:23 (contacted 62:9 (contained 18:25 (context 54:20 63:23 64:4 67:6 73:22 (continued 49:9 (continuing 6:13 (contract 79:17 (contributed 72:22 (contributing 33:13 (control 21:21 (conversation 19:24	25:19 37:1 (conversations 25:3 (copies 20:4 (copy 7:120:25 21:10 23:11 38:15 (corner 23:14 (coronary 9:5,21 16:16 29:25 41:2 63:1 65:22 75:14 (correct 3:12 6:18 7:13 8:19,21 9:12 10:2,13,21 11:22 16:9,15,18 18:16 18:17 20:20,21 22:20,21 23:3,4 27:8,9 29:21 30:1 30:4,19 31:14,15 32:3,22,23 35:7 36:3,22 37:4 38:23 43:24 45:16 48:20,24 52:22 64:15,18,22 65:3 66:4,15 71:16 73:13 74:14,19 79:12 (corrections 78:4 (correctly 31:10 (costophrenic 41:15 (counsel 1:15,20 59:14,15 (count 35:18 (countermanded 60:2 (county 1:2 13:24 79:5 (couple 11:14 74:7 76:6 (course 18:19 32:10 33:17 49:7 67:19 71:7 (court 1:1 8:5 79:16 (courtroom 10:24 (co-author 12:20 (co-signs 75:2 (cripple 29:22 (criticisms 61:15 (cross-examine 61:14 (curative 25:16 (cure 25:13 (curiosity 25:1 (currently 4:7 10:14 14:8,10 41:5 46:8 46:9 (customary 74:24 (cuyahoga 1:2 79:5 (CV 3:19 11:13 12:15 13:8,13 14:20,22 (CXR 41:14	<b>D</b> D 1:4 2:3 79:17 (data 20:11 51:23 52:1 (date 1:23 10:5 17:19 22:22 64:9 (dated 23:11 (dates 23:19 56:6 (daughter 19:8,11 19:13,14,20 (day 1:22 30:11,12 43:3 44:10,10,13 50:9 51:12 56:10 56:25 59:6 70:24 72:11 78:19 79:19 days 77:6,9 death 19:18 20:1,2 20:7 62:21,23,25 63:3 71:17 72:7 72:22 December 26:21,22 26:23 32:3,6 37:23 39:15,18,20 decipher 47:3 decision 52:6 62:9 65:25 66:2 76:19 decompensating 33:13 decompensation 35:11 36:11 38:21 40:8 deepening 52:24,25 defendant 1:15 2:6 2:10,13 6:3,9,17 8:4 10:15 Defendants 1:8 defending 10:25 defined 79:17 delineated 12:15 delivered 9:20 demise 44:5 demographic 20:11 demonstrates 35:6 denied 4:13 depending 63:13 depose 47:6 deposed 3:5 deposition 1:11,14 15:5 18:20 77:8 79:13 depressed 28:8 depression 52:24 61:23 depressions 53:23 62:8 describe 28:16 design 53:13 designated 46:16 designed 53:12 determine 53:22
---	---	--	--	---

<p>diagnosis 32:19 33:7 38:1,2 diagnostic 26:11,15 35:14,15 54:25 Diana 7:11 dickerson 1:11,14 2:13 3:1,6,10,13 41:21 74:3 76:23 78:17 79:9 80:2 died 24:6 73:2 different 56:13 67:24 difficult 13:6 dilatation 26:25 42:5,8 Diplomate 1:18 direction 2:1 21 22:19 disagreement 76:1 discern 62:4 discharge 20:17 discharged 70:16 discrepancy 7:6 discussing 76:6 discussion 23:1 25:7 61:3 disease 30:1 63:1 75:15 dismissed 7:17,21 7:25 8:5 10:19 dissection 42:6 distention 41:11 diurese 75:22 diuresis 75:15 doctor 3:20,23 6:11 6:22 8:2 13:14,22 17:17 20:13 31:5 37:6 46:5 47:5,17 50:1 54:14 56:18 57:25 60:8,10,22 61:9,19 62:18 63:11 67:1 68:9 69:2 doctors 64:21 doctor's 45:2 64:21 document 21:11,12 44:6,11 56:6 documentation 20:16 22:2 32:18 51:14 57:14 75:1 documented 44:2 doing 28:19 29:1,2 done 9:19 12:8 15:4 25:12 30:18 37:21 down 11:4 28:8 38:10 50:10 65:20 Dr 3:13 13:20 16:8 16:23 17:2,10 21:17,18,20 24:12</p>	<p>25:3,8,19 29:10 36:19,24 39:18 43:23 45:15,21 46:7 49:15 59:16 70:9,10 72:13 76:17 drawn 62:1 drop 34:18 48:12 49:9,12 50:10 54:21 63:17 66:22 67:5 dropped 48:5,18 dropping 51:17 due 50:4 duly 3:4 79:8,10 during 14:16 18:19 58:1 64:4 dysfunction 27:1 40:18 D'Hue 2:10 16:8 17:2,10 24:12 25:3,8,19 36:19 36:24 43:23 45:15,21 59:16 70:9,10 72:13 76:17 D'Hue's 39:18 49:15</p> <hr/> <p><b>E</b></p> <p>each 48:1 50:13 early 44:16 70:5 ECG 41:6 echo 26:21 37:3,10 37:21 38:17,19,19 edema 41:14 43:15 Edwards 3:16 8:12 12:1 15:9 16:11 16:13 17:3,9,12 18:22 19:3,6,15 19:18,21 20:1,22 23:24 24:6,19 25:5,20 26:10 27:7,14,18 28:15 29:1,14 32:11,19 33:8 36:19,25 38:22 39:6,12,13 40:19 42:4,25 44:1,4,14 46:19 48:4 49:16 50:14 51:3,16 56:2 57:12 58:17,24 60:12 62:16 66:19,24 67:6,19 70:7,14,22 72:6 72:19 73:8 effect 40:15 efforts 73:16 either 32:11 59:16 62:10 68:23 73:24 79:15</p>	<p>ejection 38:7 41:12 EKG 39:16,19 42:17 46:19,23 54:12,19,25 55:13 61:25 EKG's 42:12 electrocardiogram 41:7 53:25 Elevated 12:21 elucidate 15:2 enjoyment 70:15 enough 40:14 63:16 64:11 66:12 enter 54:23 entitled 61:14 entries 60:7 enzymes 42:18 62:1 episode 33:2,8 episodes 32:12 63:2 equipment 58:8 ERIN 2:11 esophagus 42:5,8 especially 28:7 40:17 ESQ 2:3,7,11,14 essentially 60:14 estimates 38:17 et 1:7 67:9 etc 1:4 evaluate 40:15 51:13 72:11 74:25 evaluated 33:12 39:9 51:12 55:20 evaluation 25:11 35:10 74:16 even 47:2 56:21 event 79:15 events 18:3 26:4 eventually 10:19 ever 4:9 10:24 19:8 26:14 27:20 32:11 48:23 58:16,24 73:6,15 every 44:10,10 59:6 everything 67:10 73:23 evidence 32:18 58:23 59:16,20 60:9 65:8 66:7 71:12 Exacerbating 36:12 exact 8:9 10:5 exam 4:19 examination 1:16 3:2,6 4:23 5:4 74:3 76:23 80:2 examine 61:21 62:3 example 33:14 except 52:1 excluding 8:7</p>	<p>exclusively 12:4 expected 16:6 experience 32:11 63:18 experienced 72:2 experiences 33:8 57:5 experiencing 67:12 70:17 expert 24:2 60:19 expertise 24:18 expired 9:5 17:11 18:1 44:15 expires 78:23 79:24 explain 56:22 57:2 57:3 69:2,8 73:6 explained 58:16 explanation 57:16 57:18 58:13,21 EXT 41:13 extent 73:20 extremely 63:2 extremities 41:14 43:15</p> <hr/> <p><b>F</b></p> <p>face 20:10 facility 29:19 fact 60:19 66:14 75:19 failure 12:22 33:3 34:21 35:22 36:7 36:13 40:6 41:3 67:9 Fair 64:11 fairly 27:7 29:15 family 19:6,19,21 far 29:16,20 farchione 2:7 34:15 37:17 38:5,11 60:18 61:5 63:12 63:21 69:14 74:4 74:5 76:20 80:4 fatal 33:19 57:5 63:7 66:14,21 67:13 70:18 fault 72:20 feel 18:18 46:22 47:15,17 65:20 fellow 14:10 few 6:6 file 19:2 20:4 filed 10:18 17:5 find 22:9 73:19 finding 42:3 71:10 findings 26:25 fine 50:5 finer 65:16 finished 22:5 firm 79:16 first 3:4 5:7 79:10</p>	<p>five 8:10,11,13,14 31:16 flat 28:3 floor 44:15,18 62:10 64:3 67:22 67:25 71:23 fluid 43:17 follow 43:21 followed 66:8 following 24:22 44:13 70:17 78:3 follows 3:5 foregoing 78:2 79:12 forth 1:23 79:11 found 41:4 56:2 57:12 58:19 60:6 68:7 69:3 71:8 73:8 Foundation 61:16 four 8:10,11 10:18 48:2 50:14 fraction 37:15 38:7 framework 44:17 free 18:18 frequently 25:1 52:12 from 18:6 19:1 20:13,17 25:10 27:6 28:23 29:14 30:15 34:19 35:11 36:5 38:3 38:17,20,22 39:10 42:16,20,23 49:9 49:10 50:7,8,23 57:15 59:19 60:13 62:4 64:2 66:5,5 67:11 69:20 71:6 73:5 73:24 78:2 front 18:16 23:9 30:23 38:15 fullness 31:2,21 function 29:20 37:23 39:2 51:20 51:22 67:10 further 5:22 74:2 79:13</p> <hr/> <p><b>G</b></p> <p>games 68:22 Gastrointestinal 35:17 gave 6:4 general 15:11 generally 73:7 generated 57:23 58:9,11 gentleman 28:1 29:17 George 14:13</p>
---	---	---	--	--

<p>getting 18:4 give 7:2 44:17 52:18 given 7:4 9:22 25:5 46:22 59:18 63:5 64:7,12 66:7 giving 36:6 global 73:18 go 5:22 6:14 10:22 26:2 49:25 51:10 54:14 55:4 56:5 59:11,13 61:2 68:19 going 3:14 6:6,7 11:13 12:2 25:15 25:22 26:2 34:7 49:22 59:11 60:22 61:19 68:14 69:17 good 25:14 Gordon 1:17 79:8 79:22 Graduated 11:18 graft 41:3 grandchildren 19:16 granddaughter 19:9,10,20 greater 67:11 75:10 75:14 guess 47:9 guessing 47:6,7 guidelines 15:17,19 15:21,24 16:2 50:19 guy 28:2</p> <hr/> <p><b>H</b></p> <p>H 41:18,18 Hahnemann 11:17 hand 79:18 happened 18:24 happy 59:19 hardly 28:9 Hassan 13:20 14:3 haunches 61:17 having 34:24 51:12 54:23 health 1:7 2:6 28:24 hear 59:19 heart 9:11 12:22 15:18 33:3,24 34:21 35:22 36:7 36:11,12 40:6 41:3,11 52:12 67:9 69:12,21 71:15 Heights 3:25 hematocrit 34:19 75:10,13 hemodynamic 49:5</p>	<p>50:8,22,24 51:6 55:20 63:23 64:2 64:17 65:8,12 66:19 69:25 76:14 hemodynamically 33:16 43:11 46:20 51:4 65:5 hemoglobin 34:19 48:5,13,18 49:1,2 49:9,12 50:10,21 51:16 54:21 63:16,17 65:19 66:22 67:5,12,14 hemoglobin/hem... 41:18 her 9:18 19:14 21:23,25 22:5,10 22:12 hereinafter 3:4 hereunto 79:18 HESS 2:11 45:22 49:20 50:15 51:9 52:8 55:2 57:1 60:17 62:2,11 63:9,20 65:14 72:8,16 76:22 hiatus 4:2 high 63:2 Hillcrest 4:8 him 3:17 13:7 27:21 27:22 30:20 32:5 32:9 37:1 39:20 43:3,19,20 44:18 47:8,15 51:12,14 57:17 58:18 61:14,21 63:24,25 64:2,5,6,8,9,16,19 68:19,25 72:11 73:10,13 history 41:2 46:22 50:11 65:12 66:20,23 67:6,7 67:15,16 hooked 68:2,6 hopefully 26:3 hospital 4:7,8,10 4:13 17:1 18:3,25 20:5,23 21:7 22:13 26:5 40:9 42:14 59:15 60:8 61:10 67:22 72:1 73:6 74:6,10 hospitalization 23:23 26:2 35:2 49:8 73:23 hospitals 4:5 hospital's 52:14 hour 50:14 60:15 71:15 hours 48:2 56:1</p>	<p>76:7 house 19:25 howard 2:3 3:13 7:18 52:21 60:6 68:17 HTN 41:3 Huron 4:7 17:1 22:13 67:22 Hurst 15:16 hypertension 12:23 30:3,7 41:4 hypertrophy 41:8 hyphen 41:13,16 hypothetically 33:20,22 63:11,13 66:16</p> <hr/> <p><b>I</b></p> <p>ICU 43:1 60:13 idea 38:18 identifying 19:21 immediately 73:10 implement 76:18 implemented 66:8 important 74:16 Impression 41:19 43:15 include 8:11 50:19 including 8:7 56:10 inconsistent 31:25 increase 75:12 increased 66:2 1 75:15 independent 60:19 independently 24:11 29:18 73:24 INDEX 80:1 indicate 48:19 69:16 indicated 6:2 20:19 72:19 74:8 indicates 60:1 indication 25:5 55:9,12 59:12 73:9 indications 66:12 indicators 33:15 individual 9:4 29:4 40:5,16 46:25 50:19,20 77:2 individuals 33:17 65:22 infarction 70:23 71:5,11 information 16:5 24:16 46:24 54:24 69:5 76:5 initiate 40:7 52:6 initiated 50:25 injection 37:14</p>	<p>instability 49:6 65:8,13 instances 32:8 65:21 insufficiency 27:4 interacting 28:12 interaction 27:18 interactions 12:5 interested 79:15 internal 4:18,19,23 5:9,11,19 internist 29:4,5 interpret 47:20 54:6 interrogatories 6:8 6:20 72:18 interrogatory 5:25 6:5 7:4 intervention 34:25 invasive 9:7 invite 27:20 invited 27:22,23 involve 11:3,8 involved 10:11 73:16 74:11 75:20 iron 35:18 ischemia 53:24 isoenzymes 55:16 issue 33:11 36:15 62:5 issues 11:3 36:4,9</p> <hr/> <p><b>J</b></p> <p>january 1:12 22:24 22:25 23:5,11,21 37:23 40:22 48:4 48:18 56:24 70:6 72:2,7 77:1 79:19 Jimerson 29:10 Joe 74:5 JOSEPH 2:7 Journal 13:4 journals 14:9 jovial 28:3 judge 1:6 10:25 judgment 40:9 jugular 41:11 jump 26:1 June 79:24 jury 10:25 just 7:1,19 8:6,15 20:25,25 23:10 26:16 30:5 34:16 40:23 43:8,20 44:16 51:11 52:18 55:22 56:11 61:11 69:1 73:19 justify 66:12 JVD 41:11</p>	<p><b>K</b></p> <p>K 41:16 keep 75:9,13 killed 25:2 kind 25:21 27:25 knew 29:16,20 know 5:21 6:1,20 10:5,23 13:10 15:12 16:19 25:10 45:19 46:1 46:7 49:4 57:24 61:12 68:9,10,10 68:11 71:6,22,25 72:1,4 74:5 76:25 knowing 72:10 knowledge 23:12 24:5 29:8,9 48:25 51:18 59:21,24 known 41:1 55:5 65:1</p> <hr/> <p><b>L</b></p> <p>L 1:17 79:8,22 Labes 21:17,18,20 77:3 laboratory 32:17 52:1 labs 41:16 43:15 Lake 13:24 language 43:12 last 13:25 43:5,25 44:2 63:24,25 71:18 late 70:5,23 lawsuit 7:16 17:5 25:4,4 lawsuits 7:23 lead 13:17,19 14:9 33:18 52:24 53:17 61:25 63:7 leading 20:6 58:18 71:8,16 leads 58:6 68:2,6 learn 17:12 59:5,6 59:6,7,7,8 68:12 least 12:16 29:11 61:17 led 50:25 left 26:25 27:1 40:17 41:7 67:9 lenson 2:14 3:21 6:1,10,22 7:18,24 13:7,13,21,24 14:2,4 16:24 17:16 18:14 19:10 20:13 21:2 21:5 22:22 24:11 24:14 29:7 31:4,7 31:9 33:20 34:11 34:23 35:3 37:6 37:11 39:7 42:22</p>
---	---	--	--	--

44:7,21,24 45:17 45:23 47:5,10,15 48:8 49:21 50:16 52:21 53:4,7 54:7 54:13 56:4,17 57:2,24 59:2,10 59:21 60:5,16,22 61:8,18 62:17 63:10,19 66:25 68:9,12,17,23 70:20 71:19,21 72:9 75:23 76:8 77:4 Lenson's 7:1 less 43:10 let 6:22 7:2 26:16 30:5 37:5 let's 5:9 20:18 65:20 level 12:21 35:13 50:20 63:14 levels 51:16 life 70:14,16 like 14:18 25:14 34:16 35:18 47:24 66:19 74:20 likely 25:22 64:5 limited 47:1 LINE 78:5 list 45:5 listed 38:13 literally 68:2 literature 12:9 lived 29:17 living 29:19 local 50:5 localized 25:11 located 3:23 long 4:1,21 10:3 27:13 45:5 look 18:14 26:9 45:2 58:25 60:3 64:21 75:5 looked 64:24 looking 21:1 26:7 37:7 38:6,9,16 50:23 54:10 56:7 57:14 65:20 looks 47:24 52:19 lot 29:25 low 49:3 lower 23:13 Lung 13:2 Lungs 41:13 43:14 LVH 41:7 L-A-B-E-S 21:17	10:11,20 30:14 31:11,12,17 49:19 54:18 main 45:6 make 5:10 7:3 8:12 18:10 21:1,10 29:13 35:3 39:23 40:23 43:8 50:6 62:9 68:17 76:19 making 44:19 60:6 MALIK 1:4 malpractice 11:1 managed 30:8 72:6 management 11:9 15:22 16:3 29:16 managing 9:13,18 65:16 manifestations 35:11 many 5:10 6:9 8:3,6 12:11 man's 73:23 marked 38:10 matter 8:12,20,25 matters 28:20 may 7:24 18:25 29:7 31:13 32:8 40:7 53:18 mean 5:2 26:1 32:24 34:17 means 58:4 measure 53:12 mechanical 62:6 mechanics 57:9 mechanism 33:23 mechanisms 34:2 Media 1:21 2:15 medical 6:3 11:15 11:17 12:9 16:10 19:2 23:24 28:17 29:16 36:20 37:4 46:14 50:7 medically 23:25 medicated 30:4 medication 30:9 39:24 40:7 63:6 medications 43:17 medicine 4:18,19 4:23 5:9,11,19 meet 19:8,16 member 19:22 members 19:20 meridia 1:7 2:6 met 19:13 midnight 57:13 58:19 might 56:13 milligrams 30:10 30:11 mind 28:15 minimal 41:15,23	mischaracterize 8:15 mishkind 2:3,3 3:7 3:14,19 6:12,25 7:22 13:22,25 14:3,5 19:11 21:3 22:24 24:13,17 33:21 35:1,7 37:19 38:9 47:8 47:13 50:3 52:22 53:6 59:14 61:2 61:12 68:16,21 74:17 6:24 77:5 80:3,5 missing 40:24 43:9 modalities 35:25 Molvin 17:3 moment 30:13 monetary 9:25 monitor 53:14 62:6 69:20 monitored 32:15 monitoring 27:8 53:11 monitors 69:12,15 71:23 morbidity 24:23 25:21 more 7:24 64:5 67:20 morning 44:16 51:8 70:23 mortality 24:24 25:21 63:1 most 65:15 much 11:23 38:2 67:3 murmur 41:13 43:14 murray 2:14 47:13 50:3 68:16 must 50:19 65:7 myocardiac 53:24 myocardial 70:22 71:5,11 M.D 1:11,14 3:1,6 3:10 74:3 76:23 78:17 79:9 80:2	neck 42:6,9 need 7:3 31:13 needed 25:8 needs 33:11 negative 28:16 negligence 6:3 never 27:22 34:7 60:15 news 25:15 next 56:1 60:14 nice 28:2 noncardiac 11:6,10 15:23 16:4 28:20 40:13 48:12 none 27:19 37:25 41:24 59:3,23 60:6 nonspecific 41:8 53:10 56:16,19 nonsurgical 34:23 nonsymptomatic 34:22 noon 71:20 normal 28:5 34:19 57:21 61:13 67:17,18 Notary 1:18 78:21 79:8,22 notation 18:10 47:23 75:2 note 23:2,5,8,11,16 30:23 31:23 38:9 38:11 40:25 43:5 43:10 44:2 45:8 47:21 74:22,23 75:3 77:1 78:3 noted 26:9 48:7 notes 23:20 31:10 32:14 44:10 60:1 nothing 72:20 74:1 79:10 notification 17:21 70:2 notified 17:25 51:19,21 notify 51:15 70:7 number 3:24 6:5 8:9 10:18 12:2 16:14 26:24 30:16 56:12 57:23 65:20 67:24 numbers 65:18,24 numerous 65:21 nurse 18:8 69:4 nurses 19:25 51:15 51:25 62:10 68:3 68:7 69:6,11,19 70:6 72:13 73:5 nursing 51:20	<b>O</b> object 6:10 47:14 49:22 50:4 objection 6:13 34:11,15 39:7 45:22 47:14 49:20,21 50:15,16 51:9,10 54:13 55:2 57:1,24 60:16,17,18 62:2 62:11 63:9,12,19 63:20,21 65:14 69:14 70:20 72:8 72:9,16 76:8 objectively 39:8 obligated 47:16,18 observed 50:21 obtained 51:23 Obviously 21:24 accasions 65:21 occurred 8:6 26:4 73:1 October 30:20,21 31:20,24 32:6 off 23:1 office 2:4 3:23 12:3 18:15,23 32:2,7 34:24 35:4 39:17 79:18 offices 1:20 Dhio 1:2,19,22 2:4,8 2:12,15 3:3,25 79:3,8,19,23 okay 3:18 6:24 17:23 20:9 26:5,6 45:4 49:17 75:13 once 5:14 69:20 oncologist 13:21 one 4:3 6:19 7:7,8 7:10,19 8:1,20 11:9 12:16,18 13:15 14:19 21:8 33:6 35:24 45:12 53:22 56:12 57:23 58:11 61:17,23 64:20 70:10 71:1 ongoing 33:7 only 7:9 10:10 17:11 23:16 25:7 25:18 63:22 opinion 24:15,15 49:18 60:10,20 62:15,17,21,24,24 66:1 70:15,21 71:1 72:15,19 74:9 opinions 60:23 61:15 73:20 opportunity 7:2 19:5,19 61:21
---	---	--	---	---

<p>opposed 69:5 order 42:12,18,20 45:11 46:18 47:2 47:3,4,7,12 49:19 50:12,25 51:7 52:6 54:19,22 59:17 60:1,13 64:4,6,12,25 65:10 66:6,13 76:10 ordered 54:12,25 55:13,15 65:7 76:5 orders 42:16,22 45:3,5 59:25 60:4 64:22 75:7 organized 71:4 organizing 71:5,11 original 29:11 oropharyngeal 25:9 41:4 other 7:8,16,19,25 8:22 10:15,17 15:24 23:19 24:14 32:8 34:1 39:8 54:25 55:25 60:23 61:10 67:13 72:20 73:19 74:11 others 7:20 otherwise 79:15 out 22:9 26:3 28:14 59:18 66:18 73:19 76:13 outpatient 43:17 over 11:14,24 19:6 32:10 43:13 48:1 49:7 50:13 56:1 60:14 66:21 71:14 overall 28:24 overload 43:17 own 24:15 60:24 61:11 O - Y 16:24</p>	<p>particular 35:19 63:15 74:13 party 79:15 passed 17:9,13 past 76:6 pathologic 71:10 patient 9:13 11:5,9 12:1,19,25 20:16 21:6 27:10,12 33:2,13,18,24 34:5,80,13,14,20 34:24,24 35:4,21 35:25 40:10,12 41:1 43:21 44:12 44:22 46:15 48:13 49:2,14,15 50:9 52:11 53:10 54:20 55:19,21 56:23 57:4,8,22 58:3,5,7,12 59:18 61:24 62:3,7 63:4 63:8,15,17,24 65:2,11,17 66:13 66:18,19,22 67:14 68:1,5 69:3,12,17 69:22 74:13,17 75:1,12,14,19,22 patients 9:22 11:10 12:21 15:22 16:3 28:6,7 33:7 44:10 46:12 74:20 patient's 34:18 69:25 Pause 26:19 30:6 32:16 42:15 payment 9:25 payments 8:6,17 10:11,20 PE 41:9 Penton 1:21 2:15 people 60:8 62:25 63:2 65:19 per 30:10,11 percent 37:14,18 38:5,7,10,12,14 38:24 perform 26:14 performed 20:14 26:21 39:16 period 9:6,19 50:14 50:18 60:15 71:15 74:18 perioperative 15:22 16:3 39:24 permitted 18:14 permitting 39:11 persist 31:13 person 21:13 28:5 33:16 36:6 47:6 personable 27:25 28:4</p>	<p>personally 21:13 physical 41:9 physician 12:5 18:8 32:15 51:24 74:25 physicians 17:21 19:25 place 79:14 Plaintiff 1:5,16 2:2 Plan 41:21 43:16 play 68:21 PLEAS 1:1 please 3:8 9:3 35:23 68:16 75:5 pleural 41:20,25 plural 53:5 plus 41:16 56:1 point 15:3 22:16 28:9 36:25 56:15 64:6 67:23 71:7 72:5 Pointe 4:8 points 65:16 poorly 34:7 position 53:15 61:11 72:5 positions 53:17 possibly 70:11 post 9:21 postoperative 9:6 9:19,20 11:9 42:19 46:18,23 48:12 49:10 50:18 63:5 65:11 65:22 67:13 74:17 postoperatively 49:8 50:9 post-op 42:12,23 50:10 61:24 potassium 41:16 potentially 33:2 40:7 65:4 practice 11:20,21 11:24 13:23 22:6 22:7 practitioners 65:15 PRBC's 47:24 pre 39:24 preliminary 25:11 preoperative 11:5 15:8 preparation 15:5 present 35:12 presents 35:4 pressure 41:10 43:13 presume 27:13 pretty 11:23 38:2 46:10 previous 7:5 53:3,4</p>	<p>53:4,6,7 previously 48:14 49:3 primary 32:15 principal 22:14 principles 15:12 prior 10:4,5 25:3 25:20 44:4 56:2 73:10 private 22:6,7 privileges 4:5,9,12 probably 41:20 42:2 48:20 70:10 problem 32:1 62:6 73:9 procedure 3:3 25:17 29:12 43:16 57:21 58:2 procedures 35:17 produced 15:17 prognosis 24:6,19 24:22 25:6,20 program 21:25 progress 23:2,5,8 23:11,16,19 59:25 75:5 prolific 14:24 prompted 51:7 properly 71:23 72:6 proposed 39:12 protocols 52:15,16 provide 13:7,7 36:1 60:25 provided 3:2 6:1 16:10 21:13 24:16 72:13 Public 1:18 78:21 79:8,22 published 12:12 13:3,11 14:7 publishing 12:8 Pulse 41:10 purpose 53:13 purposes 36:21 pursuant 1:19 22:19 put 76:12 p.m 1:22 77:8</p>	<p>76:22 quickly 11:14</p> <hr/> <p>R</p> <p>R 41:21 radical 42:6,9 raising 61:5,8 rate 63:1 rather 46:13 60:8 read 31:10 40:24 47:11,16 52:9 75:8 77:4 78:2 readout 68:3,7 reads 75:11 really 18:7,9 realm 70:3 reason 46:11 49:11 49:22 66:6 reasonable 49:19 50:12 reasonably 16:4 recall 13:2 16:22 18:4 19:17 29:5 44:17,19,22 54:8 54:9 73:1,24 receive 46:25 60:15 received 18:2 recognize 57:17 recollection 6:15 7:8 14:24 17:14 17:24 18:5 27:23 29:3 32:8 44:3,8 recommend 26:11 31:22 40:2 recommendation 75:22 recommendations 39:23 recommended 76:12 record 3:9 7:4 23:1 29:6,9 40:24 42:13,14 50:24 51:11 52:9 56:8 59:11 66:6 73:24 76:18 recorded 52:13 records 18:11,15,21 18:23 20:5 23:3 26:9,17 30:21 48:19 59:1,5 recur 26:10 30:15 red 47:24 50:13 51:1,8 reduced 79:11 refer 20:8 32:13 42:13 reference 13:5 15:21 17:20 18:19 22:2 30:5 52:19 71:4</p>
---	--	---	--	--

<p>referenced 6:19 7:11 14:7,20,21 15:13,14 referred 36:20 referring 21:4,11 reflecting 37:20 regard 3:16 15:8 28:25 74:9 reginald 1:11,14 3:1,6,10 74:3 76:23 78:17 79:9 80:2 register 69:15 Registered 1:18 regular 27:7 29:15 35:5 41:11 43:14 related 20:1 28:20 relates 9:24 16:5 19:2 24:7,8 relative 18:3 24:19 26:1 28:19 32:17 37:25 63:22 65:17 70:1 74:23 76:14 79:15 relevant 15:20,25 reliable 16:4 53:18 relying 15:7,15 remained 5:13 remember 8:22,25 17:17,18 27:13 49:21 remind 31:8 Reminder 2:7,7,10 2:10 removed 19:1 render 60:23 repeat 6:7 31:13 33:5 48:16 repeating 3:1 17 rephrase 35:23 rephrasing 55:3 report 2:19,14 37:10 52:1 61:1 70:6 Reporter 1:18 reporting 79:16 reports 12:14 37:25 represent 56:8 59:2 59:12 60:5 61:18 74:6 request 43:23 requested 22:24 78:5 requirement 5:22 research 14:10 15:4 residency 5:16 21:23 22:10,12 70:11 resident 20:15,19 21:18 22:3 44:20 45:14,18,20,24,25</p>	<p>46:1,8,9,11 70:12 74:23 75:4,21 76:2,25 residents 44:11 45:13 46:13,17 52:5 59:9 70:2 72:14 74:21,21 76:17 respect 50:4 response 5:1 13 responsibility 5:1 24,25 responsible 50:21 rest 75:11 restart 43:16 restored 66:18 resuscitate 73:13 resuscitation 58:2,4 resuscitative 73:16 returned 32:2 returns 3:1 20 review 59:4 reviewed 5:25 20:15 62:13 revoked 4:10 rhythm 41:7,12 43:14 52:12 54:1 56:9,23 57:7,11 57:22 58:7,8 69:12,21 71:14,15 rhythms 53:14 right 7:10 24:13 35:1 36:2 39:4 67:8 right-hand 23:14 risk 66:21 67:12,20 Road 67:22 room 56:3 69:4 rounds 44:19 Rule 79:17 rules 3:3 50:5 Russo 1:6</p> <p style="text-align: center;"><b>S</b></p> <p>same 21:1,11 38:25 39:1,3,4 43:16 56:16,19 59:9 67:15,16 77:2 Santoscoy 16:23 saw 20:15 21:13 28:23 30:20 32:11 36:19 44:1 44:11 51:2 63:24 63:25 64:8,9 says 7:7 21:15 38:11 40:25 47:4 47:20 48:1 school 11:15,17 screen 69:5 scribble 38:16 seal 79:18</p>	<p>second 7:1 14:6 section 75:5 see 6:25 12:3 14:25 16:16 20:22,25 23:10 26:12 27:7 29:14 32:5 39:20 40:19 42:4,16,20 42:25 43:3 44:9 45:8 52:23 54:1 55:25 56:8,12,15 56:19 57:11,15,17 58:23 59:20,25 64:6,16,21 66:5,7 72:21 74:20 seeing 43:19,20 44:4,17,22 seem 28:11 seen 12:3 21:6 30:17 32:9 48:20 54:11 64:19,24 71:3 sees 61:23 segment 53:12,23 61:23 62:8 Seliga 7:11,25 8:20 10:4,6 SEM 41:12 serious 69:24 served 8:4 service 76:17 services 46:12,13 set 1:23 18:21,23 57:7 69:10 79:11 79:18 settled 7:8,12,20 8:17 9:25 10:6 seven 77:6,9 Severance 3:24 11:20 severe 62:25 sheet 17:21 20:10 21:4 shortages 72:3 shorter 43:10 shortly 57:13 58:19 show 6:22 71:15 showed 37:14 shows 29:6,10 69:21 side 18:18 sign 41:9 43:12 signature 21:16 23:13 46:3 77:9 signed 22:25 77:1 significance 12:20 33:1,9 41:22 significant 37:22 38:20 signs 41:19 43:13 62:4 similar 3:1 11</p>	<p>since 17:5,8 25:4 31:16 sinus 41:7 sir 11:16 55:25 site 25:12 situation 5:23 6:16 six 8:13,14 skills 49:23 skim 11:14 Skylight 2:4 Slyvia 77:3 social 27:18 solo 11:21 some 3:14 9:25 13:9 25:25 27:3 49:13 57:6 64:6 65:8,19 71:4 73:9 75:2 someone 40:17 65:6 65:10 70:4,9 someone's 47:12,16 something 14:17 32:14 38:6 50:4 69:16 71:21 75:17 76:4 sometime 10:7 sometimes 5:21 28:6 44:11 59:6,7 74:21 sorry 14:14 19:12 31:6 55:23 Sort 73:18 sounds 25:14 source 16:5 South 4:7 specific 15:11,19 44:22 specifically 26:8 73:7 specified 79:14 Speculation 70:20 speculative 54:14 76:9 speeches 50:6 spell 13:25 spoken 55:19 SS 79:4 st 2:8,11 41:8 52:24 53:10,12,23 56:16 56:20 61:23 62:8 stability 50:20 55:20 63:23 76:15 stable 32:21 33:4 34:21 41:10,19 43:11,13,15 46:20 51:4 63:25 65:5 staff 70:11,12 74:10 staffing 72:2 stand 72:23 standard 44:24 53:19,20,21 60:11</p>	<p>60:23 61:10,19 62:3 74:10 standpoint 28:24 36:5 38:3,21 39:11 50:8,8 64:2 67:11 stands 28:14 started 62:20 starting 45:6 state 1:19 3:8 58:6 69:13 79:3,8,23 stated 31:23 statement 7:14 29:13 31:12,17 67:1 73:18 statements 50:6 station 68:3,7 69:6 status 28:24 63:24 64:17 66:19 69:25 statute 1:17 stay 69:2 stenosis 27:4 stenotypy 79:11 still 22:3 55:12,24 72:23 stipulations 5:24 strike 34:6 strip 52:17 53:3,6,8 54:18,19 55:22 56:5,9 57:11,19 57:23 58:7,8,14 58:17 61:24 62:8 71:18 strips 52:13 53:5 54:1,11 56:1,23 57:7,15 71:14 73:9 studies 55:1 subject 8:25 subjected 25:22 submitted 14:9 Subscribed 78:18 successful 5:5 sudden 63:3 sufficient 63:16 66:12,13 suggest 59:17 suggestive 33:15 Suite 2:4 summarized 37:11 summary 20:17 support 7:1 12 supposed 57:10 69:19,23 sure 6:4 19:13 21:1 21:10 33:6 35:3 35:24 39:16 40:23 43:8 46:6 46:10 47:11 48:17 52:2 59:10</p>
--	---	---	---	--



68:18 70:3 surgeon 9:23 16:8 16:20,22 49:24 surgeons 9:22 46:16 74:11 surgeries 16:4 surgery 9:5,21 11:6 11:11 15:23 16:17,25 20:6 23:25 24:23 25:12,15,20,23 36:22 39:6,12,14 39:23 40:13,16,20 41:21 43:1 48:12 65:23 70:17 surgical 34:25 45:13,18,20,24,25 46:1,11,14,14 49:23,23 70:3 surrounding 20:2 Surveillance 35:10 survived 70:14 suspended 4:10 susaicion 31:25 sustained 58:12 70:22 sustains 58:3,5 sworn 3:4 78:18 79:10 Sylvia 21:17 symptomatology 53:25 55:21 65:18 symptoms 26:10 30:14 31:13,24 32:25 41:5 62:4 66:14 syncope 4:16 system 53:11 Systemic 12:22 systems 1:7 2:6 systolic 4:12 S-E-L-I-G-A-7:11 S341:12	talking 24:11 tasks 46:16 team 52:5 telemetry 44:14,15 44:18 45:7 52:12 52:17 53:11,13,14 53:16 57:4,7,22 58:7 60:13 61:24 62:8 64:3 67:21 67:25 68:1,6,11 69:3,10 71:22 73:9 telephone 18:12 tell 6:8 8:1 12:17 37:20 42:7 44:16 50:23 52:23 54:10,16 59:9 64:1 67:2 71:6 telling 64:13 68:25 terms 15:9 24:23 28:2,15,16 33:12 34:6 35:20 36:5 39:11,22,24 70:7 70:13,15 73:22 test 34:14 testify 49:24 61:9 79:10 testimony 8:16 79:11,12 textbooks 15:13,14 Thank 14:5 76:20 Thanks 74:2 their 28:8 34:19 40:18 61:17 66:18 74:24 themselves 19:2 1 51:25 thickening 27:3 thing 21:1 59:9 things 11:14 29:1 35:12 53:17 55:6 59:6,7 64:21 think 8:16,24 13:16 14:16 17:16 20:19 22:8 23:21 30:17 31:11 44:9 46:3,4 48:19 57:9 60:7 71:18 72:18 third 6:16 14:19,23 15:1 Thomas 16:23 though 47:2 three 5:12 7:22 10:17 12:13 through 6:1 18:15 26:16 27:6 56:6,9 57:14 58:25 59:11 60:3 66:8 78:3 throughout 32:20 thumb 26:16	ticker 39:2 time 13:9 15:3 17:5 17:8,25 19:25 20:6 22:17 25:3 25:18 26:18,24 29:10 31:1,22 36:25 37:3 40:8 40:14 42:5,19 43:10,25 44:4 49:7 51:2 52:18 54:2,11 56:11,23 57:12 58:17 64:6 64:14 67:23 69:7 71:8,10,16 72:7 73:19 75:18 79:14 times 5:12 6:5,9 8:3 8:7 32:9 56:6 timing 36:15 today 60:25 today's 15:5 told 7:20 8:16 30:17 73:22 tolerate 39:14 tolerated 43:16 total 8:7 touched 30:13 toward 75:7 towards 45:8 Tower 2:4 town 22:7,8,9 tracings 53:9 training 5:16,23 22:6,11,13 transcribed 79:12 transcript 78:2 transcription 79:12 transferred 44:14 45:6 52:11 60:12 transfuse 33:17 45:8,11 47:21 transfused 58:24 64:5 65:2,5,23 75:16,20 transfusing 35:21 51:1 transfusion 36:16 47:2 49:14 50:17 51:7 52:7 54:22 55:6 59:17,19 60:14,15 64:12,25 65:7,11 66:1 75:9 75:13 transfusions 36:2,7 36:16 50:12 treat 19:5 34:9 63:6 treating 34:5 treatment 3:17 19:2 28:17 35:8 35:24 treatments 35:14	35:16 treats 34:12 trial 10:22 trials 8:6 Troponin 12:21 true 3:11 10:1 16:11 26:22 30:18 38:3,22 66:9,23,25 79:12 truly 32:1 62:5 truth 79:10,10,10 try 62:4 tutelage 22:11 twice 6:15 two 4:3 7:7,9 8:17 10:10 47:22,24 50:9,12 52:24 type 12:25 18:10 24:24 25:6,9,23 29:18 57:6 types 46:15 65:24 T-A-H-S-I-L-D-... 14:2	74:24 75:2 utilize 49:23  V value 52:3 values 52:2 various 14:9 15:16 35:18 53:17 venous 41:11 ventricular 26:25 27:1 40:17 41:8 67:10 versus 61:16 65:18 very 11:14 27:15,24 32:1 45:7 63:25 74:16 virtually 9:21 visit 31:11 vital 41:9 43:13 vitamins 35:18 Vivian 1:17 79:8,22 Voik 61:3,6,16 vs 1:6 VSS 41:9  W waive 77:5 waived 77:9,9 want 8:2 23:8,23 26:8 27:16 33:17 35:3 38:18 47:5,7 47:15,17 50:2,4 56:11 59:2,7,8 68:15,17,21,23 73:19 wanted 21:10 34:8 39:25 65:1 wasn't 5:23 29:18 29:22 75:25 watch 43:17 wave 53:10 56:16 56:20 way 20:1 60:2 69:10 71:1,6 72:10 73:6 WEDNESDAY 1:12 well 21:3,10 22:12 27:1,15 32:21 43:16 46:8 48:20 51:22 53:9,19 64:1 65:20 went 11:15 30:16 40:16,20 were 5:5 7:22,25 8:5,17 9:13,18 10:11,11,24 12:5 12:14 13:17 16:19 18:4 21:11 22:14 26:10,24 28:20,25 31:24
---	--	--	--	---



42:22 43:19,20 50:24 51:5 55:6 64:13 66:11 71:23 74:12 75:23 WHEREOF 79:18 while 64:3 whole 68:11 79:10 witness 3:1 6:24 13:15 17:18 20:14 37:7,13 42:24 44:23 48:10 59:23 60:19 75:25 79:18 woman 9:15 worded 34:7 words 24:14 72:20 working 21:20 39:2 45:20 71:23 works 22:3 worried 28:8 wouldn't 54:17 58:13 write 74:21 writer 14:24 writes 74:23 writing 44:10 written 21:15 23:5 43:9 75:3 76:1 wrote 23:2 43:5 47:7	184:2 18th 26:22,23 1926:8 1977 11:19 1986 13:12 1991 7:12 1994 26:7,8,14 30:16 1995 27:6 29:14 1999 27:6 29:14 30:20,21 32:3 39:18	<hr/> <b>5</b> <hr/> 53:24 5:30 1:22 <hr/> <b>6</b> <hr/> 645:6 6th 67:21,24 660 2:4 <hr/> <b>7</b> <hr/> 7:15 77:8 70s 41:10 74:6 80:4 77 78:3 77:1 80:5 <hr/> <b>8</b> <hr/> 830:21 32:6 79:24 8th 31:24 8.8 48:5,18 49:1,10 50:11 63:16 67:5 67:12,14 80 43:13 88 13:12 <hr/> <b>9</b> <hr/> 9 49:10 9:00 45:6 900 1:21 2:15 91 4:24 10:7,7 93 4:25 94 31:13 95 26:22 37:21,23 38:3,19,22 99 31:20,24 39:15		
<hr/> <b>X</b> <hr/> x-ray 41:14,20 <hr/> <b>Y</b> <hr/> year 11:18 13:10 21:23,25 years 4:2,3 11:24 12:2 16:14,17 19:6 30:16 31:16 32:10,20 <hr/> <b>I</b> <hr/> 1 32:3,6 78:3 1-1937:8 1-25-00 41:1 1-27-00 43:11 1049:10 11:24 52:19 55:23 56:9,24 71:21 11:34 55:23 1132:8,11 1256:1 61:25 71:15 12-1937:6 13/1.2 41:17 13/40 41:18 13043:13 140/70 41:10 161:12	<hr/> <b>2</b> <hr/> 2/6 41:12 20 30:10,11 38:6,12 38:13,24 39:18 20th 39:15,21 2000 21:24 37:24 38:2,19,22 72:2 2002 1:12 78:19 79:19 2004 79:24 205 3:24 216-241-2600 2:5 216-621-8400 2:16 216-687-1311 2:9 2:12 23rd 79:19 24 60:14 25 22:24,25 23:6,11 40:22 25th 42:9 26th 42:10 56:21 27th 23:21 43:4,25 44:5 51:3 64:10 72:25 28 79:17 28th 44:13,18 45:3 48:4,18 51:5,8 52:18,21,22 54:3 55:23 56:24 64:3 64:11,14,16,20 70:5,24 71:19,24 72:7 73:1 75:3 77:1 29th 44:16 56:25 57:13,15 70:5,23 73:2 <hr/> <b>3</b> <hr/> 3:7 80:3 30 37:14,17 38:5,6 38:10,12,13,24 75:10,14 <hr/> <b>4</b> <hr/> 4.3 41:16 44113 2:4,8,12 44115 2:15 4143949 1:6			