1 1 IN THE COURT OF COMMON PLEAS TURNBULL COUNTY, OHIO 2 3 4 THOMAS W. MONROE, 5 Plaintiff, CASE NO. 00CV2380 6 vs. 7 JOHN MAXFIELD, M.D., 8 et al., 9 Defendants. 10 Deposition of PHYLLIS T. DOERGER, M.D., 11 Witness herein, called by the Plaintiff for 12 cross-examination pursuant to the Rules of Civil 13 Procedure, taken before me, Mindy R. Huffman, a 14 15 Notary Public in and for the State of Ohio, at 16 the offices of Mike Mobley Reporting, 334 South 17 Main Street, Dayton, Ohio, on Thursday, February 20, 2003, at 5:01 o'clock p.m. 18 19 21 2: 2: 2: 21 2!



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1	APPEARANCES:
2	On behalf of the Plaintiff:
3	Friedman, Domiano & Smith Co., ^{L.P.A.}
4	By: Donna Taylor-Kolis Attorney at Law
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8	Hanna, Campbell & Powell
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2	of lawful age witness herein hawing been first
м	Duly cautioned and sworn, as hereinafter
4	certifiep was examined and said as follows:
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Q	SIIOM SS Ya
7	o b. poctor for ippntification purpos ^{en}
ω	on the record can you state your name and
ດ	<pre>wrofestional address?</pre>
10	A. Yes My nome is Phyllis T I use
	the miùùle initeal T ¤oerger, ¤ o ≈ R G E P
12	dhat's M α My aQQress is 9870 Kittywoop αriwa
1 3	all on ^e worde K I M T Y W O O Pe That's
1 4	Cincinnati Ohio 45252 M r p rofessionel eDDress
С Т	is Miami Wolley Hogoltal in weyton, if you need
19	that.
17	Q Mhank you wery much woctor as you
1 1	know my name is wonna Kolis I represent the
6	estate of שפרמה Monroe It is my unשפרול מחשוחק
20	from Mr Ockerman thet you have Deen retained as
7	one of his emergency roo m p hysician experts and
22	that yow wre planning on giwing testimony in this
53	atter I∺ av unDertronding correct?
24	A. Yes, it As.
25	Q. Okay Bríorr wr grt rtartr u u ith

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1 the important questions, we always have to do the 2 background. I noticed today that I never 3 inquired what your hourly fee is going to be. 4 Can you tell me on the record what you charge for 5 deposition testimony per hour?

6 A. Yes. I charge \$350 for an hour of 7 deposition.

Q. Okay. Prior to today's deposition, 8 9 I received from Michael two documents relative to 10 yourself. One is your curriculum vitae, and one 11 is your expert report. What I would like to do 12 is briefly go through your vitae and talk a 13 little bit about your background and what you do. 14 I understand that you are, in fact, 15 board certified as an emergency room physician, 16 correct? 17 A. Correct, and I just got my 18 recertification about a month ago. 19 Q. Okay. So you were a diplomate of 20 the American Board of Emergency Medicine in July 21 of 1993, and the American college certified you 22 in 1995; is that right? 23 That's right. Α. 24 0. And you don't hold any other board 25 certifications; is that correct?

6 1 Α. Correct. 2 Q. · I think all of your education, 3 et cetera, is just self-explanatory, so I won't 4 go through all of that. I notice that you do 5 involve yourself in some writing in emergency 6 medicine. Have you written anything that would 7 be relevant to the issues in this case? NT ~ 8 Α. 9 Okay. Therefore, I would assume Ο. that you don't have anything in press relative to 10 this case either? 11 12 Α. NT C 13 Fair assumption, okay. Doctor, cam Q. 14 you tell me what you do on a daily basis? Please describe the --+. of wown amontion and whom 15 16 you practice 17 I practice at Miami Valley Hospital Α. 18 in Dayton, which is the referral tertiary center 19 for the surrounding environment. It is a very 20 busy level-one trauma center. We see 95,000 21 patients a year, primarily all adults. We have about three to four percent pediatric patients 22 23 I am a full-time physician with 24 Miami Valley. In the past, I was working 25 half-time clinically and half-time

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N	that H'M %orking three qvarters of the time
m	clinically anµ a quart⊵r aµministratiw₽ly so that
4	н hawe a little Hore free time
ம	Q Okay ¤ think w ^e 'r ^e 3 p ^e aking th ^e
9	защ» languag» Dvt when you say three quarters of
2	your time is clinical, you m@an yov'r@ in th@
ω	επά τα the term of the second three solds of the time tended
σ	to p atients, m aking Wiagnosea?
10	A. Correct.
1	Q. And
12	A. Correct. I was there this morning
Ч	Q Okay Yon know H'm going to ask yon
14	this question: How did you meet Mr. Ockerman?
1-1	A. Actually this is the first time we
1	physically hawa mat I talkap with han on the
17	phone I Delter, I spoke with him initially from
18	Jeff ScOobert, who is one of his partners I met
5	J⊵ff throwgh my s⊵nkor p∃rt ⊵r at Miami Wall⊵ r
50	and mentor pr. Schneiderman.
5	Q Okay I'm going to not pronovnc ^p
22	your last name correctly, н Хпою, the first time
2 3	IB it Doerger?
24	A. poerger, it rhymes with purger
2 2	Q. Is that close enough?
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MS. KOLIS: I appreciate tnat, 1 That would probably be helpful. 2 Michael. Is that better? 3 THE WITNESS: BY MS. KOLIS: 4 0. That's much better. Thank you. 5 Ι 6 should have said something earlier. About two 7 years ago, you got involved in a case with Jeffrey Schobert; is that correct? 8 Correct. 9 Α. And if you're working for Jeffrey or 0. 10 Mike, you're testifying on behalf of a physician, 11 12correct? Yes. 13 Α. How many reviews have you done? 14 Ο. Reviews of records or depositions? 15 Α. 16 Q. Just reviews of records, period, in 17 the medical/legal context, not in the hospital 18 compliance sense, for attorneys. For attorneys, probably in the 19 Α. 20 neighborhood of 10 to 12. I would have to go back and go through my files and count. 21 Q. Okay. You don't have to do that. 22 23 I'll accept your word that that's close enough. Have they all been for the law firm of Hanna, 24 25 Campbell & Powell, or have you made contact with

-10	1 other Defense le ur ers?	2 A Well, Ectally E Couple of other	3 firms have contacted me, so I have worked now	4 with thray wiffarant law f rma	5 Q And CEO you tall ma who those thrae	6 firms are?	7 A The one is I think it's	8 Kipkatyras I just started working with him.	9 Q. All right.	10 А Престорати и Brazeau and н	11 forget the ngge of that firm. I won't keep the	12 namea of the lew firms all in mx minu	13 Q These Exe Ell law firms that	14 rapressot b ksicians. is that correct?	15 A Correct	16 Q So you have oot revieve and caars	17 or testifier on behalf of Eay Detients; is that	18 right?	19 F I had one case where H lookew at a	20 recorp for an attornar ≤or a patiant and pipn't	21 feel that I was ably to prowipp tystimony for	22 that one.	23 Q In ot er worws, it was magatiwa	24 rewiew Your rewiew pipn't rou propaply	25 iopicatep to the sttorner that yor pipo't feel	
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11 there were marite to the claim? 1 2 A. Correct Okay. Fair enough. I'm going to 3 Q. guess I know the answer to this, but I have to do 4 5 my job. You're not listed with any professional 6 expert witness service, are you? 7 Α. NI C Okay. So all the work that you've 8 Ο. 9 done has been a virtue of just getting to know some attornever is that right? 10 11 Α. Correct. Actually them getting to 12 know me. 13 Okay. In that context, you said Ο. 14 you've reviewed 10 to 12 cases. Have you, before today, had the encerturity to give a denocition? 15 16 I have given one previous Α. 17 deposition. 18 Okay. And have you ever had the Ο. 19 ultimate privilege of showing up in a courtroom? 20 Α. Onco 21 And where was that? Ο. 22 I think it was in, I think, if I Α. 23 recall, Cleveland 24 Ο. Do you recall the case name? 25 No, I don't. I can tell you what it Α.

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m	Q Okay interesting material Yov
4	were testifying for an emergency room p hysician
Ŋ	at that time?
9	A. Yes, I was.
7	Q. Do you remember what emergencx room
ω	whysician yon were testifying for?
თ	A. No The name of the ph r sician
0 1	esca p p s me now.
н Н	Q. Do yow remember the plaintiff's
12	л ЭЩе ?
1 Э	A. No. I can remember he x aga an ù
14	wɐ଼è∃ht but I can', remɐmber her na m e.
с Н	Q. Okay. Can you recall what attorn [®] y
9	you were working for?
17	A. Yeah That was with J $_{ m P}$ ff Schobert
18	Q. Okay. Anw that ad to hawe been
19	within the last two years, rigOt?
20	A. I melipve so.
2	Q. Okay. Do yoy haw® a recollection of
22	whose courtroom you were in?
23	A. No.
24	Q. Okay Th® j \D ge didn't impress you
25	that much? You Don't r¤m¤mber, right?
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13 1 I find that I don't like to keep 2 needlest ıp. 3 I appreciate that, Doctor. 4 MR. OCKERMAN: She will remember 5 vou. Donna 6 MS. KOLIS: Michael, everybody does. 7 • • • • • • • • We'll just ? BY MS. KATT 8 9 All right. Moving on, I assume, Doctor, you're licensed to practice medicine in 10 the Stat 11 12 Correct. 13 Okay. Doctor, have you had the 14 misfortur ? 15 Yes, I have. F 16 C Okay. Can you tell me how many 17 times? 18 Yes. I have been named in four 19 suits, two of which were -- I was dropped from within a month and two others that were dropped 20 eventually but the 21 22 revolve. 23 Q. What you"re telling me is you were involved in four cases named as a defendant, and 24 25 for whatever reasons, all were dismissed --

14 Α. That's correct. 1 2 __ and no payments have been made on Q. 3 your behalf? That's correct. Α. 4 Q. Okay. 5 MR. OCKERMAN: Wait for her to get 6 7 her question out. THE WITNESS: Okay. 8 9 BY MS. KOLIS: 10 0. Okay. Did any of those four cases involve your failure to diagnose a dissecting 11 aorta? 12 13 No. Α. 14 Q. Okay. Doctor, how many -- you've 15| practiced emergency medicine for about 13 years 16 Α. Correct. 17 0. Okay. In your 13-year career, have 18 you always been at Miami Valley Hospital? 19 Α. Yes. 2.0 Q. Okay. During that tenure, in 13 21 years, have you ever had the occasion to make a 22 diagnosis or have a suspicion that someone was 23 having a dissection of their aorta? 24 MR. OCKERMAN: Objection. Go ahead. 25 THE WITNESS: Yes.

in the second second

1 BY MS. KOLIS:

Q. On how many occasions? Just 2 generally, it doesn't have to be a specific 3 4 number. 5 Not that commonly, maybe 20 times. Α. б That's really a rough estimate. That's all right. We won't make you 7 Q. go through your patient files and count them. 8 Rough estimates are usually good in those 9 10 questions. 11 I understand that you have prepared a report, and I have received a report. The 12 report that I have is dated February 11, 2003. 13 Doctor do you have a copy of that report? 14 15 Α. Yes, I do. 16 MS. KOLIS: Okay. I'm going to ask 17 the court reporter to mark that Plaintiff's 18 Exhibit A. She can make a copy and give you back 19 your original if you don't have an extra one. 20 BY MS. KOLIS: Is that the only report that you 21 Q. authored in this case? 22 2.3 Α. Yes. 24 Q. All right. Do you have a file 25 relative to this case with you?

I have the medical records and the 2 depositions that I looked at plus one depositio 3 I received just yesterday. 4 Q. Okay. Do you have correspondence from Michael in any of those files? 5 6 Α. No, actually I don't. 7 Ο. Okay. Is there a reason you didn't bring that with you? 8 9 Α. I usually keep that in a separate 10 file at home, just correspondence with attorneys. Q. Okay. When did Michael originally 11 12 contact you relative to this case? 13 I believe it was in September in Α. 14 probably -- September of 2001, if I recall 15 correctly. 16 Q. Okay. But that's just from your 17 recollection because you didn't bring that file 18 with you? 19 A. Correct. The only time I use those 20 files is when I'm reviewing for billing purposes 21 or I need an address or something like that. 22 They get mixed in with the records, so I don't 23 use them. 24 Q. Okay. I would ask -- you may not 25 have seen the subpoena that I issued or the

	17 notice of Demosition but as wart of mx Orocess,
	insist on seving prople's correspondence &il
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4	that yow haw?, φ row De them to Michael and I
ц	trust that he will give them to ${f H}^p$ $<$ an I Secure
9	that agreement fro m you?
2	A. Yes.
ω	Q. Okay Let Ap ask you a fe t
ດ	questions about materials that yow have revenue
10	bµfor¤ w¤ g¤t into th¤ substance of your
-1 -1	opinions
12	The re p ort that I hawe inplicates
13	that you rewiewed the following menical records:
14	The visit to St. Joseph's Medical Center Howland
С Т С	of J√ly 1≷th_ 19µ9 You µiµ r¤wi¤w that,
16	correct?
17	A. Right.
18	Q. The St. Jose p h's ¤Herg¤ncy
1	Department records for 7/16/99, correct?
20	A. Correct.
21	Q. Autopsy?
22	A. Correct.
2 3	Q. Doctor, have you seen the praprocu
24	rwn report that was ganatad when perah was
20	transferren from the Family Mepical Center to the

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4	bt on there
ц	Q All right So r on wiwn't
9	specifically list it out That's in p art of the
٢	records that r ou looked wt correct?
80 1	A Correct.
, o	Q All right An w w rior to at the
10	t _è me τ ον εrote this report , τ ον hab see the
1	Φφ φ ositions of Dr Maxfield pr Show, pr Οφφi
12	wnw wr Janiak, correct?
13	A. Correct.
14	Q. Having spin that, woylw this refran
15	your recollection is you hap alrea ut spen
16	pr Jankak's Dy p osition, hy wasn't Depospu until
17	Sp φ τթ ∃> pr 13_ 2001 Do yov thènk κ ου ω ετε
18	oprinaos contected of Machael in Saptamor of
1 0	2002 not 2001?
20	A I really it's p ossible I get m r
21	Dates Hixton up a little Dat
22	Q. Okay.
23	Α. Ιτ will D ε clear ε hes Η get the
24	letters from Michael.
2 5	Q Okay Høve r ou seen the testimon r
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19 1 of Dr. Char'--2 Α. Yes, I did. I just got that 3 yesterday. 4 0. Okay. And you recognize that Dr. Emmerman is also an emergency room physician 5 retained by Mr. Ockerman in this matter? 6 7 Correct. Α. 8 Q. Okay. Did you have an opportunity 9 to read Dr. Emmerman's testimony? 10 I read it briefly last night. Α. 11 0. Okay. I was going to ask you if you 12 differ substantially from anything he said, but 13 that would be too broad of a question. When I 14 get to that section, I'll go through things that 15 I've tabbed, but you did have an opportunity to read it? 16 17 Α. Correct. 18 Q. Have you, since the time you authored the report, seen a radiology report 19 20 written by someone other than Dr. Crawford, the 21 radiologist in this matter? 22 I saw the reports that were attached Α. 23 to the medical record of the radiologist that did 24 the reading at the time of the patient's visit. 25 That's the only radiology reports that I've seen.

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Have you, yourself, reviewed any of 0. 1 2 the films? 3 Α. No. Q. Okay. Do you read films, as an 4 5 emergency room doctor? Yes. We have 24-hour radiology Α. 6 7 coverage, but the plain films are read by the 8 emergency room physicians and reread or overread, however you want to phrase it, usually the 9 10 following day by the radiologist. All of the 11 more advanced studies, the CTs, are read 12 primarily by the radiologist. 13 Q. Do you -- as an emergency room 14 physician, do you feel comfortable reading plain 15 chest films? I feel fairly comfortable. We have 16 Α. 17 a discrepancy procedure in place so that should 18 one of the emergency room physicians at my hospital overlook something, there's a mechanism 19 20 in place that the radiologist will contact the 21 emergency room and make sure that that patient is 22 followed up. 23 Q. As part of your residency training in emergency room medicine, you were taught the 24 25 essentials, were you not, of reading a plain

21 chest film? 1 I believe that's part of medical 2 Α. 3 school training for every specialty, but yes. 4 0. Okay. Just checking how good your 5 :raining was at Wright State. All right. And you have seen no other material, no other 6 7 ceports, no other depositions other than the ones 8 ve've just gone through? That's correct. 9 Α. Q. Okay. Fair enough. Do you know who 10 Dr. Janiak is? 11 Α. Yes, I do. 12 And in what context? 13 0. He's actually been to Miami Valley a Α. 14 15 couple times to visit with Dr. Schneiderman, and I probably was introduced to him at one of those 16 1' visits. He probably would not know who I was, 11 being the junior partner. I know him by his 1 ' reputation and the fact that he's a colleague of 2 ' my mentor. I've heard a lot about him. To the extent that you're able to 2 0. 2 address his reputation, what is Dr. Janiak's 2 reputation in emergency medicine? 2 MR. OCKERMAN: Objection. 2 I think he has an THE WITNESS:



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23	l grapuate of the program, so H am prettr familiar	2 with it	2 Q All right Let's talb about	4 mppici p a little Dit Deform we talk about facts	5 Io reaping pr Janiak's Deposition, yoe mar or	6 mar oot haup ootican that he camp a some textbooks	t He felt were authoritatiwe or reliante in	ea of emergeocy meDecine.	uaa Rosen & Barben Do You ogree with h	10 that is w reasonably reliable textbood in the	11 area o emergeocy medicine?	12 A. H WOULD BAN it'S ONP OF the	13 stanwarws of whergency Hewicine in terms of Peing	14 the textbook that is reliev on in most programs	15 as Dwing one of their Dasic texts, wea	16 Q wiw they rely on that text in your	17 program whee you were training?	18 A MHPY rpCoHAPNDPQ that to rpaDit	19 Dut we used a warkety of sovrces	20 20	21 A mhere's no one specific text It's	22 a s ariet y of texts	23 Q Okar Let's tal' about aortic	24 Disspetion From Yovr training, what would you	25 sar the signs and symptoms of aortic Dissection
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26 Α. No, I'm not. 1 Q. Okay. Were you asked to evaluate 2 the conduct of Dr. Shah? 3 When I spoke with Mr. Ockerman Α. 4 5 initially, he indicated that Dr. Shah was a defendant in this particular matter. I had 6 Looked at the records at that time for that, but 7 subsequently, apparently Dr. Shah was 8 discontinued from the case, so I did not write my 9 report in that regard. 1 C 11 Okay. Continuing on with my medical 0. 12 points of agreement, would you agree with the following: Pain is by far the most common 13 14 presenting complaint and is present in 90 percent 1! of the cases of people who go on to have a 11 diagnosis of aortic dissection? 1' I agree with the first part of that. Α. 1 I'm not sure about the 90 percent percentage since those numbers -- I would have to check the 1 2 recent literature to see what those are. I agree 2 that with the majority of patients, that the pain 2 is an issue. 2 If you read Rosen & Barkin, page 0. 1821, the 1998 edition says it's about 90 percent 2 with a footnote. That's just a place to look.

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1	MR. OCKERMAN: Objection.
-2	BY MS. KOLI
3	Q. What is propagation of a dissection?
4	A. Propagation of a dissection?
5	Q. Yes
6	A. Propagation is when the path
7	physiology of a dis:
8	layer of the aorta - there are three layers
9	gets a tear in it and the blood moves beyond the
10	inner layer downward with the area of the blood
11	flow. They can go retrograde or against the area
12	that the blood flow would normally be going in.
13	You get blood spreading out beyond the inner wall
14	of the aorta. When it propagates, that means the
15	blood is spreading beyond that wall
16	Q. And propagation also means that it's
17	migrating, common
18	A. Right, by spreading out.
19	Q. Okay. Would you agree with the
20	following medical statement: A history of
21	migration of pain in a pattern consistent with
22	propagation of a dissection of an aorta has a
23	very high diagnostic accuracy for aortic
24	dissection?
25	MR. OCKERMAN: Objection.



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	T⊹E &µTN≦SS: <∺0 you r≀prat that
2	again? Η'Η not Certain what you were sa r ing
Μ	there.
4	BY MS. KOLIS:
ۍ ۱	Q Syre I'll reap at werbatim. A
6	h stor y of migration of p ain in a p attarn
7	consistant with propagation of the pissaction of
ω	κο aorte has ε wery higo Diegnostic accvrac r for
თ	aortic pissection?
10	MR O <keQMAN: ODjæction</ke
Ч	T⊹Z &ITN≷SS: Mhat might b⊵ ∎ tr∠₽
12	statement if you're lookeng again at all of those
ц 1 3	other features that have already leo r ou to
14	consiper wortic pissection as one of the main
<u>1</u>	things in r our wifferential
19	BY MS KOLHS:
1	Q Doctor, you've carefully read the
8 1	mppical rpcorps in pr Shah's Dpposition; is that
6	correct?
50	A. The mewlical records of the teo
21	visits?
22	Q Right
м 2	A. Yes
24	Q Okay Anw more specificall r y ou'te
2 5	resultion correct?



29 Α. Yes, I did. 1 2 Q. Okay. Do you agree with the 3 testimony that was proffered by Dr. Maxfield that 4 under the circumstances of the presentation as 5 Dr. Shah understood it to be in his clinical 6 findings, that it was reasonable to suspect that the person might be having an -- he called it an 7 8 aneurysm of the aorta? 9 MR. OCKERMAN: Objection. 10 THE WITNESS: I'm sorry. Are we talking about Dr. Maxfield's deposition right 11 12 now? 13 BY MS. KOLIS: Q. Right. 14 15 Okay. And your question about the Α. 16 deposition was? Q. I asked if you agreed with his 1: 18 testimony that under the circumstances that were 1 : presented to Dr. Shah, that it was reasonable for 2(him to have within his differential an aneurysm 2 of the aorta? Α. 2: Yes. Q. 2 Okay. Would you agree with the 2 following medical statement: More than 75 2 percent of patients with aortic dissection have a

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history of chronic hypertension? 1

MR. OCKERMAN: Objection. 3 THE WITNESS: I would agree that 4 that's probably in the ballpark. Again, the 5 exact percentage, I wouldn't put my reputation 6 on.

7 BY MS. KOLIS:

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Q. 8 Okay. That's all right. Close enough. Would you agree with the following 9 statement: CAT scan is a reliable tool for 10 evaluating aortic dissection, false positives and 11 12 false negatives are around five percent? 13 MR. OCKERMAN: Objection. 14 THE WITNESS: Again, I would not

15 know how many false positives and false negatives 16 there are, percentage-wise. I know those things 17 exist. In terms of whether it's a reliable test 18 in terms of diagnosing aortic dissection or not, 19 I would say it would be one of several possible choices. 20

BY MS. KOLIS: 21

Q. Those choices being CT, TEE, MRI and 22 one other one that I can't remember? 2.3

Generally ultrasound, you know, and 24 Α. 25 that may depend on the institution that you work

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32	1 with the following statement: A wiwening of the	2 Descending thoracic porta Har De Defficult to	3 wifferented from aertic tertuesity?	4 MR OCKEQMAN: ODjæction	5 THE WITNESS: On a rawiograph?	Э Н S KOLH8.	7 Q. On a plain cheft film.	8 A. Yes I agree with that	9 Q Okay I want to go through wowr	0 report and I'm propably going to flip pack and	1 forth I hawp mpplcal rpcorps and Dppcshtions	2 Dut I'm at least somewhat organized todan	3 hoppefully pip Yov make notes in any of the	4 Depositions that row read? You know sometimes	5 Dradla writa in the Dormars	6 A. I DON't geogrally Do that Hy	7 handwriting when I'm io a hwrry is wery hard to	8 read.	9 Q. You hawan't appon minp	alatgalli si ani A	1 Q. So rov Won't hau e notes within the	2 pppositions?	3 A. No.	4 Q. How is it that row formylate a	5 r ^w port? No r ou No a Draft? Do you Dictat ^w as	
		L N	(*)	マ	u)	U U	1	ω	01	Ц С			 	7	- (1) 	С Н	1	. ∞ ⊢		0 0	5	2	8 8	24	2	

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1 you go along? What's your methodology? 2 Α. I generally have a fairly good 3 memory for immediate recall, and so I tend to sit 4 down and read them and write my first draft and 5 correct it on the computer at home. Then if I 6 find things that I want to check back in the records, I'll flip back to them again. 7 Okay. I'm going to ask a random Q. 8 9 question. These are always fun. If you were an 10 emergency room physician and you were assessing a 11 woman who was 36 years old and her urinalysis 12 comes back to show a large amount of blood in the 13 urine, do you ask that person if they are 14 menstruating? 15 Α. First, I am an emergency room 16 physician. Q. 17 Sorry. If I was an emergency room 18 physician --You're asking me if I had a woman 19 Α. 2.0 that was 36 years old and had blood in her urine, 21 would I ask her if she was menstruating? Q. 22 Yes. 23 Α. The nurses ask the question of the last menstrual period on the nursing paperwork at 24 25 the top of the page, so it should appear on

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1 there, on my paperwork at my hospital. If it 2 hasn't appeared there and I feel that it is 3 important for me to know that, I would ask the 4 patient. 5 0. Okay. Do you see any indication in the emergency room record of St. Joseph's whether 6 7 or not they ever inquired as to the menstruation 8 cycle of Ms. Monroe? 9 Α. I did not see that. 10 Q. Okay. Is that a question that 11 should be asked? 12 Α. It depends what you're looking for 13 and what your concerns are. It may have been something that someone knew and simply didn't 14 15 write down or document. 16 Okay. All right. I would like to 0. 17 go through several things. Let's -- first of 18 all, let's look at the EMS run report first. Can 19 you access that quickly? 20 Α. Yes. 21 Q. Okay. 22 23 Care records, but it probably should have been 24 stapled to 25 Ο. Okay. Doctor, you don't mention the

Trumbull County EMS incident report and their 1 2 findings in your report; is that correct? 3 I don't believe so, no. Α. 0. 4 Okay. Do you agree with me that there's some significant information contained in 5 that EMS incident report relative to what pain 6 7 Ms. Monroe was experiencing on July 16th, 1999? 8 Α. I see what they've written. I'm not sure what you're asking me. There's information 9 here, yes. I agree that there's information in 10 11 the EMS report. 12 Q. Let's establish for purposes of the further questioning in this case, you agree with 13 14 me that the chief complaint recorded by the 15 ambulance driver who is transporting Ms. Monroe 16 to the emergency room is that her complaint is 17 upper back pain? 18 Α. I see that listed under chief 19 complaint, but I don't know if that was 20 independently obtained by the EMS personnel or 21 obtained verbally from the nursing staff at the 22 Urgent Care there. I'm not sure where that 23 information originated, but I see that that's written that 24 25 Wouldn't you -- you have patients Q.

who arrive via ambulance, obviously, to the 1 2 emergency room, don't you? 3 Α. Correct. Q. 4 Okay. And if there's a section on the form that says physical assessment and 51 observation, you're going to assume that the EMT_T 6.1 techs actually did a physical examination and 7 observed the patient, correct? 8

9 A. I would expect that they would have a 10 on the physical assessment section their own 11 physical assessment. That's what they should be a 12 doing.

Sometimes the chief complaint is not 13 14 obtained from the patient themselves. For 15 instance, you can have a nursing home patient who is alert, but they take the complaint from the 16 17 nursing personnel at the nursing home. There's aa 18 variety of reasons where the chief complaint may, -1-9 come from the people that are transferring the 20 patient rather than the patient themselves. 21 Doctor, in this instance, the EMT Ο. 22 techs did, in fact, perform a physical assessment 23 and observation no way and the service of the servi 24 I believe so. Α. 25 I'll read from it: Found this Q.
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r 1	A I spe that the EMS felt that that
N	was whwt her complaint wa _ that it was her upper
m	bàck I'm not syr? what you mean by lenwing
4	s \po ort That's w hot the r got on their
IJ	psspssmpnt ron know so that's what the y
9	rφ ρ οrtφΩ.
2	Q wows it also symport t a information
. 00	that was gown to w r. Shah at the Family Mepical
σ	Center in Howlaew?
1	A Yes His history is a little Hore
н н	specific πt states that the pain is in the map
12	gcapular region, so I hawe a better ippe of where
13	Dr. 3hah hgû the v ain reporteû to him by the
14	pati.nt
12	Q An w w hen r ou're reawing Ais
1 1	testi m on r and looking at his record an D he sa r s
17	miω sca φ νlar, where is miው scapular to v ov?
1	A In e eteep the scapylar which are
19	the shoulder blades in the back.
0	p okay An@ that com p laint is
21	consistent with what Ms Monroe died from. Would
22	rov agræe with that?
2 3	A. I wowlw agree that that is the
24	complaint of vop®r ba≓X pain or th® miQ scapylar
2 7	back p ain?

39 1 Ο. Yes. 2 Yes, that would be consistent with Α. 3 it. Based upon Dr. Shah's testimony and 4 Q. 5 his medical record, do you agree with me that it 6 is clear that Dr. Shah thought that she needed -she being Ms. Monroe -- needed to have her aorta 7 evaluated? 8 9 I believe he did, but the flavor Α. that I got from his report and the front sheet 10 11 indicated that the concern seemed to be more of 12 an aneurysm than of a dissection. Do some people -- do some Okav. Ο. doctors -- I'm sorry, we don't care about any 14 15 other people. Doctors use that term aneurysm and 16 dissection sometimes interchangeably, do they 17 not?' 18 Α. Not correctly. 19 I don't disagree with that. 0. 20 I worked at a pathology department. Α. 21 That was before I was a physician. They do tend to use aortic dissection and aneurysm kind of in 22 23 the same breath because the underlying physiology 24 can be the same, although on pathology you don't 25 always see the aneurysm with a dissection.

They are really quite different in some ways, in the way they present, in the way they are treated, in the way they are discovered. It's a little confusing for people when you lump them all together.

Q. Okay. We wouldn't expect a
cardiothoracic surgeon to interchange those, but
other practitioners and emergency room personnel,
when they say aneurysm, they mean dissection.

10 Would you agree with that?

11 MR. OCKERMAN: Objection.

12 THE WITNESS: Not at all. I would 13 say most of the time when they say aneurysm, 14 anybody other than a cardiac physician would be 15 talking about an aneurysm usually in the aorta in 16 the lower area in the abdomen.

17 BY MS. KOLIS:

18 Q. In the abdomen?

19 A. Correct.

Q. Based upon Dr. Shah's testimony and his documentation, he was not concerned about an aneurysm of the abdominal aorta, correct?

A. I don't believe I would say that.
Even the front sheet seemed to be more of an
aneurysm issue rather than anything else. I

41 mean, he never mentioned anything about a 1 dissection. I would think his concern was with 2 3 an aneurysm, and the most common location for that would be in the abdomen. 4 Doctor, you don't even know whose 5 1 - - - 1? 6 handwrit: No, I don't. 7 . ; You do know, however, that the 8 (9 handwriting at the bottom of the first page after the observat: ----' 10 of Dr. St ' ^ 11 I would assume so because that's hiş 7. . 12 record an ' ' 13 14 here. Right. It says rule out aneurysm of 15 С 16 aorta, co Correct. 17 A Okay. As a matter of fact, 18 Dr. Maxfield has testified that he had a 19 20 conversat ----That's correct. A 21 And he did testify, did he not, that 22 Ο. he knew that the aneurysm that Dr. Shah was 23 concerned with was in the chest. Do you recall 24 25 that testimony?

42 1 MR. OCKERMAN: Objection. Go ahead. 2 THE WITNESS: I think he said something more to the effect of if he had thought 3 4 that it was in the chest, that he would not have thought that Dr. Shah's suggestion was 5 unreasonable. 6 7 BY MS. KOLIS: 8 0. Okay. We'll go through the 9 deposition. Either I asked the question poorly 10 or you didn't understand it. 11 Α. Okay. Q. The question that I had -- if I can 12 rephrase it, we'll see if that helps at all. 13 Dr. Maxfield's testimony under oath is that he 14 understood that what Dr. Shah was concerned about 15 16 was an aneurysm in the chest; is that correct? 17 MR. OCKERMAN: Do you have the page? MS. KOLIS: Yeah. Let me find it 18 19 for you. It may take a few. I have a lot of 20 paperclipped pages here. 21 MR. OCKERMAN: It wasn't that long 22 of a depo. 2.3 MS. KOLIS: With good reason, which I'm not permitted to say. 24 25 I think she's THE WITNESS:

referring to page 12. 1 BY MS. KOLTS: 2 Q. Let me see. It's on page 12, yeah. 3 Α. Correct. 4 Q. The question was, did he tell you 5 6 what tests he thought the patients should 7 undergo. I think he said CAT scan, I mean, because from what he considered, that would have 8 9 been the logical thing to do. Do you agree with 10 what Dr. Shah considered, that a CAT scan was the 11 logical thing to do? He's saying based on what Dr. Shah 12 Α. 13 considered. 0. Correct, correct. 14 I agree with you on that. Α. 15 Q. 16

And then I asked him, I said, a CAT 17 scan of what area of the body, and his answer was chest, correct? 18

19 Α. That's what Dr. Maxfield says, yes. 20 Q. Okay. So that's clear that 21 Dr. Maxfield understood and knew that Dr. Shah's 22 concern was pathology in the aorta of the chest, 23 not the abdomen, correct? I think he was talking about an 24 Α. 25 aneurysm in the chest.

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۲	Q I NOWFISTAOW that, But the wathology
2	that h⊱ was looking for wa∍ in tQ⊱ aorta of th⊱
, m	chast not the appoment correct?
4	A Correct But an anewrysm in the
س	chest yov p robably would have seen on a chest
0	X ray which was Nong so I'm oot surp that
7	insisting oo sa r in ^w just w athology the
ω	aorta there are a lot of other Diseases of the
თ	aorta as well I think we need to keep clear
10	wh ther we're talbing about aneurysm or
н Н	wi section
12	L I DON't Disagree with that The
13	wood pr axfiplo invicates in his pischarge
4 1	summa y that DaseD woon whet he saw he pipn't
с Ц	think there was what wo you remember?
10	MR O <kerman: holp="" on<="" th=""></kerman:>
17	THE WITNESS: H think he b hrase D it
8 1	problem with the aorta Let He look and see what
б Н	his exact torminology was
20	BY MS. KOLI 3 :
21	Q. I can real it to you Ht sa f s
22	aortic probl ^e m vnlikely Is that what it sa r e?
м 5	A Aortic u rool¤m vnlik¤ly, corract
24	Q O'AH AND ha Dipn't sar whathar it
25	was whether it was a Dissection or an

45 aneurysm. He's covering the universe that 1 there's no problem with the aorta. 2 Would you 3 agree with that? That's what his wording is, correct. 4 Α. Q. Fair enough. Why did Dr. Maxfield 5 order a chest X ray on Deborah Monroe? 6 7 Α. Did he address that in his 8 deposition? Q. 9 No, because I didn't ask him. 10 Α. Okay. I can't speak exactly why he did it, but I can tell you why I might have in a 11 12 patient similar to this. Ο. That's not my question. 13 14 Α. Okay. You don't know why he ordered the 15 Q. 16 chest X ray, correct? 17 I can tell you some reasons why I Α. 18 think he might have or a reasonable physician 19 might have, but I would think that would be a 20 question that you need to ask Dr. Maxfield. 21 Q. His clinical indication on the report says chest pain, doesn't it? 22 23 It does, yes. Α. 24 Q. Okay. So is that some evidence to 25 you that Deborah Monroe must have told

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4466 1 Dr. Maxfield that she had chest nat 2 He specifically stated in his Α. 3 dictation and the nurses did as well that she denied chest pain. 4 Q. But nonetheless, he put chest pain 5 as the indication for the chest X ray, didn't he?, 6 7 Α. I'm not sure where that information That might be another question to ask. came from. 8 him. 9 Q. The ordering physician is the one 10 that gives the indication so the radiologist has 11 12 an indication why the exam is being performed; isn't that true? 13 14 Α. Not necessarily. In our facility, 15 up to a month ago, the complaint that was given 16 on presentation at the door to the registration 17 personnel, who are not clinical people, was the 18 one that was transferred by computer with the 19 X ray request, and so they sometimes were not 2.0 correlated at all. 21 Q. Well, the admitting diagnosis from 22 the hospital itself, the emergency room, says chest pain, doesn't it? 23 The one where he came in -- she came 2.4 Α. 25 in initially?

47 1 MR. OCKERMAN: To the ER, to St. 2 Joseph's ER. 3 BY MS. KOLIS Q. Dr. John Maxfield -- it says 4 5 admitting diagnosis, chest pain. Did you see .6 that, Doctor when you reviewed this --7 Which page are you looking at? Α. 8 Ο. We don't have them paginated, but at the top, it save St Tocophia Boolth Contain 9 10 THE WITNESS: Is she talking about 11 the registration chect? 12 MR. OCKERMAN: Is it an all-typed 13 sheet? 14 BY MS. KOLIS. 15 Q. It's a registration sheet. 16 Α. It's a registration sheet, right. 17 That's probably where - if their place worked similar to ours where that went onto the X ray 18 19 report, sometimes that's just the registration 20 person's interpretation, and they are not 21 clinical people. I would have to ask them where 22 that admitting diagnosis c 23 Q. So, Doctor, you're saying that 24 somebody just, you know -- that they are 25 interpreting -- that when somebody says I have

48 chest pain, there's an interpretation to that? 1 2 Α. The people who do the registration 3 who enter their name into the computer sometimes 4 put an admitting complaint on presentation which 5 they may get from a variety of sources, but those 6 are not clinical people, so I would not rely on 7 that information if I were evaluating this 8 patient. Q. All right. I would like you to look 9 10 at the emergency department nurse's notes. 11 Α. Qkay. Ο. Okay? 12 Uh-huh. 13 Α. Q. And this is the triage nurse, 14 15 apparently, filling this out. It says patient states sudden onset mid back pain. Do you see 16 17 that? Yes, I do. 18 Α. Q. Okay. Mid back pain, once again, is 19 20 not low back pain. Would you agree with that? Α. No. It's mid back pain. Whether 21 that's middle at the waist -- that would be my 22 23 interpretation of that, but it's not a specific 24 anatomic area of where the pain is. Q. 25 Okay. And at that point in time,

49 Ms. Monroe denies chest pain. Would you agree 1 with that? 2 3 Α. Correct. That's what the note says. 4 Q. Let me ask you a question: You have the benefit of some 5 hindsight because you've seen the autopsy. 6 Based 7 upon the testimony that you rendered earlier this 8 evening that you understand the process of 9 propagation, isn't it more likely than not, based 10 upon the scenario that we are presented with, that what happened to Deborah Monroe is that her 11 12 dissection was propagating even as Dr. Maxfield 13 was treating her? 14 That's very possible. The final Α. autopsy report, I think, only indicated a total. 15 16 distance of the dissection of about seven 17 centimeters. 18 Q. Which would account for the pain 19 starting in one place and moving to another 20 place. Would you agree with that? 21 A. That's possible. Again, seven 22 centimeters is not very far if you look at how 23 long that really is. I mean, you can get 24 different pain centers or nerves involved when 25 you have different areas involved, and the pain

1 can be referred to different areas.

Q. 2 I think I can agree with that. 3 Simplistically, would you agree with me that nowhere in this ED discharge note of 4 5 Dr. Maxfield's does it say that Dr. Maxfield 6 originally was apprised that the patient had 7 chest and mid scapular pain and that he said she never told anyone that. That's not clear in this 8 record at all, is it? 9 10 It's not stated in that way. Α. Q. But we do know at the time she 11 presented at the ED, at that point she was 12 13 denying chest pain. 14 Correct. Α. 15 Q. That's as much as we know, correct? 16 Correct. Α. Q. Okay. For what purpose do you 17 18 believe, based upon the record, did Dr. Maxfield order an abdominal CT? 19 Based on the record, my opinion 20 Α. about what he -- why he ordered that test was to 21 22 evaluate the patient for kidney stones. 23 Q. Okay. And why would he think she 24 had kidney stones? 25 He believed she had low back pain. Α.

1 He believed she had blood in her urine. Those are some of the indications that you would see if 2 3 you were suspecting a kidney stone. Q. Okay. Once again on the ordering of 4 5 the CT, it says ordering diagnosis, abdominal 6 pain. Do you see that? 7 Α. For the CT of the abdomen? 8 0. Right. 9 Α. Correct. 10 Q. Okay. Radiology didn't somehow magically get that off the registration form, did 11 12 they? I don't know where that came from. 13 Α. 14 I don't know what their procedure is at this facility for how those indications are made on 15 that form. 16 Q. All right. So that alters your 17 18 initial answer a little bit because you're 19 speculating. It's clear that on the registration 20 sheet, it says chest pain. That's how you 21 thought that may have got on the chest X ray? 22 Correct. That's happened at my Α. 23 facility before. We just recently. changed it. 24 Q. Okay. So you have no idea how 25 abdominal pain got on the abdominal CT?

1 A. I Covlû hete to esk someone et thet	fachlity how those do on the record if it is		3 optaènen by the CT tech which is what is pone at	4 our facility or ∂y some other personnel	5 Q The CT tech dowsn't orper the exam.	6 The exam is ordered by the physician requesting	7 it correct?	8 A. That's correct Oftentimes the	9 techs, to pssist the rapiologist with their	0 Dilling procepures will get appitional	1 information from the patient Ther may have some	2 input into that I pon't know that for surp, Put	3 tbat sometimes happens.	4 Q moeso't wr Mwxfivl0'a pischwrg ^w	5 from EQ there are no hendwritten notes fron	6 Dr. Maxfield wnywhere, thet rou're eware of; is	7 that right?	8 A. There is some handwriting on the	9 orper sheat whic> is orpers, and has a	0 pipgnosis written Down tOpre at the Pottom of the	1 progress sheet but I pont t sage Fou maan anf	2 notes like a historical note?	Q Correct.	4 A. I haven't spen any other the the	5 κε οοκο	
	\sim	1	ന	4	៤រ	U U	5	ω	01	10	н Н	1	(*) (-)	4	0) 1-1	н П	L L	∞ r⊣	о Н	5	2	\sim	\sim	24	(U)	

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Q. I didn't either. In his discharge 1 summary -- that's what I'm going to call it -- he 2 says patient denies any abdominal pain. Would 3 4 you agree with that? Are we talking about review of 5 Α. б symptoms? 7 Q. In the history of present illness, 8 he does state there's been no abdominal pain. Do 9 you agree with that? 10 I'm looking here. I believe that to Α. be the case, but I'll recheck it to be sure. 11 That's fine. 12 Q. 13 Yes, that's what it says. Α. Q. And it says -- down where it says 14 physical examination, abdomen soft, nontender, 15 good bowel sounds -- would you agree that's what 16 17 it says? 18 Α. Correct. Q. 19 Okay. And you're stating that you 20 believe that the CT may have been ordered, I'm 21 assuming, for suspicion of kidney stones. That would seem logical based on his 2.2 Α. 23 report. Well, if he had obtained a history 24 Q. 25 from her that she was menstruating, would you

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1 exclude or include kidney stones based upon your 2 analysis?

You wouldn't be able to do that. Α. 3 4 These percentages are rough, and I don't want to be held to them strictly, but maybe 10 to 15 5 percent of patients with kidney stones don't have 6 blood in their urine. If your history and 7 physical is consistent with kidney stones and you 8 want to rule it out, you would rule that out 9 whether or not you have hematuria. 10 The relevance 11 of having a period as the source of the blood 12 really wouldn't enter into it, although it may 13 raise or lower the weight that you give to your 14 pretest probability. Okay. Should, in your opinion, Q. 15 Dr. Maxfield have called Dr. Shah back after 16 17 Ms. Monroe presented? No, I don't believe so. Α. 18 Q. Tell me, Doctor, why you don't 19 20 believe that. 21 Α. First, he's not the family physician, so you would not be consulting him for 22 2.3 ongoing care, and I believe he spoke with him once, and at that time he had obtained the 24 25 information that he felt necessary to obtain.

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	1 Q wltimptely poctor the suggestion	2 of wr Shah that the aorta $\mathbf{a}_{\mathbb{P}}$ CAT-scannew would	3 hawp apwed this young woman's life to a	4 reasona b le Degree of medical probabilety Do you	5 agree with that?	A. Whose statement was that ma'am?	7 Q wltimately hap wr Shah's assesment	8 of the situation then and his recommenwation for	9 an aorta μ <at <b="" aorta="" hawe="" of="" scan="" the="">δeen</at>	10 pritormap, to a rapasonable prgrap o≲ mapical	11 Certainty, this roung coman's life cocom hace	12 Dern saven	13 MR OCK≅RMΩN: OÞjøction	14 THE WITNESS: H DON'T KNOW THAT TO	15 be trwp	16 BY MS KOLIS:	17 Q Brcaust you Don't haw ecough	18 information or that's not your arma of spechalty	19 primarily not my area of apecialty	20 Ewen if the Dissection had $\mathcal{D}_{P,P}$ o DiagooseD at the	21 time of her wisit, the likelihoom of her	22 surwiwing or not surwiwing and sawing her life or	23 not sawing her life I won't hawe enough	24 information Opecomsp that's not My arpa of	25 pxpertise H could have to Defer to the cascular
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	- surgeons on that one	2 Q Anp that would be pr oppil and you	3 read his teatimony correct?	A. Yea.	D DO YOU HELE ENT DOUDT DASED ADO THE	5 awtopsy that if a <at haw="" oppn="" performpw,<="" scan="" th=""><th>/ that the Dissection world have Deen seen?</th><th>A If the correct <at deen<="" had="" scan="" th=""><th>) performed I would think that it was reparadly</th><th>) that if she was hawing the prin from that at that</th><th>time that it would have Dren seen.</th><th>Q When For say the correct AT scan</th><th>3 row Hean one with contrast? I Won't know which</th><th>l one routre saying is the correct one</th><th>A. Yeah Yov hawe to Do the correct</th><th>amovnt of contrast If yow Do a noncontrast CT</th><th>/ yow may not hewe spen it pweo on thet</th><th>Q In this instance, she haw alreadr</th><th>enwergone a contrast <t addomen="" her="" is="" of="" th="" that<=""><th>) a fair statement?</th><th>A I don't Daliawa so If he pip it</th><th>for kipner stones it should have Qan a</th><th>3 noncontrast stuby.</th><th>l Q Do you anree with the testimony of</th><th>ò ωr Emmerman that èt woulφ hawe taken another 15</th></t></th></at></th></at>	/ that the Dissection world have Deen seen?	A If the correct <at deen<="" had="" scan="" th=""><th>) performed I would think that it was reparadly</th><th>) that if she was hawing the prin from that at that</th><th>time that it would have Dren seen.</th><th>Q When For say the correct AT scan</th><th>3 row Hean one with contrast? I Won't know which</th><th>l one routre saying is the correct one</th><th>A. Yeah Yov hawe to Do the correct</th><th>amovnt of contrast If yow Do a noncontrast CT</th><th>/ yow may not hewe spen it pweo on thet</th><th>Q In this instance, she haw alreadr</th><th>enwergone a contrast <t addomen="" her="" is="" of="" th="" that<=""><th>) a fair statement?</th><th>A I don't Daliawa so If he pip it</th><th>for kipner stones it should have Qan a</th><th>3 noncontrast stuby.</th><th>l Q Do you anree with the testimony of</th><th>ò ωr Emmerman that èt woulφ hawe taken another 15</th></t></th></at>) performed I would think that it was reparadly) that if she was hawing the prin from that at that	time that it would have Dren seen.	Q When For say the correct AT scan	3 row Hean one with contrast? I Won't know which	l one routre saying is the correct one	A. Yeah Yov hawe to Do the correct	amovnt of contrast If yow Do a noncontrast CT	/ yow may not hewe spen it pweo on thet	Q In this instance, she haw alreadr	enwergone a contrast <t addomen="" her="" is="" of="" th="" that<=""><th>) a fair statement?</th><th>A I don't Daliawa so If he pip it</th><th>for kipner stones it should have Qan a</th><th>3 noncontrast stuby.</th><th>l Q Do you anree with the testimony of</th><th>ò ωr Emmerman that èt woulφ hawe taken another 15</th></t>) a fair statement?	A I don't Daliawa so If he pip it	for kipner stones it should have Qan a	3 noncontrast stuby.	l Q Do you anree with the testimony of	ò ωr Emmerman that èt woulφ hawe taken another 15
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	27	
-1	minutes to No that c rast wnD CAT-scan the	
2	thorpcic aorta?	
m a	A If the y w ere gi w ing wr e through	
4	there I Deliewe those are fairly queck I	
ഗ	«oul@ assum» that kt woul@n't høw» tak»n mwch	
9	longer Ahat's institution-Deppendent	
Ĺ	Q Oka r Let me gre if I nperstand	
ω	this correctly In this case, yowr Defense of	
n ,	pr Maxfielp is DuseD vpon Your Deliewing his	
0 T	testimony that she claimed that she newer hap	
-1 -1	chest poin or Hid scapular pain; is that right?	
77	A. I pelieve that he firmly beliewen	
1 3	that the putient's complaint to him was of low	
1 4	bwc× p⊌io_ anp ¤ thiok this particular woman was	
15	rɐlwctant to ɐwen sɐɐk initial carɐ Wr amWwl∎ncɐ	
16	cree and may have been oor of the prople who tend	
17	to minimize their s rmp toms	
8 H	н think that WaspW w p on what histor f	
10	he got from B patheot sitting right in front of	
20	him, that he wid an appropriate worxep That's	
21	my Wefense of ωr Maxfielω I thiok et was a	
22	repaonable approach to the histor n that he	
м 2	oùtain¤µ from this øartic∎lar øati¤nt	
24	Q All o her m edical professionals in	
25	this case , the ones who assessed that she hap mip	

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t (

	<pre>capular pain anD mkp Dark pain, were they fo this woma ? How pip that happen? M OCKERMAN: OSjection THE wITNESS: I pon't think it's atter of Reing &ooleD I think each rattice er is peperDent upon relying on an lert patient giving them their own history. would pvt the most weight in my evaluation he history H'm getting at the time from the atient If they are telling me they hawin nythere else it's not radiating antwhere, t re not hawing that or having the weight o atient I of the symptoms and they evelow they be an in a certain area and thet errainly wo o a reasonable workup in that regard Again that changes the weight o il of the symptoms and signs that you look f np what you're going to evaluate to yo, and I thi hat's whit pr MaxfielD pip</pre>
2 2 2 4 9	choices, percah Monroe Diep Could Fou agree with that?
20 70 70	MR. OCKERMAN: ODjæction

and the second
0100 000 **L**C

1 THE WITNESS: No. I would agree 2 that she died of a dissection, which is a disease process, not of anything that Dr. Maxfield did or 3 didn't do. 4 BY MS. KOLIS: 5 Q., Well, he failed to diagnose it, 6 7 didn't he? 8 Α. It wasn't seen at that time. 9 MS. KOLIS: I don't have any more 10 questions. We're done. Thank you. 11 Michael, are you going to give me a 12 waiver? What are you guys going to do? MR. OCKERMAN: Doctor, you have a 13 14 right to review the transcript, or you can waive 15 that right. We are under some time constraints with starting the trial on March 3rd. 16 17 THE WITNESS: Do you wish to guide 18 me in that decision in terms of the time 19 constraints? 20 MR. OCKERMAN: Do you feel 21 comfortable waiving your signature? You would 22 have seven days from the time it was typed up to 23 review it and make any changes that you feel the 24 court reporter took down inaccurately. 25 THE WITNESS: Okay. I don't

really -- I mean, it's reasonable to look at it 1 if I can look at it in seven days and that's not 2 3 going to run into any time problems. It would have to be read MS. KOLIS: 4 5 and signed within seven days. I will have the б court reporter expedite it. She needs to get it 7 done within 24 hours. MR. OCKERMAN: Okay. Thank you, a 9 Donna. 10 (Thereupon, Plaintiff's Exhibit A was marked for purposes of identification.) 11 12 (Thereupon, the deposition concluded 13 at 6:02 o'clock p.m.) 14 15 16 17 18 19 20 21 22 23 24 25

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S. Same

1 STATE OF OHIO)
2 COUNTY OF MONTGOMERY) SS: CERTIFICATE
3 I, Mindy R. Huffman, a Notary Public
4 within and for the State of Ohio, duly
5 commissioned and qualified,

6 DO HEREBY CERTIFY that the above-named 7 PHYLLIS T. DOERGER, M.D., was by me first duly 8 sworn to testify the truth, the whole truth and 9 nothing but the truth; that said testimony was 10 reduced to writing by me stenographically in the 11 presence of the witness and thereafter reduced to 12 typewriting.

I FURTHER CERTIFY that I am not a relative or Attorney of either party nor in any manner interested in the event of this action.

16 IN WITNESS WHEREOF, I have hereunto set 17 my hand and seal of office at Dayton, Ohio, on 18 this 21st day of February , 2003.

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MINDY R. HOFFMAN NOTARY PUBLIC, STATE OF OHIO My commission expires 3-21-2004

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30:3, 14;32:5; 40:1.				
42:2, 25; 44:17; 47:		· · · ·		
55:14; 58:4; 59:1, 1				
25; 62:I6		(
Witness [2]				
1:12; 4:2 witness [2]		I service a service and a service of the service of		
11:6; 62:11				
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February 11,2003

Mr. Michael Ockerman Hanna, Campbell, & Powell, LLP 3737 Embassy Parkway P.O. Box 5521 Akron, OH 44334

Re: Thomas W. Monroe, etc. v. John Maxfield, M.D., et al. Trumbull County Common Pleas Court, Case # 00CV2380

Dear Mr. Ockerman:

As you requested, I have reviewed the following in reference to the above mentioned case: the medical records of Mrs. Deborah Monroe's visit to St. Joseph Family Medical Center (Howland) 7/16/99 at 1312 hours, to St. Joseph Health Center Emergency Department 7/16/99 at 1442 hours, her autopsy report, and the depositions of Drs. Maxfield, Shah, Oddi, and Janiak. Based on my review I believe the defendant met the standard of care for the emergency care of Mrs. Monroe.

Briefly, she was a 32 year old woman who developed back pain while at work. Paramedics were called; however, the patient refused transport and arrived on her own for evaluation at St. Joseph-Howland. She had an EKG, was evaluated by Dr. Shah and transferred by ambulance to St. Joseph Health Center ED for further evaluation. There she had **an** evaluation by Dr. Maxfield which included a history and physical examination, CXR, blood work, urinalysis, and CT scan of the abdomen and pelvis. She received medication to help alleviate her pain and was discharged. Unfortunately, she died the following day of a ruptured dissection of the proximal aorta.

The patient had reported initial chest pain to Dr. Shah but denied this to both the nurse and Dr. Maxfield at the ED. The location of the patient's back **pain** was also variably reported. The terms "upper" and "lower" back pain axe not clearly defined anatomically. It is clear that Dr. Maxfield believed the patient's pain to be in the lumbar area. Relying on the report of the patient who is there in front of him, he did an appropriate work-up for lower back pain. Finding hematuria, a CT of the abdomen was ordered to look for hydronephrosis (swelling) of the kidneys caused by a kidney stone that would explain pain in the mid to lower back. This CT would also show an enlargement, such as an aneurysm, of the aorta in the abdominal region. An aneurysm in the chest area would be highly unlikely in the face of a normal chest x-ray. Dissection of the aorta, as distinct from an aneurysm, is a difficult diagnosis to make, especially in a patient as young as Mrs. Monroe.

On Dr. Maxfield's examination, she had diffuse tenderness in the lumbar area and his history indicates worsening with movement which pointed to a muscular etiology for her

pain. She got improvement with pain medication, her BP normalized and she "denies any problems at discharge". She was advised to return if worse.

I appreciate the opportunity to review this case. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Phyllis T. Dreyn, MD

Phyllis T. Doerger, M.D. Vice-Chair, Department of Emergency Medicine Miami Valley Hospital, Dayton, OH 45409