IN THE COURT OF COMMON PLEAS

TRUMBULL COUNTY, OHIO

THOMAS W. MONROE,

Plaintiff,

-vs-

JUDGE KONTOS
CASE NO. 00CV2380

JOHN MAXFIELD, M.D., et al.,

Defendants.

- - - -

Deposition of CHARLES L. EMERMAN, M.D., taken as if upon cross-examination before Katherine A. Koczan, a Notary Public within and for the State of Ohio, at the Cleveland Clinic Foundation, 9500 Euclid Avenue, Cleveland, Ohio, at 1:50 p.m. on Thursday, January 16, 2003, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

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CHARLES L. EMERMAN, M.D., of lawful age, called by the Plaintiff for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF CHARLES L. EMERMAN, M.D.

BY MR. CONWAY:

Q. Doctor, would you please state your full name for the record, spelling your last name for the court reporter?

A. Charles Louis, L-o-u-i-s, Emerman, E-m-e-r-m-a-n.

Q. Doctor, myself and Donna Kolis represent the family of Deborah Monroe, and I'm here to take your deposition today. You've had your deposition taken before, correct?

A. That's correct.

Q. Mr. Ockerman is the attorney that's retained you for expert witness consultation in this case, correct?

A. That's correct.

Q. And he's seated here as well. I'd like to go over just some ground rules for the record. Obviously answer out loud any of your answers with a yes or no and not a shake of the hand or

head so that the court reporter can get that down.

If at any time you don't understand a question that I ask you, make sure that you ask me to repeat it or rephrase it or in some way let me know that you don't understand the question. If you do answer a question, I'm going to assume and rely upon the fact that you understood it, is that fair?

A. That's fine.

Q. All right. At any time you want to go back and amend, delete, supplement, add something to any testimony that you've previously given at any time during the deposition, feel free to do so, we will let you go on the record, you can explain any previous answer, is that fair?

A. That's fine.

Q. Any time you want to take a break and speak with Mr. Ockerman, that's fine. And finally, you realize you're under oath and everything you say today is being taken down by the court reporter, and it has the same significance as if you were in front of a judge and jury, you understand that?

A. That's fine.

Q. Approximately how many times have you been deposed?
A. I don't keep a running count, so I'll have to guess.
Q. All right.
A. Approximately three dozen.
Q. Okay. Doctor, how did you first become involved in reviewing this case on behalf of Dr. Maxfield?
A. I was -- I can't remember whether I was contacted by telephone first or not, but I received a letter from Mr. Ockerman.
Q. Okay. Did you bring with you your complete file on this case?
A. Yes, I did.
Q. Oh, could I take a look at it for a second?
A. That would be fine.
Q. Okay. I assume there was only one draft of your expert report in this particular case?
A. Yes, that would be correct.
Q. Okay. At the time you undertook the review of this case, it was your understanding that you were reviewing this case on behalf of both Dr. Maxfield as well as Dr. Shah, correct?
A. That's correct.
Q. Okay. And in going through the different medical

records you've been provided with as well as the deposition, I notice that there's no notes or highlighting or anything like that, correct?

A. That is correct.

Q. All right. Are there any other notes that you kept independent of the chart that I'm looking at right now?

A. No, you have my entire file.

Q. Did you have the opportunity as part of your review prior to today to look at any of the x-ray or CAT scan films that were taken back on July 16th?

A. No, I've not reviewed those.

Q. Okay. At any point did you ask Mr. Ockerman to provide you with either the x-rays or the CAT scan from July 16th, 1999?

A. No, I did not.

Q. What's your understanding of the condition from, from which Deborah Monroe died?

A. I'm not sure what you're asking me.

Q. Okay.

A. Are you asking me the cause of death?

Q. Yeah.

A. She had an aortic dissection.

Q. Okay. Is that a condition of medical emergency?

A. Yes, it is.
Q. All right. If untreated, will that condition cause a person's death?
A. Most of the time, yes.
Q. Okay. So to a reasonable degree of medical probability, that type of condition will cause a patient's death if left untreated, correct?
A. That's correct.
Q. Doctor, do you review chest x-rays in the practice, in your practice of emergency clinical medicine?
A. Do I ever review chest x-rays?
Q. Yeah.
A. Is that your question?
Q. Yeah.
A. Yes, sometimes I look at chest x-rays.
Q. How often would it be that you looked at a chest x-ray that you yourself had ordered?
A. I do frequently but not always.
Q. Okay.
A. In my practice there's a radiologist who's reading the x-rays contemporaneously with my seeing the patient, so I might not look at the x-ray and rely on their reading instead.
Q. Okay. Have you had occasions where you wanted to

look at the x-ray yourself?

A. Certainly.

Q. Okay. Even with a radiologist present, you would find it useful for yourself to personally look at a patient's chest x-ray, you've had those situations?

A. Sometimes.

Q. Would it be the standard of care for an emergency room physician to know how to read and interpret a patient's chest x-ray?

A. They would be expected to be able to appreciate some conditions but not necessarily everything. Not to the degree of sophistication of a radiologist.

Q. All right. The particular condition for which, from which Ms. Monroe died in this case, do you have an opinion as to whether or not an emergency room physician should be able to appreciate that condition from reading a chest x-ray?

A. If the patient had a markedly abnormal mediastinum, I would expect them to be able to appreciate that. If there were subtle abnormalities, they might not be able to detect that.

Q. Okay. Doctor, I have brought some chest films

from July 16th, 1999. And we have a view box here. If you would care to look at, I think there's a total of four plain x-ray films.

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(Thereupon, a discussion was had off the record.)

- - - -

Q. Now, maybe we should just do it film by film. The first film you looked at depicted what, doctor?

A. This film?

Q. The --

A. The first film?

Q. Yeah, the first film you viewed.

A. That's a KUB.

Q. All right. And do you see any abnormalities in that film?

A. There's maybe a little bit of scoliosis to the right. Otherwise it appears to be normal.

Q. Okay. The film right below it that you're looking at, what is --

A. That's the remainder of the KUB. Doesn't --

Q. The lower film you're looking at right now?

A. Is the other half of the KUB, and it again shows a little bit of scoliosis --

Q. Any other abnormalities?
A. -- to the right.
Doesn't show anything else abnormal.
MR. CONWAY: Okay. If you can, while he's looking at those, why don't we mark these as exhibits.
- - - -
(Thereupon, Plaintiff's Exhibits 1 and 2 were marked for purposes of identification.)
- - - -
Q. Directing your attention to Plaintiff's Exhibit Number 1?
A. Um-hum.
Q. That's an x-ray film of what part of the anatomy?
A. That would be a PA chest x-ray, and I don't see any particular abnormality that would jump out at me as an emergency physician looking at this.
Q. So looking, directing your attention now to Plaintiff's Exhibit Number 2, that's an x-ray of what body part or body area?
A. That's a lateral chest x-ray.
Q. All right. Do you see any abnormalities in that chest film?
A. I would not appreciate any abnormalities of this

chest x-ray looking at it as an emergency physician.

Q. Okay. As any type of physician do you see any abnormalities in either one of these films?

A. They, I would read these x-rays as being normal if I was looking at these x-rays by myself.

Q. Okay. To your knowledge, did Dr. Maxfield ever review either one of these chest x-rays on July 16th, 1999?

A. Not that I'm aware of.

Q. Would it have been reasonable for him to do so?

A. He had the contemporaneous reading of a radiologist, it would be reasonable for him to rely on that radiologist's reading.

Q. Have you ever had a case similar to this present to you where even though you had a radiologist looking at chest films, you wanted to look at the chest films yourself?

MR. OCKERMAN: Objection.

A. Have I ever looked at the chest x-ray even though a radiologist has read the chest x-rays?

Q. Yes.

A. Is that your question?

Q. Yes.

A. Sometimes I do.

Q. And have you done so in a case where there's been a presentation similar to Deborah Monroe's emergency room presentation in this case?
A. I might have, I don't have any specific recollection of having done so.
Q. Have you had an opportunity to review a report from Dr. Weinberg, Susan Weinberg?
A. No, I've not.
Q. Okay. Have you had an opportunity to discuss Dr. Weinberg's report with Mr. Ockerman or any other attorney representing Dr. Maxfield?
A. Mr. Ockerman is, has told me in general terms that Dr. Weinberg sees something abnormal on the abdominal CT, but he's not given me the details of a report.
Q. According to Dr. Weinberg's report, she reads these films as showing a moderate dilation of the proximal and mid descending thoracic aorta. Do you see that?
A. I've not seen her report, no.
Q. Okay. But you don't see that particular condition when you looked at the films, do you?
A. I think I'd like to read her report and then I could look at the x-rays and see whether I see what she's talking about.

Q. Okay. Well, you didn't see, you didn't see this condition that she just -- excuse me. You didn't see the condition I just read to you when you looked at the films a moment ago, did you?

A. Did you just read to me her description in the entirety?

Q. Yes, yes.

A. You read me the whole sentence?

Q. I read you the mediastinum, she saw moderate dilation of the proximal and mid descending thoracic aorta. That's what part of her report indicates her findings, and you did not find those findings when you looked at the x-rays a moment ago, correct?

A. If somebody had minimal dilation, I might not be able to see that.

Q. Okay. Have you had an opportunity to review Dr. Bruce Janiak's expert witness report?

A. I have his deposition, but I don't think I have his report.

Q. Okay. Did you have an opportunity to review his deposition?

A. Yes.

Q. Were you ever provided with Dr. Janiak's expert witness report?

A. Not that I know of.
Q. Do you know Dr. Janiak?
A. Yes, I do.
Q. And what do you know his reputation to be?
A. He has a good reputation.
Q. All right. He's an emergency room physician, emergency medicine physician himself, correct?
A. That's correct.
Q. And I'll just go by what he indicated in his report and based upon your recollection of his deposition of the subject area we are covering, and my question to you, if you can answer the question, fine, if not -- Dr. Janiak indicates that he felt that the overall evaluation in the emergency department conducted by Dr. Maxfield was not adequate. You're aware of that criticism?
A. Are you telling me that's his criticism? I've not seen his report if you are.
Q. Well, I'm saying are you familiar with his deposition?
A. Yes.
Q. Okay. I guess --
A. But I've not memorized it.
Q. That's exactly why I'm asking it in a shorthand

way, the way I'm asking the question. Obviously Dr. Janiak is critical of Dr. Maxfield for the evaluation he did at the emergency room back on July 16th of 1999, you would agree with me, correct?

A. I agree that he's critical, yes.

Q. All right. Do you agree that a more persistent effort to evaluate Deborah Monroe for thoracic dissecting aneurism needed to be done?

A. No, I do not.

Q. Okay. Why not?

A. This is an atypical presentation of an unusual disease. And I think given the history that Dr. Maxfield obtained, given the chest x-ray reading by the radiologist, given the age of this patient, all those things made an aortic dissection unlikely, and that having gone through the steps that he did, it was not necessary for him to go further.

Q. Would the gold standard for diagnosing the thoracic dissecting aneurism be a CT scan of the chest or a transesophageal echogram?

MR. OCKERMAN: Objection. Go ahead.

A. Those two things that you just read to me do not

encompass the list of things that would be done to further image the aorta if you had additional suspicion.

Q. Okay.

A. So his answer or his criticism there would be incomplete.

Q. Okay. What if someone had a suspicion, if an emergency medicine physician had a suspicion that some patient of his was suffering from a thoracic dissecting aneurism, what other diagnostic tests besides a CT scan of the chest or a transesophageal echogram would be indicated?

MR. OCKERMAN: Objection.

A. You mean if based on the history, the physical examination and the chest x-ray I still had a significant suspicion that there was a thoracic dissection?

Q. Yes.

A. What would be the tests that I could do to further evaluate that situation?

Q. Sure, what tests would you do?

A. It would be a chest CT, a transesophageal echocardiogram, an MRI or an aortogram.

Q. What order would you perform those tests or imaging?

A. You would not perform them in order, you would pick one of those four tests to do.

Q. Okay.

A. And which test you performed would be dependent on what sort of tests were available to you at the time.

Q. What are the signs and symptoms that someone would present with if they were suffering from a thoracic dissecting aneurism?

A. Well, the typical signs of a thoracic dissection is sudden onset of exceedingly severe pain, which is usually described as a catastrophic pain. It's of a ripping or tearing nature with chest pain that may or may not radiate to the back, but they almost all have chest pain.

Q. All right. Did Deborah Monroe present on July 16th, 1999 with that particular complaint?

MR. OCKERMAN: Which one?

MR. CONWAY: What he just said. We can read it back.

MR. OCKERMAN: Sudden onset, severe pain, ripping, tearing with chest pain?

MR. CONWAY: Right.

A. No.

Q. She didn't? Which one of those signs or symptoms or complaints did she present with on July 16th, 1999 at the Urgicare Center?

A. She had sudden onset of pain, the pain was described as severe, although I note that it apparently wasn't so severe that she had to go to the Urgicare Center by ambulance. The pain is not described as tearing or ripping. She didn't have chest pain, according to the note at the Urgicare Center.

Q. What other signs and symptoms would someone have who was suffering from a thoracic dissecting aneurism?

A. You want to know all the possible signs of aortic dissection?

Q. Sure.

A. I'm not sure I can give you an exhaustive list. Occasionally the pain will radiate to the back, they may have signs of a stroke, they may have signs of, of a heart attack. They may have signs of aortic insufficiency. They can have loss of pulses in the extremities, they can have discrepant in blood pressure between, discrepant in, discrepant blood pressure in the different extremities. They can have signs of vascular

occlusion. That's all that comes to mind right off the top of my head.

Q. Okay. Out of that --

A. That was in addition to the things I said before, of course.

Q. Sure, sure. These additional complaints or signs and symptoms that you just listed, on July 16th, at either her presentation to the Urgicare Center or the emergency room, did Deborah Monroe have any of those complaints or symptoms?

A. She complained of back pain, she did not have any of those other signs or symptoms as best I can remember the list I just gave you.

Q. Okay. Where in her back, what area of her back was she complaining of pain?

A. To Dr. Shah she complained of mid scapular pain and to Dr. Maxfield she complained of low back pain.

Q. Okay. The nurses at the Urgicare Center, what was, where was the location of the pain that she complained of?

A. They didn't specify where in her back she was having the pain.

Q. And just so we have the same page, if I can see your, what you've got.

Okay. We do. Nursing assessment, in that box there, while at work today she developed sudden onset of back pain and chest. Okay. So that was what a nursing history and assessment showed, correct?

A. Yes, I agree that's what that says.

Q. And then further in that nursing assessment, it says severe back pain between the shoulders.

A. Yes, I agree with that.

Q. Okay. So the nurses do get a history from Deborah Monroe that it's, the pain is between her shoulders, correct?

A. Yes.

Q. Okay. And that would be the same history that Dr. Shah got, correct?

A. Yes.

Q. Now, Dr. Shah, who you were asked to evaluate the case on his behalf, appropriately referred Deborah Monroe from this Urgicare Center to the St. Joseph's emergency room, correct?

A. That's correct.

Q. All right. And you would agree that Dr. Shah acted reasonably and appropriate and prudently in doing so, correct?

A. Yes.

Q. And in fact, she was taken by ambulance from the Urgicare Center to the St. Joe's emergency room, correct?
A. That's correct.
Q. And you would agree that that was prudent and appropriate that she was taken by means of ambulance, correct?
A. Yes.
Q. Now, Dr. Shah did raise the issue of whether or not Deborah Monroe was suffering from an aneurism, correct?
A. That's correct.
Q. All right. And I believe he indicated that she was suffering from severe back pain, had hypertension and that he felt that it was necessary to rule out an aneurism of the abdomen, or does it say aorta?
A. On his diagnosis it says rule out aneurism of aorta. On the front sheet of the diagnosis it says rule out aneurism of the abdomen.
Q. Okay. The aorta travels through the thoracic area down to the abdomen area, correct?
A. That's correct.
Q. Is hypertension or high blood pressure a risk factor for developing a dissecting thoracic

aneurism?

A. Hypertension is a risk factor for developing a dissection and it is a risk factor for developing an aneurism.

Q. Okay. For the record, she was hypertensive on July 16th, 1999, correct?

A. That's correct.

Q. All right. How would you characterize her blood pressure of 180 over 90 upon her presentation at the Urgicare Center?

A. The systolic blood pressure is elevated, the diastolic blood pressure is at the upper limit of normal.

Q. All right. She would have been considered hypertensive, correct, suffering from hypertension based upon that blood pressure?

A. Are you asking me whether I would diagnose her with hypertension based upon a single blood pressure or whether that blood pressure is an elevated blood pressure?

Q. Well, she was hypertensive or had an elevated blood pressure at the time she presented, correct? I'm not trying to confuse you, I promise. She had a high blood pressure of, which was 180 over 90 when she presented to the

Urgicare Center, correct?

A. That's correct.

Q. All right. And she had a history of having high blood pressure to the point where she was on blood pressure medication, correct?

A. That's correct.

Q. Okay. So I'm just asking, at the time she presented, she had a history of being hypertensive, correct?

A. That's correct.

Q. Okay. That can be a risk factor for either an aneurism or a dissection, correct?

A. That's correct.

Q. At the Urgicare Center it appears that an EKG was done?

A. I believe that's correct.

Q. All right. Based upon the symptoms of chest pain, was that an appropriate diagnostic decision made by Dr. Shah to have that done?

A. Yes, that's correct.

Q. After Deborah Monroe left the Urgicare Center and went by ambulance to St. Joe's Hospital, she was seen at that time by nurses at St. Joe's Hospital prior to being seen by Dr. Maxfield, correct?

A. That's correct.

Q. All right. If you could, you have the St. Joe's medical records in front of you, right?
A. Yes, that's correct.
Q. Okay. At the time she presented to the emergency department at St. Joe's, she indicated to the nurses that she was still suffering from a pain, rating it, despite having pain medication, of an 8 on a scale up to 10, correct?
A. You're not talking about the triage note now?
Q. No, I'm looking down at the nurse's notes.
A. You're looking at the nurse's progress notes?
Q. Correct.
A. At 4:42 p.m. she states that the pain was, states pain still better but rates it 8 out of 10.
Q. Okay. Which means her perception of the pain is that it is still relatively severe, correct?
A. Yes.
Q. The location in which she indicated to the triage nurses at St. Joe's where her pain was was the mid back, correct?
A. That's correct.
Q. All right. In fact, patient states sudden onset, mid back pain.
A. That's correct.
Q. Okay. The fact that she describes that pain as a

throbbing pain, does that have or relate to -- strike that.

In retrospect, we know what she was suffering from at the time she presented to the emergency department on July 16th, correct?

A. In retrospect?

Q. Yes.

A. Do we know what she had?

Q. Yes.

A. Yes, in retrospect we can review the autopsy and see what she had.

Q. And you would agree that at the time she did present to both the Urgicare Center as well as St. Joe's emergency room, she was suffering from a thoracic dissecting aneurism, correct?

A. She was suffering from a, from a thoracic dissection.

Q. And so at the time Dr. Maxfield saw and treated her, she was suffering from that condition, correct?

MR. OCKERMAN: Retrospectively?

Q. Sure, retrospectively.

A. That's correct.

Q. We know that, retrospectively we know that she had that condition at the time that Dr. Maxfield

saw her, correct?

A. That's correct.

Q. All right. Now, in retrospect, doctor, the description of the pain as a throbbing pain, would that be consistent with someone who's suffering from a thoracic aneurism?

A. The description of the pain as throbbing would be atypical, not typical of a patient with a dissection.

Q. Okay.

A. The vast majority of patients with an aortic dissection describe their pain as ripping or tearing.

Q. Okay. Are there patients that you've come across in your experience as an emergency medicine physician who have complained of throbbing pain and were later found to have had a dissecting thoracic aneurism?

A. I've never seen anybody that I can recall who described their pain as throbbing when they had an aortic dissection.

Q. On the way over to St. Joe's Hospital after she left the Urgicare Center, she was evaluated by the EMS technicians, correct?

MR. OCKERMAN: Objection.

Q. And I believe you have those records?
A. Yes, I have those records.
Q. Okay. And once again, where did she complain that the pain was located?
A. Their chief complaint is listed as upper back pain.
Q. All right. And later, down under the section physical assessment and observations, it indicates that she was complaining of upper back pain, correct?
A. Yes, I see that.
Q. And then later on it says pain upon palpation of upper back?
A. That's correct.
Q. All right. Doctor, anywhere in the medical records from the Urgicare Center, the EMS run sheet or the nursing notes and triage from St. Joe's, is there any reference to lower back pain made by Deborah Monroe?
A. You mean specifically have they documented that she has lower back pain as opposed to back pain without specifying the location or back pain where they have specified upper back pain, is that your question?
Q. No. My question is, did any of the medical

providers at the Urgicare Center characterize Ms. Monroe's back pain as being lower back pain?

A. Not that I see, no.

Q. All right. Did any of the EMS technicians characterize Ms. Monroe's back pain as lower back pain?

A. Not that I see here, no.

Q. Did any of the other medical providers at St. Joseph's emergency room or emergency department, with the exception of Dr. Maxfield, characterize Deborah Monroe's back pain as being lower back pain?

A. Not that I see, no.

Q. Do you have any criticism, doctor, of any of the medical personnel who were involved in the care and treatment of Deborah Monroe while she was at the Urgicare Center?

A. No.

Q. Okay. Do you have any criticism of any of the medical care rendered by any of the EMS technicians who transported Deborah Monroe to St. Joe's Hospital?

A. No.

Q. Okay. Do you have any criticism of any of the medical providers or medical personnel who were

involved in Deborah Monroe's care and treatment while she was at St. Joseph's Hospital?

A. Well, I'm not in a position to comment on the standards for a radiologist reading a chest x-ray and, or an abdominal CT. If there is something on the chest x-ray or the abdominal CT that a radiologist would be expected to discover, then I would be critical of them, but I'm not in a position to establish what those standards are.

Q. So your answer would be you're not critical of the radiologist in this case, correct?

A. That's not at all what I said.

Q. Okay. I don't understand how you can have a separate opinion of being critical of someone where you don't know what the standard of care for it, I guess that's what -- maybe we are on two different levels here.

MR. OCKERMAN: I think so.

Q. You're not offering an opinion regarding the standard of care for a radiologist reviewing the chest films, are you?

A. No, I'm not.

Q. Okay. Do you, as we sit here, have an opinion to a reasonable degree of medical probability that any of the medical providers at St. Joe's

Hospital fell below the standard of care in their care and treatment of Deborah Monroe?

MR. OCKERMAN: Objection. My objection is based upon his, what he just said. You're trying to lump them all together.

Q. No, I'm not. I want to know whether he's going to -- I, we all know what I want to know. I want to know whether you're going to go into court, doctor, and offer an opinion criticizing someone from your position as an emergency physician. That's all I want to know. If you're going to criticize the nurses, if you have a criticism that you feel is competent to a reasonable degree of medical probability regarding radiology or CAT scan technicians or whatever, I just want to know that right now.

MR. OCKERMAN: Talking --

Q. Or are you limiting your criticism or are you limiting your review of this case to the emergency medicine aspect? That's what I really want to know.

MR. OCKERMAN: If I can clear it up for you?

MR. CONWAY: Sure.

MR. OCKERMAN: He's not going to have any criticisms of anyone -- he cannot speak to the radiologist. You're not going to ask him to criticize the radiologist?

MR. CONWAY: That's fine, then he doesn't have a criticism, he doesn't have a, or an opinion?

MR. OCKERMAN: Of the radiologist?

MR. CONWAY: Right.

Q. Would it make it easier if I asked it that way? You're not going to be offering an opinion regarding the radiologist in this case, correct?

A. That's correct.

Q. All right. And you don't have a criticism of any of the other medical providers who were involved in the emergency department care and treatment of Deborah Monroe, correct?

A. That's correct.

Q. Okay. In light of the fact that apparently Dr. Maxfield's information regarding the location of the pain in this case conflicted with other medical providers' description of where the pain was located, would it have been reasonable on Dr. Maxfield's part to pick up a phone and call Dr. Shah and discuss this patient with Dr. Shah?

A. I believe the testimony is that they did discuss this patient by telephone.

Q. Okay. So it would have been, I mean, and I'm asking you, is that reasonable?

A. For Dr. Shah to call Dr. Maxfield and tell him that he was sending a patient in and tell him why?

Q. Yeah.

A. Yes, that's reasonable.

Q. Okay. Is that prudent medical care?

A. Yeah, it's perfectly fine to do that, yes.

Q. When in the chronology of events did that telephone call take place, did it take place before Deborah Monroe arrived or did that phone call take place after Deborah Monroe arrived at the St. Joe's emergency room?

A. Well, Dr. Shah called Dr. Maxfield before he sent the patient from the Urgicare Center to the emergency department.

Q. Okay. Were there any telephone calls that took place or conversations between Dr. Maxfield and anyone at the Urgicare Center after Deborah Monroe arrived at the emergency room?

A. No.

Q. Okay. Would it have been reasonable after

Dr. Maxfield did his examination and took his history from this patient, that in light of the apparent contradictions as to the location of the pain, would it have been reasonable for him to pick up the phone and just call and discuss this patient again with Dr. Shah?

A. There would have been no particular point to doing that.

Q. Why not?

A. Well, Dr. Shah got the history that he got and Dr. Maxfield got the history that he, that he got. What would Dr. Shah say if Dr. Maxfield called him? There would be nothing for him to say. He would say, this is the history I got, and Dr. Maxfield would say, well, the patient denies that now. The conversation would not have produced any additional results.

Q. Is there any indication anywhere in Dr. Maxfield's notes that the patient was even asked by Dr. Maxfield whether she had upper back pain or mid back pain?

A. She told him that she had lower back pain.

Q. My question, though, is did Dr. Maxfield ever ask Deborah Monroe whether or not she was suffering from upper back pain or mid back pain?

A. No, he's stated that there's no radiation of the pain. So if she had low back pain and upper back pain, then I would expect him to have said that there was radiation of the pain instead of saying that there's no radiation of the pain.

Q. So I guess my answer is at no point does Dr. Maxfield explicitly ask Deborah Monroe whether she's suffering from upper back pain or mid back pain, correct?

A. No, I don't agree with that interpretation of what I just said. He specifically documented that she complains of diffuse lower back pain, and then his next sentence is that there is no radiation of the pain.

Q. Okay. What's your interpretation of, based upon that charting, what's your interpretation of the conversation that would have taken place between Dr. Maxfield and Deborah Monroe regarding the location of her back pain?

A. That it was limited to the lower back.

Q. What would be involved -- strike that.

Are you familiar with how CT scans are done?

A. Generally, yes.

Q. Okay. How much more involved would it have been in this particular case when Deborah Monroe was

already having an abdominal CT scan done to continue up and do a chest CT scan?

A. It would have required an additional bolus of dye.

Q. How much longer would the procedure have taken?

A. About another ten minutes.

Q. Okay. Would there be any possible risk in giving the patient another bolus of dye to have the CT scan done immediately following the abdominal scan?

A. The risk is the risk of the dye itself, which is the risk of an allergic reaction or the risk of impairing the renal function.

Q. Okay. At the time that Deborah Monroe was at St. Joe's emergency department, she was suffering from chest pain, correct?

A. No.

Q. She was not?

A. That's correct.

Q. Okay. Was she suffering from chest pain at all when she was in the emergency room at St. Joe's Hospital?

A. She denied it twice.

Q. Okay. Do you know why an EKG was ordered then at St. Joe's Hospital if she was denying chest pain

at that time?

A. In a hypertensive patient with back pain, sometimes physicians will get an EKG. I don't recall that you asked that of Dr. Maxfield what his thinking was there.

Q. I didn't take Dr. Maxfield's depo, so is it --

A. Actually, this is a copy, the one that I have in here is a copy of the Howland, not a separate one.

Q. Okay. Was there, do you recall whether or not there was an EKG done at St. Joe's emergency department?

A. Well, now I've got myself confused, so let me just --

Q. I don't want to confuse you.

A. Let me just look.

Q. We will stop for a second and let you go through whatever records you want to go through.

- - - -

(Thereupon, a discussion was had off the record.)

- - - -

A. Okay. I do not see that a separate EKG was ordered at the St. Joe's emergency department.

Q. What were the indications for the chest film

being ordered, do you know? And I'm talking about the chest films that were ordered at St. Joe's in the emergency department.

A. Oh, he may have ordered it -- let me just look at his order sheet.

Q. Sure.

A. He may have ordered an abdominal series which would have included a chest x-ray. Chest, portable. No, he ordered a portable chest x-ray. No, I can't specifically tell you that. Although, if you were considering the diagnosis of an aortic dissection, then doing a chest CT would be doing an appropriate -- sorry. A chest x-ray would have been an appropriate first step.

Q. Okay. Why would that be an appropriate first step?

A. Because it's highly unlikely for you to have an aortic dissection with a normal chest x-ray.

Q. Would that be true even if it was an abdominal aortic dissection?

A. Well, you generally do not get abdominal aortic dissections. You generally get abdominal aneurisms.

Q. All right. I guess I just, I didn't follow your last answer that the chest film would be a good

first start if you're looking for what?

A. For an aortic dissection.

Q. All right. Where does the aorta usually dissect?

A. In the thorax.

Q. So it's more common for an aorta to dissect in the thorax than the abdominal area, correct?

A. That's correct.

Q. It indicates for clinical indication as to why the chest x-rays, the PA and lateral chest x-rays are being ordered, clinical indication is listed as chest pain. Does that have any significance?

A. I see that it says that twice in the medical record they stated that she denies chest pain.

Q. What physician's responsible for providing the information to the radiologist as to the clinical indication for a certain type of radiology film?

A. Dr. Maxfield.

Q. Okay. Why don't -- do you have a copy of your report with you?

A. Yes, I do.

Q. Okay.

A. Or maybe you took it from me.

Q. I've got your other -- you know what, before we get to your report, let me ask you a question about it.

A. Yes, I have it.
Q. All right. Going back to this September 13th, 2001 letter from Mr. Ockerman to you, where he says, would you please review these materials and give me a call upon completion of your review, I do not need a written report at this time, rather I would prefer to discuss your opinions via telephone. You received this letter from Mr. Ockerman, correct?
A. Yes.
Q. And I assume that after you reviewed these matters, you gave him a call and discussed what your opinions based upon your review of the materials was?
A. I would presume so, although I have no specific recollection of a conversation 15 months ago.
Q. And no notes to document the conversation, correct?
A. That's correct.
Q. All right. Going to your report, and you have a copy in front of you, right, doctor?
A. Yes, I do.
Q. Okay. First paragraph, last sentence, "On arrival she complained of severe back pains between the shoulders, which felt like muscle

cramps." Where are you, where, what arrival are you referring to, the arrival at St. Joseph's Hospital?

A. Yes, that's -- no, the arrival at the Urgicare Center.

Q. Then you indicate, "Dr. Shah obtained a history that the patient had severe midscapular back pain, which had developed suddenly." That was your determination from a review of the medical records, correct?

A. Yes.

Q. Okay. Let's just go paragraph by paragraph. What you've stated in your first paragraph beginning, "My review indicates," remains your understanding of what the facts are today, correct?

A. Well, there's a discrepancy in the age between the autopsy report and the Howland.

Q. Right.

A. And the, and the St. Joseph's records.

Q. Correct. Other than that, you're satisfied with your first paragraph here, correct?

A. Yes.

Q. All right. Second paragraph, anything you want to change starting with, "Dr. Shah obtained a

history that the patient had severe midscapular back pain, which had developed suddenly"? As we sit here today, are you satisfied with that paragraph?

A. Yes.

Q. Third paragraph ending with, "The triage nurse noted a history of sudden onset of mid back pain described as throbbing." Okay. As we sit here today, you're satisfied with that third paragraph?

A. Yes. I guess I would add to that that the patient also denied to the triage nurse at St. Joseph's that she had chest pain.

Q. Can chest pain associated with a dissecting thoracic aneurism wax and wane?

A. Is it possible or --

Q. Yes.

A. -- does it generally?

Q. Is it possible?

A. I suppose anything's possible.

Q. All right. The next paragraph starting with, "Dr. Maxfield," are you satisfied with that paragraph as we sit here today?

A. Yes.

Q. Okay. Is cigarette smoking a risk factor for

dissecting thoracic aneurisms?

A. Not that I recall reading about, no.

Q. Going to the --

A. Sorry?

Q. Going to the last paragraph on the first page starting with, "Laboratory evaluation," and then continuing on to the next page, satisfied with that paragraph as we sit here today?

A. Yes.

Q. What would tests which measure amylase and lipase be used to diagnose?

A. They're generally used to diagnose pancreatitis, which occasionally can present as back pain.

Q. Are they useful, those levels, in diagnosing any other type of conditions?

A. Rarely they can be elevated in a small bowel obstruction.

Q. Going to the next paragraph on the second page, "The patient was given additional pain medication," are you satisfied with that paragraph?

A. Yes.

Q. After reviewing the depositions and the medical records, were you able to determine what Dr. Maxfield attributed the back pain to?

A. Well, his, what I have as his diagnosis, which is back pain.

Q. Right. Did Dr. Maxfield, to your knowledge, from your review of these medical records or the deposition, ever determine what the cause of the back pain was or offer any type of differential diagnosis as to what the cause of the back pain was?

A. Well, he has evaluated her for the differential diagnosis but he's not written that down.

Q. What's your interpretation of the differential diagnosis that Dr. Maxfield had at the time that he saw Deborah Monroe?

A. Well, I think he was evaluating her to determine whether she had signs or symptoms of aortic dissection. He did a workup for kidney stones, he did a workup for abdominal problems, urinary tract infection, those are the things that were evaluated.

Q. If he was going to do a workup regarding an aortic dissection, why wouldn't he have ordered a chest CT?

A. Because the patient's history, her age are not typical of aortic dissection and -- I think I gave you all this before at the beginning. Did

you want me to go back through it again?

Q. No, I'm just wondering why, if your interpretation is that on his differential diagnosis, which by the way, is set no where in writing, correct, Dr. Maxfield never sets down a written differential diagnosis, does he?

A. Well, I think he said in his differential diagnosis that kidney stones are unlikely on the basis of history, physical and tests, an aortic problem is unlikely on the basis of history, physical, tests and he details that, so he actually has --

Q. Okay.

A. -- put down some of his differential diagnosis. I don't know if that's the entirety of his differential diagnosis.

Q. Getting back to it's your interpretation that he was considering an aortic aneurism, is that correct, or a dissecting aortic aneurism? I don't mean to misstate.

A. I think he has considered the possibility of aortic dissection.

Q. All right.

A. And has determined, based on the information that he had, that it did not warrant further testing.

Q. Okay. Now, he did do an abdominal CT, correct?
A. That's correct.
Q. Now, the aorta runs, as we have indicated before, through the thoracic area and the abdominal area, correct?
A. That's correct.
Q. Now, a useful diagnostic tool in diagnosing an abdominal aortic dissection is an abdominal CT, correct?
A. Yes, that's correct.
Q. All right. Now, you say based upon the patient's history and her age, that Dr. Maxfield was justified in not doing a chest CT to look for the aortic dissection occurring in the thoracic area, correct?
A. Well, you've restated my testimony in a way that did not --
Q. I didn't mean to do that.
A. You've restated my testimony in a way that did not encompass the entirety of what I said.
Q. Okay. I want to be clear on this. So I'll reask it. We have got two parts of the aorta here, correct, we have got the thoracic part and the abdominal part, correct?
A. Yes, that's correct.

Q. All right. I'm not a doctor and I'm not the most articulate person, so bear with me, all right?

MR. OCKERMAN: That's your opinion.

Q. I know I'm not articulate. Dr. Maxfield, according to you, is considering that this patient may have an aortic dissection, correct?

A. Well, he's aware that that was the concern of the doctor in Howland.

Q. Okay.

A. And so he has taken a history, done a physical examination and done a chest x-ray. The history, the physical and the chest x-ray do not point toward an aortic dissection.

Q. He does, however, do an abdominal CT, correct?

A. That's correct.

Q. All right. Which would pick up a dissection if it was occurring in the abdominal area, correct?

A. Well, you generally do not get dissections in the abdominal area. The dissection from the thoracic area may traverse into the abdomen, but generally, if you're doing an abdominal CT because you're concerned about a problem with aorta, you're generally looking for an aneurism, not a dissection. There's, of course, other

things that you do an abdominal CT for, which is, appears to be the case here, you incidentally also see the aorta.

Q. And what else do you think he was using that CT scan to look for in this particular case other than the aorta?

A. Well, with an abdominal CT scan, you would see the entire contents of the abdomen, so you would see the liver, you would see the spleen, you would see the bowel, you would see whether there's any fat stranding around the appendix, and in this particular case, because she has blood in her urine, it appears he was looking for kidney stones.

Q. And after doing that abdominal CT, he was able to rule out any of those organs or areas as being the cause of her pain, correct?

A. Well, if you have an abdominal CT, that doesn't always show kidney stones, but it usually does.

Q. So more likely than not, he was able to rule out the areas in the, that would be encompassed by the abdominal CT as being the cause of her back pain, correct?

A. I'm sorry, say that one more time.

Q. Okay. More likely than not, to a reasonable

degree of probability, Dr. Maxfield was able to rule out any of the areas that were able to be viewed on the abdominal CT scan as being the cause of Deborah Monroe's back pain --

A. That's correct.

Q. -- right?

Okay. I think we were at the second paragraph, and you're happy with the way that's written, "The patient was given additional pain medication"?

A. Yes.

Q. All right. And then we have the next paragraph, it is your medical opinion that Dr. Shah met the standard of care in this instance, correct?

A. Yes.

Q. Then going to the last two sentences, "In this instance it was reasonable to obtain and rely upon the radiologist's interpretation of the abdominal and pelvic CT," correct?

A. Yes.

Q. Okay. And then it says, "A chest CT was not required under the standard of care based on the complaints given to Dr. Maxfield," correct?

A. Yes.

Q. All right. Are you happy with the way this

paragraph is written?

A. Yes.

Q. All right. And obviously, the final paragraph, you're satisfied with that, correct?

A. Yes.

Q. Is there anything else you want to add to this, to your opinions here as set forth in your report, or do these encompass your opinions in this case?

A. Including the issues we have talked about in deposition?

Q. Including the issues we have talked about in deposition.

A. Yes, I'm happy with that.

Q. All right. So between your report and all of the issues we have comprehensively covered here, you have no further opinions to offer, is that correct?

A. That's correct.

Q. All right. Do you know a Dr. Oddi?

A. No, I do not. I see that he's provided a deposition here, but I don't know him.

Q. Okay. Did you have an opportunity to read his deposition?

A. Yes, I did.

Q. Did you read Dr. Shah -- was Dr. Shah deposed? Did you read Dr. Shah's deposition?

A. Yes, I did.

Q. Have you done work before for Mr. Ockerman or Mr. Schobert or anyone else at their law firm of Hanna, Campbell & Powell?

A. I've reviewed one other case for them which I received about the same time as this case.

Q. All right. Which attorney asked you to review that one?

A. Jeff Schobert.

Q. How much an hour were you charging Mr. Ockerman and Mr. Schobert to review?

A. $300 an hour.

Q. How much an hour for the deposition?

A. $300 an hour.

Q. And how much will your trial testimony be?

A. The same.

Q. You plan to testify live at trial?

A. Yes, I do.

Q. Did you do any type of medical literature research in preparation for this deposition or in connection with the review of this case?

A. No, I'm generally familiar with the issues relevant to this case.

Q. Have you ever written on anything that would relate to the issues that we are dealing with here today?

A. No, I don't believe I have.

Q. Okay. Have you ever testified in a case which involved the same or similar medical conditions as are at issue in this case?

A. One time.

Q. Okay. And do you recall that case, who the attorneys were?

A. It was an attorney in Chicago, I don't recall their name. It was about six years ago.

Q. Okay. And what was the issue in that case?

A. It was a gentleman who had a typical presentation of aortic dissection with a marked abnormal chest x-ray where there was a delay in, there was a delay in the institution of care and a delay in the reporting of the chest x-ray to the emergency physician.

Q. And I don't want to be presumptuous, but since it was in Chicago, did you happen to be on the plaintiff's side of that one?

A. In that one, yes.

Q. Okay. Defense versus plaintiff, what's the relative --

- - - -

(Thereupon, a discussion was had off the record.)

- - - -

Q. What's the, what's your breakdown as far as the percentage of cases you review on behalf of doctor versus patients?

A. Sometimes I review cases in support of hospitals.

Q. Okay. Let's put the hospitals and the doctors on one side and the patient on the other side. What's your overall breakdown as far as percentage of what you review?

A. It's about two-thirds defense, one-third plaintiffs.

Q. Okay. And in cases that involve local cases, that are in the local area of Cleveland here, it would be almost all defense, correct?

A. Generally it's mostly defense in the Cleveland area, yes.

Q. Do you still have that deposition from that case?

A. No.

Q. Do you know what the case's name was or anything like that?

A. No, I don't.

Q. What area of medicine -- strike that.

Would you have done anything different in this case than Dr. Maxfield if you were the emergency room physician at St. Joe's Hospital when Deborah Monroe presented?

A. No, I think given this presentation, I would have proceeded as he has.

Q. What would your differential diagnosis have been based upon the history, her history as given to medical providers on July 16th, 1999?

A. I don't understand what you're asking me.

Q. Okay. You're the emergency medicine physician seeing Deborah Monroe at St. Joseph's Hospital, okay? First of all, does the standard of care require you, as a physician, to obtain the EMS record and review that?

A. The EMS records are frequently not available to us when we see the patient.

Q. If they are available, would the standard of care dictate that you at least look at that if it's available?

A. If they are available to me, then I would look at them.

Q. Okay. If the medical record from the Urgicare Center was available, would that be something that you, as a reasonable emergency room

physician, would like to look at as well?

A. Yes, I would.

Q. What was my question, would you have done anything different?

A. I answered that one.

Q. Okay. Have you ever treated a patient who's had a dissecting thoracic aneurism?

A. I have once or twice, although I have no specific recollection of the cases.

Q. Okay. Did those patients survive your treatment?

A. I don't remember the cases.

Q. Do you know the physician who authored the radiology report for Dr. Maxfield?

MR. OCKERMAN: Dr. Crawford?

MR. CONWAY: No, the expert report.

MR. OCKERMAN: Oh, Dr. Weinberg. Dr. Weinberg, Susan Weinberg.

Q. Do you know her?

A. No, I do not.

Q. Do you know Dr. Crawford?

A. No.

Q. Did you know Dr. Maxfield?

A. No.

Q. Okay. Socially, professionally?

A. I have no idea who he is.
Q. What emergency medicine textbook is authoritative in this area?
A. There would not be any textbooks that would be authoritative in the legal sense of the word.
Q. Do you own any textbooks that have as a subject matter emergency medicine?
A. Yes.
Q. Which ones do you own?
A. Oh, let's see. I have a copy of the Tintinalli, I have an outdated copy of Rosen, I think I have a copy of Schwartz.
Q. Those are pretty expensive books, aren't they?
A. I suppose so, yes.
Q. All right. So I assume you find them helpful and reliable?
A. I can't tell you that I find them reliable. I sometimes look at them.
Q. Why do you sometimes look at them?
A. Sometimes they will have lists in there that I want to look at, they may have references that I want to look at.
Q. So sometimes they may have some information in there that you find to be reliable?
A. Sometimes they have information in there that I

find useful.

Q. Are you a member of any professional organizations?

A. Yes, I am.

Q. What?

A. The American Medical Association, the American College of Emergency Physicians and the Society for Academic Emergency Medicine.

Q. Okay. The American College of Emergency Physicians, are you on any internal board in that organization?

A. Not currently, no.

Q. Okay. Have you ever been?

A. Yes.

Q. Have you ever -- okay. What boards?

A. Well, I was on committees, not boards. They don't have boards.

Q. Okay. What committees were they?

A. I was on the scientific review committee, I was on the research committee and also on the academic affairs committee. I was also on the awards committee.

Q. Do you find this to be a reputable organization?

A. Yes.

Q. Have you ever been an officer in that

organization?

A. No.

Q. How long have you been a member of the American College of Emergency Physicians?

A. 25 years.

Q. Okay. Do you read any --

A. Not quite that long.

Q. Do you read any of the literature or guidelines that they put out?

A. Sometimes.

Q. Are there any competing organizations for emergency physicians in this country?

A. Yes.

Q. What other organizations would compete with or be in the same class as American College of Emergency Physicians?

A. Well, I wouldn't classify them as competing organizations, but there are alternative organizations.

Q. Okay. Such as?

A. The American Osteopathic College of Emergency Physicians or the American Academy of Emergency Medicine.

Q. Okay. Which one's the largest?

A. The American College of Emergency Physicians.

Q. Okay. And the osteopathic, is that confined to physicians who are osteopathic physicians?
A. I don't know what their membership requirements are.
Q. You're not a member in that, right?
A. That's correct.
Q. Are you a member of the other one you mentioned?
A. No, I'm not.
Q. Are you going to be offering an opinion as to whether or not -- well, I take it from your report you're not offering an opinion as to whether or not mister, or excuse me, strike that.

Would you agree that had Deborah Monroe been diagnosed by Dr. Maxfield with a thoracic dissecting aneurism during her emergency department visit of July 16th, 1999, she more likely than not would have been able to have been treated and would have survived?
A. I think that's probably true, although aortic dissections is not -- the survival from aortic dissections is not something I've researched.
Q. But you'd agree that more likely than not she would have survived had she been diagnosed and treated?
A. You mean survive the immediate post-operative

period if she was going to undergo that?
Q. Yes.
A. I'm not going to be offering opinions about that.
Q. Would you agree more likely than not she would have survived?
A. I think I just said I wasn't going to be offering opinions about that.
Q. Okay. Do you have an opinion on that?
A. No, I do not.
Q. Sometimes people have opinions but they just say they are not going to offer them, but it's still fair game to ask them what their opinions are, all right?

So I take it you're not going to be offering any type of opinion on survivability or life expectancy, is that correct?
A. That's correct.
Q. Had she been diagnosed and treated, correct?
A. That's correct.
Q. What's an expert review form, did they ask you to fill out --
A. They sent me a form asking for my hourly rate and my address and my Social Security number.
Q. Any other, anything else on that form that you recall?

A. Not that I can recall, no.

Q. I've never heard of one. Just wondering.

MR. OCKERMAN: HCP form.

MR. CONWAY: What's that?

MR. OCKERMAN: Hanna, Campbell & Powell.

MR. CONWAY: It's good that private enterprise is capable of generating bureaucratic paperwork as well, right?

If I can have one second, I think we are about done.

- - - -

(Off the record.)

- - - -

Q. Have you ever been sued, doctor?

A. Yes, I have.

Q. Okay. Has money ever been paid out on behalf of the care and treatment you rendered to a patient?

MR. OCKERMAN: Objection.

A. No money's ever been paid out on my behalf.

Q. Okay. Would it be correct that -- well, let me ask this. What area of medicine do you consider yourself to be an expert in?

A. Emergency medicine.

MR. CONWAY: Okay. I guess all we

need to do is if we could mark his report, and this will be Exhibit Number 3.

- - - -

(Thereupon, Plaintiff's Exhibit 3 was marked for purposes of identification.)

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THE WITNESS: I'll read.

MR. CONWAY: All right.

THE WITNESS: Is this mine or is this one yours?

MR. OCKERMAN: Doctor, you have the right to review this transcript or you can waive that right. You told her you'll review it, and Tom, can we have 14 days to review it?

MR. CONWAY: Yes.

MR. OCKERMAN: And doctor, where do you want it sent to?

_____

CHARLES L. EMERMAN, M.D.

C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Katherine A. Koczan, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named witness was by me, before the giving of their deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation of counsel; and that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney, or financially interested in this action; that 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 seal of office, at Cleveland, Ohio, this 27th day of January A.D. 20 03.

Katherine A. Koczan

Katherine A. Koczan, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires August 27, 2006

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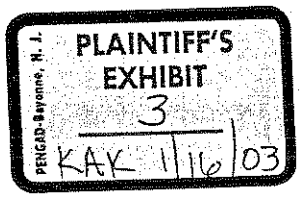

2500 MetroHealth Drive
Cleveland, Ohio 44124
Department of Emergency Medicine
October 24, 2001

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

Re: Thomas W. Monroe, etc. v. John Maxfield, M.D. et al.

Dear Mr. Ockerman,

At your request, I have reviewed various materials for the purpose of rendering an expert medical opinion as to the care provided by John Maxfield, M.D. and Vijay Shah, M.D. in the above captioned case. I have been given the following documents to review;

1) Medical records of the St. Joseph Health Center Emergency Department

2) Medical records of the St. Joseph Family Medical Center

3) Complaint filed in Trumbull County, Ohio

4) Autopsy report

5) Deposition of John Maxfield, M.D.

My review indicates that Deborah Monroe, 32 years of age at the time of this incident, presented to the St. Joseph Family Medical Center on 7/16/99 with complaints of chest and back pain. The initial vital signs showed a temperature of 97 degrees with a respiratory rate of 12, pulse of 84, and blood pressure of 180/90. The triage nurse obtained a history that the patient had developed sudden onset of back and chest pain. She had refused transportation by EMS. On arrival she complained of severe back pains between the shoulders, which felt like muscle cramps.

Dr. Shah obtained a history that the patient had severe midscapular back pain, which had developed suddenly. The pain might have started in the chest but there was no radiation to the pain. On examination the lungs were clear and the heart sounds were normal. The capillary refill was normal and the circulation was good. The electrocardiogram showed no acute ischemic changes. The case was discussed with the St. Joseph's Emergency Department. The patient was transferred for further evaluation and possible CT.

The patient arrived at the St. Joseph Emergency Department with complaints of back pain. The initial vital signs showed a temperature of 97.9 degrees with a pulse of 76, respiratory rate of 20, and blood pressure of 154/100.The triage nurse noted a history of sudden onset of mid back pain described as throbbing.

Dr. Maxfield evaluated the patient and obtained a history of sudden onset of diffuse lower back pain with onset 3 hours prior to arrival. There was no radiation. The patient denied numbness or weakness. There was no abdominal pain, chest pain, nausea, or vomiting. The patient had a past history of hypertension and was a cigarette smoker. On examination the patient had a normal heart and lung examination. There was diffuse lumbar tenderness.

Laboratory evaluation showed a normal amylase and lipase. The white blood count was mildly elevated. The urinalysis showed a small amount of hematuria. The patient was given Demerol with improvement in her pain. A

chest radiograph was interpreted by the radiologist with a negative preliminary report. A spiral CT of the abdomen and pelvis was obtained which was interpreted as showing no evidence of obstruction or calculus.

The patient was given additional pain medication during her emergency department stay. The repeat blood pressure was 140/82. Mrs. Monroe was discharged with instructions with a diagnosis of back pain. The patient expired on 7/16/99 and the autopsy revealed a ruptured dissecting thoracic aneurysm with a rupture that began 3 cm bellow the arch and dissected down 7 cm.

It is my medical opinion that Dr. Shah met the standard of care in this instance. It was reasonable for him to refer the patient to the emergency department for further evaluation. It is further my opinion that Dr. Maxfield met the standard of care in this instance. The deposition testimony and Dr. Maxfield's documentation indicates that the patient complained of low back pain and had lumbar tenderness. The chest radiograph as interpreted by the radiologist did not show signs of an aneurysm. In this instance it was reasonable to obtain and rely upon the radiologist's interpretation of the abdominal and pelvic CT. A chest CT was not required under the standard of care based on the complaints given to Dr. Maxfield.

My opinions are based on my medical experience and review of the above materials. I would be happy to review additional information, as it becomes available.

Sincerely yours,

Charles Emerman, MD