

1 APPEARANCES:
 2 Joseph L. Coticchia, Esq.
 Suite 1640, Standard Building
 3 1370 Ontario Street
 Cleveland, Ohio 441 13-1701
 4 (216)861-6622
 5
 on behalf of the Plaintiff;
 6
 Bonezzi, Switzer, Murphy & Polito, by
 7 Donald H. Switzer, Esq.
 Suite 1400, Leader Building
 8 526 Superior Avenue
 Cleveland, Ohio, 441 14-1491
 9 (216)875-2767
 10
 on behalf of the Defendants Southwest
 11 General Health Center;
 12
 Ulmer & Berne, by
 13 Jeffrey W. VanWagner, Esq.
 Suite 900, Penton Media Center
 14 1300 East 9th Street
 Cleveland, Ohio 441 14-1583
 15 (216)621-8400,
 16
 on behalf of the Defendant Emergency
 17 Physicians Services, et al.,
 18
 Weston, Hurd, Fallon, Paisley & Howley, by
 19 Beverly A. Harris, Esq.
 20 2500 Terminal Tower, 50 Public Square
 Cleveland, Ohio, 441'13-2241
 21 (216)687-3223,
 22 on behalf of Thomas W. Graber, M.D.
 23
 24
 25

1 A 29360 Lake Road, in Bay Village.
 2 Q What is your date of birth?
 3 A 31121'48.
 4 Q What is your Social Security number?
 5 MS. HARRIS: I am going to
 6 object. I don't permit doctors any
 7 longer to give out their Social
 8 Security numbers for security
 9 reasons. If you happen to need it
 10 for some particular reason, if you
 11 would let me know.
 12 MR. COTICCHIA: I will let you
 13 know on the record, Bev, although I
 14 don't think there is any problem
 15 here. I have a right to determine
 16 this doctor's background,
 17 suspensions, license revocations,
 18 convictions, all right, and I can't
 19 do that without a Social Security
 20 number. This is discovery, Bev.
 21 MS. HARRIS: I'm sorry.
 22 MR. COTICCHIA: I am not going
 23 to abuse the discovery process by
 24 doing some blanket investigation.
 25 I think it is a reasonable request

1 ---
 2 THOMAS W. GRABER, M.D., of
 3 lawful age, called by the Plaintiffs
 4 for the purpose of cross-examination,
 5 as provided by the Ohio Rules of Civil
 6 Procedure, being by me first duly sworn,
 7 as hereinafter certified, deposed and said
 8 as follows:
 9 ---
 10 MR. COTICCHIA: We are
 11 starting now and this is the
 12 deposition of Doctor Graber. The
 13 deposition is being taken pursuant
 14 to notice; is that correct,
 15 counsel?
 16 MR. VANWAGNER: Yes.
 17 MR. SWITZER: Yes, sir.
 18 MS. HARRIS: I don't know, but
 19 that's fine. We are here.
 20 CROSS-EXAMINATION OF THOMAS W. GRABER, M.D.
 21 BY MR. COTICCHIA:
 22 Q Doctor, please state your full name and spell your
 23 last name?
 24 A Thomas Woodrow Graber, G-R-A-B-E-R.
 25 Q What is your residential address?

1 to ask this witness his Social
 2 Security number.
 3 MS. HARRIS: If you need his
 4 Social Security number, we will
 5 give it to you off the record. If
 6 this should get filed in court,
 7 then anyone has access to it.
 8 MR. COTICCHIA: Let's go off
 9 the record for a minute then.
 10 ---
 11 (Off the record,)
 12 ---
 13 MR. COTICCHIA: Back on the
 14 record.
 15 Q Starting with college, Doctor, will you please
 16 provide me with your education?
 17 A I started college at Trinity College, in Hartford,
 18 Connecticut. After the first year I transferred to
 19 University of Chicago, in Chicago, Illinois. I then
 20 worked for a year. And subsequent to that I went to
 21 medical school at Case Western Reserve University,
 22 School of Medicine.
 23 Q Let me interrupt. Did you graduate from the
 24 University of Chicago?
 25 A Yes, I did.

- 1 Q In what year?
- 2 A I graduated, I believe, in 1970.
- 3 Q What kind of degree did you receive?
- 4 A I received a B.S. in psychology.
- 5 Q When did you start medical school at Case Western
- 6 Reserve?
- 7 A '71. There was a year hiatus where I took off to do
- 8 some other things that I was interested in.
- 9 Q Did you graduate from medical school at Case Western
- 10 Reserve?
- 11 A Yes, I did.
- 12 Q When did you graduate?
- 13 A In 1975.
- 14 Q And please describe your training following your
- 15 graduation from medical school?
- 16 A From medical school, I went to a Harvard University
- 17 training program in primary care oriented internal
- 18 medicine, and I did that for two years. And then I
- 19 went to the University of Chicago for training in
- 20 emergency medicine.
- 21 Q And when did you finish the two year training for
- 22 internal medicine at Harvard?
- 23 A That would have been in 1977.
- 24 Q And then when did you go to the University of Chicago
- 25 for the emergency room training?

- 1 A Immediately thereafter, and I completed that training
- 2 in 1979.
- 3 Q So that was also approximately two years?
- 4 A That's correct. It was two years because I had
- 5 already done two prior years of training.
- 6 Q Okay.
- 7 A It is normally a longer program.
- 8 Q Okay. Are you board certified in any specialty?
- 9 A I am board certified in emergency medicine.
- 10 Q When did you become board certified?
- 11 A I was initially board certified in, I believe, 1981.
- 12 Q Have you had to renew that certification since then?
- 13 A I had to renew it again in 1991. So it has been
- 14 renewed once.
- 15 Q Getting near that ten year point again?
- 16 A Right.
- 17 Q Who is your employer now?
- 18 MS. HARMS: Objection. Go
- 19 ahead.
- 20 A My employer is Emergency Professional Services.
- 21 Q And when did you start with them?
- 22 A Well, I have been with Emergency Professional
- 23 Services in different capacities, not always an
- 24 employee, since 1983.
- 25 Q Do you have an interest or hold a position as an

- 1 officer with this organization?
- 2 A Yes. I am currently working administratively in that
- 3 organization.
- 4 Q And in what capacity or what is your title?
- 5 A My title is Chief Medical Officer, West, for
- 6 Emergency Professional Services.
- 7 Q Are you a shareholder?
- 8 A No, I'm not a shareholder.
- 9 Q Do you have an ownership interest in Emergency
- 10 Professional Services?
- 11 A No, I don't.
- 12 Q Were you employed by or working for Emergency
- 13 Professional Services on January 3 1st, 2000?
- 14 A I was not employed by Emergency Professional
- 15 Services. But I was an independent contractor with
- 16 Emergency Professional Services on that day.
- 17 Q Before your deposition this morning, Doctor, did you
- 18 review the medical record pertaining to Edna
- 19 Martello?
- 20 A I reviewed the emergency department record pertaining
- 21 to Edna Martello, but not the entire medical record.
- 22 Q All right. Do you have an independent memory of Mrs.
- 23 Martello independent of the emergency room record?
- 24 A No, I don't.
- 25 Q Did you review a deposition transcript of Lynn

- 1 Martello?
- 2 A No, I have not.
- 3 Q Or any summary or outline of her deposition?
- 4 A No, I have not.
- 5 Q Did you review a deposition transcript of Doctor
- 6 Cooper?
- 7 A Yes, I did.
- 8 Q When did you review that transcript?
- 9 A I don't remember, specifically. But it might have
- 10 been a month ago.
- 11 Q Who provided that transcript to you?
- 12 A I believe, that was sent to me by Mrs. Harris. But I
- 13 can't remember for sure.
- 14 Q All right. When you reviewed Doctor Cooper's
- 15 deposition, did that jog your memory and give you any
- 16 recall of this particular patient, Edna Martello?
- 17 A No.
- 18 Q Did you read the deposition transcript of Nurse Jay
- 19 Morrow?
- 20 A No, I have not seen that deposition transcript.
- 21 Q Did you review the deposition transcript of Doctor
- 22 Narichania?
- 23 A No, I have not seen his deposition transcript.
- 24 Q Did you read a report prepared by Doctor Kiehl,
- 25 K-I-E-H-L?

1 A I read a letter written by Doctor Kiehl.
 2 Q Or a letter, okay. When did you read that letter?
 3 A Again, I'm not sure exactly, but approximately a
 4 month ago.
 5 Q Who gave you that letter?
 6 A I believe, I got that from Mrs. Hams.
 7 Q Before today's deposition, independent of Beverly
 8 Harris, did you meet with or talk to Mr. Jeffrey
 9 VanWagner?
 10 A No.
 11 Q Did you meet with or talk to Mr. Don Switzer?
 12 A No.
 13 Q Did you meet with or talk to Doctor Cooper?
 14 A No.
 15 Q Did you meet with or talk to doctor Mr. Shermeyer?
 16 A No.
 17 Q Did you discuss this case with anyone independent of
 18 the people that I have just asked you about?
 19 A No.
 20 Q Have you ever been sued for medical malpractice?
 21 A Yes.
 22 Q Tell me when and where and what you were sued for?
 23 MS. HARRIS: I want a
 24 continuing object. Can I have
 25 continuing objection?

1 MR. COTICCHIA: Yes, you can.
 2 MS. HARRIS: Just briefly,
 3 Doctor.
 4 A I'm not sure I have a complete recollection. I have
 5 been sued a number of times where I had no
 6 involvement with the patient and they were dropped
 7 and I don't tend to remember those.
 8 Q Okay.
 9 A I was sued where I was involved with a patient within
 10 the past year and a half.
 11 Q Is that here in Cuyahoga County?
 12 A Yes.
 13 Q Do you know the name of the case or the name of the
 14 patient?
 15 A I believe the name is Higgins. I am poor at
 16 remembering names, but my recollection is it was
 17 Higgins.
 18 Q What is the issue in that case?
 19 A In that case a young boy with pneumonia and an
 20 appendicitis was operated on by a surgeon and the boy
 21 died.
 22 Q Was that here at Southwest?
 23 A Yes, it was.
 24 Q Any other cases?
 25 A Although, I'm not sure that the boy died at

1 Southwest. Actually I think he was transferred.
 2 Q I am not making myself clear. I am talking about the
 3 initial treatment was here?
 4 A Yes.
 5 Q And that was a year ago, what was the outcome?
 6 A The outcome was that I was found not to have any
 7 culpability in that case.
 8 Q Any other cases you have been a defendant in a
 9 medical malpractice that you can remember?
 10 A There was another one that I can recall where I saw a
 11 lady with a sinus infection and anywhere between nine
 12 months and a year and a half later she was found to
 13 have subacute bacterial endocarditis. And apparently
 14 she died, as well. I was dropped from that case
 15 because my care had nothing to do with her subsequent
 16 course.
 17 Q Doctor Graber, was that in Cuyahoga County, as well?
 18 A Yes, it was.
 19 Q Any other cases come to mind?
 20 A Not really.
 21 Q Do you subscribe to any periodicals pertaining to
 22 emergency room medicine?
 23 A I get the Annals of Emergency Medicine. I get the
 24 Journal of Emergency Medicine.
 25 Q When you were in law school did you have occasion to

1 use the Allen Memorial Library?
 2 MS. HARRIS: You mean, medical
 3 school.
 4 Q I'm sorry. When you were in medical school did you
 5 have occasion to use the Allen Memorial Medical
 6 Library?
 7 A Yes, I'm sure I did.
 8 Q I want to ask you some questions generally about the
 9 standard of care as an emergency room physician.
 10 Do you think you have a duty when treating a
 11 patient such as Edna Martello to reduce the risk of
 12 harm as reasonable as possible -
 13 MS. HARRIS: I am going to
 14 object.
 15 Q -- during the medical treatment of a patient?
 16 MS. HARRIS: I'm sorry, I
 17 didn't mean to interrupt. I am
 18 going to object. My understanding
 19 is he is not here as an expert, but
 20 as an independent witness. And so
 21 I will let you ask him general
 22 questions about their standard of
 23 care. I am not going to be
 24 allowing him to answer opinion
 25 questions regarding this particular

1 case because he is not here as an
2 expert.

3 MR. COTICCHM: Let's go off
4 the record for a minute.

5 MS. HARRIS: Sure.

6 ---

7 (Off the record.)

8 ---

9 MR. COTICCHIA: Read my last
10 question back.

11 ---

12 (Record read.)

13 ---

14 MS. HARRIS: I am going to
15 object. In general, he can answer
16 the question. Do you want it as to
17 her, because I don't know if he
18 knows the answer to her. You
19 tacked her on at the end.

20 BY MR. COTICCHIA:

21 Q In general, Doctor.

22 A All right. Are we referring specifically to this
23 case or cases where I am directly responsible for
24 caring for the patient.

25 Q We are referring to you, when you are responsible for

1 If the patient is coming to the emergency
2 department to get better and to be cured, certainly
3 we as emergency physicians do whatever we can to make
4 that happen.

5 Q When you examine a patient -- let me rephrase the
6 question.

7 Are normal bowel sounds a sign of a ruptured
8 diverticulum?

9 A No, normal bowel sounds would not be considered a
10 sign of a ruptured diverticulum.

11 Q Would you give a patient who has complaints of
12 abdominal pain, would you give a patient a soap suds
13 enema before this patient was given an x-ray or a CAT
14 scan --

15 MS. HARRIS: Objection.

16 MR. VANWAGNER: Objection.

17 Q -- in the emergency room situation?

18 MS. HARRIS: Objection.

19 MR. VANWAGNER: Objection.

20 Q You may answer.

21 A It depends upon how the patient presents. It is not
22 a black and white issue.

23 Q Well, I am referring specifically to this case. You
24 read Edna Martello's emergency room record, correct?

25 A That's correct.

1 caring for a patient.

2 A All right. And the question is, am I supposed to try
3 to reduce any harm that the patient may have from her
4 clinical condition; is that the essence of your
5 question?

6 Q Yes.

7 A When I am responsible for the patient, I do my utmost
8 to reduce any harm that the patient might suffer from
9 their clinical condition.

10 Q When you were in medical school did you learn as far
11 as duty to a patient first and foremost was to do the
12 patient no harm?

13 A That's a Hippocratic quote, primum non nocere, and we
14 all learned that quote.

15 Q Do you agree with that?

16 A I think our responsibility for the patient is to care
17 for them in the best possible way and it certainly
18 includes avoiding doing anything that we may
19 reasonably believe will cause harm to the patient.

20 Q When a patient comes into the emergency room in which
21 you are on duty, does that patient deserve a standard
22 of care that maximizes his or her survival?

23 A Actually, that depends upon the patient and what the
24 patient's goals are. There are some people who come
25 to the emergency department to die with comfort.

1 Q I am referring specifically where she presented with
2 abdominal pain and complaints of constipation. You
3 read that, didn't you?

4 A I read that, yes.

5 Q And she was delivered by emergency squad to the
6 emergency room, correct?

7 A That's correct.

8 Q And you read Doctor Cooper's testimony in his
9 deposition, didn't you?

10 A Yes, I did.

11 Q And he said that because she complained of
12 constipation, before he ordered an x-ray or a CAT
13 scan, he gave Mrs. Martello a soap suds enema or
14 ordered it, and it was unsuccessful. And he ordered
15 another one and apparently that was unsuccessful as
16 far as stimulating a bowel movement. And my question
17 is, do you -- under those circumstances, would you
18 have first ordered an x-ray and CAT scan before you
19 administered a soap suds enema?

20 MS. HARRIS: Objection.

21 MR. VANWAGNER: I am going to
22 object because he specifically said
23 that the patient would leave if not
24 given a soap suds enema and that
25 was left out of the question.

1 MR. COTICCHIA: Your objection
2 is noted.

3 MS. HARRIS: I'm sorry, Joe, I
4 didn't hear what his objection was.
5 Can you read back what Jeff put on
6 the record, please? I didn't hear
7 it. I just didn't hear it.

8 MR. COTICCHIA: Okay.

9 ---

10 (Record read.)

11 ---

12 A Shall I answer?

13 Q Yes.

14 A If I am presented with a patient who has a benign
15 history and physical and comes in with constipation
16 requesting only an enema and declining other
17 evaluation, then I would give the patient an enema.

18 Q This particular patient being Mrs. Martello, knowing
19 what you know about her through your review of the ER
20 record, you would do this enema anyway?

21 A I was not present to see this patient and this is
22 clearly a judgment call. But if I felt that the
23 patient had a benign abdomen and a benign history,
24 and based upon history and physical did not have an
25 acute abdomen and insisted upon an enema and refused

1 sheet, also. It's just in the
2 back.

3 MS. HARRIS: Is his dictation
4 here?

5 THE WITNESS: His dictation is
6 noted here. So this is just the
7 written part of the record.

8 MS. HARRIS: I am clarifying
9 the record, Joe.

10 A And the question was, whether or not she refused.

11 Q Is there anything in the record that says that?

12 A That she refused the statement.

13 Q No. That she said she would leave if she could not
14 get an enema?

15 A Okay, those specific words, let me see.

16 I don't see anything in the part of the record
17 which I have in my hand which quotes that statement
18 or any statement about the patient's intent early on.

19 Q Can I have that back, please. Thank you.

20 Isn't it true that patients over the age of 70
21 who present with a history of 12 to 24 hours of
22 abdominal pain and constipation as far as the
23 differential diagnosis is concerned, may be suffering
24 from diverticulitis?

25 MS. HARRIS: Objection.

1 other treatment, I suspect that I would give the
2 patient an enema.

3 Q Where in the record, and I will hand you the
4 emergency room record, if you can tell me where it
5 says Mrs. Martello told Doctor Cooper that if he did
6 not administer an enema, she would leave. I am
7 handing you --

8 A I don't recall seeing that.

9 Q I am handing you Exhibit 1, which is the emergency
10 room ambulance run. Is there anything in there where
11 she says anything about an enema?

12 A No. I believe I am referring to the deposition, not
13 the record.

14 Q All right. I am going to hand you Exhibit 2, which
15 is the emergency department medical record. Is there
16 anything in there that says anything about Mrs.
17 Martello refusing any treatment if she cannot get an
18 enema?

19 A Well, this is a quite long record and I certainly can
20 read it in detail, if you wish,

21 Q Sure, go ahead. It is three pages.

22 MS. HARRIS: Excuse me, those
23 are the nurses' notes?

24 THE WITNESS: These are the
25 nurses' notes. There's a front

1 A That's true.

2 Q Under those circumstances, would you not order an
3 x-ray or a CAT scan before administering a soap suds
4 enema?

5 MS. HARRIS: Objection.

6 A I consider every patient who comes to the emergency
7 department to have a potentially serious problem and
8 do whatever is necessary, history, physical and lab
9 work, x-rays if indicated, to define whether or not
10 their problem is serious.

11 If I saw Edna Martello, which I didn't, and
12 suspected that she had a serious problem based upon
13 evaluation, then I would have ordered, I'm sure,
14 x-rays, and possibly even a CAT scan, depending upon
15 what the x-rays showed, as well as laboratory tests.

16 Q And in this case would you have gone ahead with a
17 second soap suds enema if the first soap suds enema
18 was unsuccessful?

19 MR. VANWAGNER: Objection.

20 MS. HARRIS: Objection.

21 A Again, I can only answer theoretically since I did
22 not see this patient. And it is important to know
23 that there is much in the evaluation and judgment of
24 a patient which is not clearly stated on the record.
25 A record cannot state everything.

1 So I can only assume that if my judgment was
2 that the patient did not, based upon my exam, have a
3 serious problem and the patient declined further
4 evaluation, if that is true and I wasn't present,
5 then I might have given her a second enema. If
6 that's not true, then I would need to respond to a
7 different set of circumstances.

8 Q Well, it is true in this case, is it not, that Doctor
9 Cooper gave two soap suds enemas to Mrs. Martello?

10 A That's what the records indicate.

11 Q And this was done before the x-ray was taken,
12 correct?

13 A To my understanding it was done before the x-ray was
14 taken.

15 Q It was done before the CAT scan was taken, correct?

16 A I'm sure it was done before the CAT scan was taken.

17 Q And it was done before the lab results came back from
18 the CBC, correct?

19 A I am not certain of that. I would have to look at
20 the record again to see when the CBC was ordered.

21 Q Take my word for it, okay.

22 A Fine.

23 MS. HARRIS: Just assume that.

24 Q And it was done before any urinalysis was done, all
25 right.

1 procedure of treatment of patients when they are
2 brought in to the emergency room?

3 A Southwest has policies and procedures related to the
4 care of patients.

5 Q Have you reviewed them in the past?

6 A I have reviewed them in the past.

7 Q Did they pertain to older patients, such as Mrs.
8 Martello?

9 A There are some policies or procedures specifically
10 related to older patients.

11 Q Do you agree with the statement that more than 90
12 percent of cases of diverticulitis occur after the
13 age of 50 and the average age of a patient with
14 diverticular complaints is 60 years or older? Do you
15 agree with that statement?

16 A I don't know what the statistics are on
17 diverticulitis so I can neither agree or disagree.

18 Q As far as the onset of symptoms, 50 percent of
19 patients are symptomatic for less than one month.
20 Mrs. Martello had been constipated for approximately
21 five days. The onset of her pain had begun the
22 morning before she presented that day in the
23 emergency room. Is that a sign or a symptom of
24 diverticulitis?

25 MR. VANWAGNER: Objection.

1 A I will take your word for it. I don't specifically
2 remember the times for that.

3 Q Does -- under those circumstances, does the
4 administration of two enemas conform or comply with
5 the standard of care for a 77 year old patient with a
6 history of constipation and severe abdominal pain?

7 MR. VANWAGNER: Objection.

8 MS. HARRIS: Objection,

9 as well.

10 MR. SWITZER I will object,
11 too.

12 Q You may answer.

13 A The difficulty for me here is that there is a
14 judgment call being made based upon information only
15 some of which I have. So I can say only in general
16 that if, in fact, Doctor Cooper had good reason to
17 believe that the patient was benign and if, in fact,
18 the patient declined other evaluation unless she had
19 an enema, then it is within the standard of care for
20 him to have proceeded.

21 I can't answer whether or not those ifs are
22 true, but if that's the case, then he was within the
23 standard of care.

24 Q Does Southwest General have any emergency room rules,
25 policies, protocol or guidelines pertaining to the

1 MS. HARRIS: Objection.

2 A Abdominal pain may be a sign or a symptom of many
3 different conditions including diverticulitis.

4 Q Normal bowel sounds can be found with the patient
5 with diverticulitis, can't they?

6 A Yes, they can be.

7 Q Leukopenia is also a sign of diverticulitis; isn't
8 it?

9 A It would be inaccurate to say leukopenia is a sign of
10 diverticulitis. In general, with diverticulitis the
11 white blood cell count is going to be abnormal or
12 elevated. Anyone can have leukopenia for a variety
13 of reasons, but it does not specifically point you
14 toward diverticulitis.

15 Q Mrs. Martello had all of those symptoms, didn't she?

16 MS. HARRIS: All of which
17 ones?

18 Q The ones I just described to you.

19 MR. VANWAGNER: Objection.

20 MS. HARRIS: Objection.

21 A Mrs. Martello had abdominal pain. That is a symptom.
22 According to the report, leukopenia is not actually a
23 symptom.

24 Q She had constipation and abdominal cramping, correct?

25 A My understanding, yes, she had constipation and

1 abdominal pain, and I don't recall whether it was
 2 cramping or not.
 3 Q The onset of pain was that morning and it was severe,
 4 wasn't it?
 5 A I don't recall seeing in the record that the pain was
 6 severe in onset.
 7 Q Is there anything in the record that you reviewed
 8 pertaining to Doctor Cooper's treatment of Mrs.
 9 Martello where he described to Mrs. Martello the risk
 10 of an enema under these circumstances with a patient
 11 of her age and with her complaints and symptoms?
 12 MS. HARRIS: Objection.
 13 A I don't recall him saying that he specifically
 14 described to her the risks.
 15 Q Do you agree that an enema can cause intraluminal
 16 pressure on the bowel tract, particularly when there
 17 is a diverticulum?
 18 MS. HARRIS: Objection.
 19 MR. VANWAGNER: Objection.
 20 A When you put fluid into the bowel it can increase the
 21 pressure against those parts of the bowel where the
 22 fluid contacts.
 23 Q Can it also increase the risk of rupturing the
 24 diverticulum?
 25 A It is felt to increase the risk of rupturing the

1 diverticulum.
 2 Q When you say, it is felt, do you agree with that?
 3 A I have no reason to disagree with that, but I have
 4 not independently researched that.
 5 MR. COTICCHIA: Mr. Switzer, I
 6 believe you had stepped out when I
 7 asked Doctor Graber if Southwest
 8 General had any ER rules, policies,
 9 procedures, protocols, guidelines
 10 or procedures pertaining to the
 11 treatment of patients who come into
 12 the emergency room. And he said
 13 that he was aware that the hospital
 14 had this. So without the necessity
 15 of formal motion, I am going to
 16 request a copy of that. And you
 17 can let me know whether you are
 18 going to object to that request.
 19 MR. SWITZER: What is the
 20 request?
 21 MR. COTICCHIA: A copy of
 22 Southwest General Hospital
 23 emergency rules, protocol,
 24 policies, guidelines or procedure.
 25 MR. SWITZER: Wait a minute.

1 When I stepped outside I was handed
 2 an index. This is what you asked
 3 for. If you tell me what you want
 4 specifically we will make it
 5 available. I'm not going to
 6 object --
 7 MR. COTICCHIA: Thank you.
 8 MR. SWITZER: -- unless you
 9 want me to.
 10 MR. COTICCHIA: No.
 11 BY MR. COTICCHIA
 12 Q Doctor, is it more likely or less likely that Mrs.
 13 Martello would have lived if she had not received the
 14 two enemas in the emergency room?
 15 MR. VANWAGNER: Objection.
 16 MR. SWITZER: Objection.
 17 MS. HARRIS: Objection.
 18 A I don't know the answer to that.
 19 Q Why can't you answer that question?
 20 A Well, I don't know whether Mrs. Martello had a
 21 perforation before or after the enema. And even if I
 22 did know that, I don't know the statistics and I have
 23 never seen a study that talked about the morbidity,
 24 mortality of people who received enemas versus those
 25 who don't. So I can't make a specific statement

1 about Mrs. Martello and my connection with Mrs.
 2 Martello was quite minimal.
 3 Q Was Mrs. Martello's case a topic or a subject of a
 4 morbidity or mortality discussion or meeting?
 5 MS. HARRIS: Objection. Go
 6 ahead and answer, if you know.
 7 A I don't specifically recall it being a topic of a
 8 meeting, but it may have been. I just don't have any
 9 recollection.
 10 Q Was her case submitted to committee, a morbidity or
 11 mortality committee, even though you may not have
 12 been participating in it?
 13 MS. HARRIS: Just if you know,
 14 yes or no. If you can answer the
 15 question.
 16 A I don't know.
 17 Q How would you determine when Mrs. Martello
 18 presented -- let's assume you are in the emergency
 19 room instead of Doctor Cooper. How would you
 20 determine if Mrs. Martello had a ruptured
 21 diverticulum?
 22 MS. HARRIS: Objection.
 23 A Well, again, I can talk in general but not so much
 24 specifically about Mrs. Martello since I didn't
 25 examine her when she came into the emergency

1 department.

2 But, in general, if somebody comes to the
3 emergency department with abdominal pain and
4 cramping, I would do a history, a physical
5 examination, and if indicated laboratory and x-rays.

6 Q And what indications are you talking about when you
7 say, if indicated lab and x-rays?

8 A Well, people who present with cramping and abdominal
9 pain and constipation frequently don't come to the
10 emergency department at all. They are cared for at
11 home or in nursing homes with enemas without any
12 tests whatsoever. So the whole sense of why they
13 came to the emergency department would be pertinent.

14 If this is somebody who really just came because
15 she didn't know how to give enemas at home or someone
16 could not give it to and they didn't want anything
17 else, that would be one thing, in general. If that
18 is not true, then I would in somebody of her age
19 normally get an x-ray of the abdomen at least to find
20 out whether or not her sense of constipation was
21 supported by the plain films.

22 Q Would you also under these circumstances have
23 examined her digitally to determine if she was
24 impacted?

25 A I would normally do with anyone complaining of

1 constipation a digital rectal examination.

2 Q What time did you come on duty?

3 MS. HARRIS: Do you have a
4 record that he can use?

5 Q I am going to show you Exhibit 2. And apparently the
6 face sheet is the third page of this three page
7 Exhibit.

8 MR. SWITZER: Is this the same
9 stuff you used before?

10 MR. COTICCHIA: Yes, same
11 Exhibit, same numbers.

12 A Although there is nothing in this record that tells
13 me when I came on duty, in general, given the time
14 that I was there, I would have come on duty at about
15 midnight.

16 Q And that would have been approximately February 1st
17 then?

18 A I guess technically, yes, midnight would be
19 February 1st.

20 Q Describe to me, and you can review the record, what
21 you did for Mrs. Martello, if anything?

22 A Well, from reviewing the record, and again I don't
23 have Doctor Cooper's dictation here, which is
24 pertinent. But from --

25 MS. HARRIS: Do you have that,

1 Joe?

2 MR. COTICCHIA: Yes, I have
3 it. Go ahead, let him answer the
4 question.

5 A But from my recollection of the record, Doctor Cooper
6 presented the patient to me and indicated that
7 studies were pending. The presumption would be that
8 I would review those studies and do what was
9 appropriate based upon those studies.

10 Q Did there come a time when you were informed of the
11 results of the CAT scan?

12 A I'm sure I was informed of the results of the CAT
13 scan. That's what I would have been waiting for
14 under these circumstances, the results of the CAT
15 scan to arrive.

16 Q Can you tell from the record when you learned of the
17 CAT scan results?

18 A I can infer from the record when I learned of the CAT
19 scan results.

20 Q How are you able to do that?

21 A Because I would have required a CAT scan result to
22 call Doctor Narichania, presuming the patient had not
23 been reported to me as unstable. There is nothing on
24 the record to suggest that the patient was unstable
25 at the time that Doctor Narichania received the call

1 from me, so it would have been just before I called
2 Doctor Narichania.

3 Q What do you mean by the patient was -- I will just
4 summarize. What do you mean when you say, assuming
5 the patient was stable? What do you mean by, stable?

6 A Stable meaning that the patient had no signs, no
7 signs, symptoms or findings that would cause the
8 nurse to bring me in to attend to some emergent
9 problem.

10 Q When did you call Doctor Narichania?

11 A Well, it is clear that Doctor Narichania gave orders
12 at 3:30 in the morning. So I would had to have
13 called him before he gave orders.

14 Q All right. I am going to hand you Exhibit 4 and
15 maybe this will help you. Exhibit 5 is the
16 Physician's Order.

17 A Okay. Well, these orders indicate, as well as the
18 nursing note on the chart, indicate a time of 3:30
19 when these initial orders were taken. I am aware
20 from reviewing the record that the CAT scan was
21 initiated at 2:45 in the morning. So it seems quit
22 evident that I called Doctor Narichania shortly
23 before 3:30.

24 Q I am going to hand you what has been marked as
25 Plaintiffs Exhibit 5. And for the record, it is the

1 x-ray and the CAT scan.

2 MS. HARRIS: Reports?

3 MR. COTICCHIA: I'm sorry. It
4 is a report of the x-rays and the
5 CAT scan.

6 Q By the way, have you before today's deposition at any
7 time reviewed the films, the CAT scan film or the
8 x-ray film?

9 A I have seen no films related to this case or CAT
10 scan.

11 Q Calling your attention to the impression, which is
12 the third page of Exhibit 5. Well, take a look at it
13 and then I will ask you about the impression.

14 A Thank you. You wish me to review the impression on
15 the third page?

16 Q Right.

17 A And this refers to the CAT scan of the abdomen and
18 pelvis which was performed at 2:45 in the morning or
19 initiated at 2:45 in the morning. Would you like me
20 to read the impression?

21 Q If you wish.

22 A "Free peritoneal fluid, free peritoneal air
23 predominant in the lower abdomen and pelvis most
24 likely related to perforated diverticulitis."

25 Q In laymen terms, what does that mean, Doctor?

1 A It means that the radiologist sees more fluid that is
2 outside the bowel, floating free in the abdomen, than
3 what he would generally expect. And he also sees air
4 in locations where air is not usual, again outside
5 the bowel in the abdomen. And the radiologist is
6 speculating upon a possible cause for those findings.

7 Q What is the final impression?

8 A I just read it. Would you like me to read it again?

9 "Free peritoneal fluid and free peritoneal air
10 predominate in the lower abdomen and pelvis most
11 likely related to diverticulitis." That's the final
12 impression.

13 Q All right. Is that -- perforated diverticulitis, is
14 that a life threatening condition?

15 A It certainly can be, yes.

16 Q Does it normally take 45 minutes for the results of
17 this kind of CAT scan to be communicated to you and
18 for you to call a surgeon?

19 A That's actually very rapid. Usually it takes longer.
20 2:45 is the time that the CAT scan was initiated and
21 the CAT scan takes about 20 minutes, and then it
22 needs to be sent to the radiologist who then
23 interprets it and then either sends a report via the
24 technologist or calls me. So 45 minutes is pretty
25 efficient timing for that kind of procedure when

1 started at 2:45 in the morning.

2 Q Do you agree that the initial examination by Doctor
3 Cooper revealed normal bowel sounds?

4 A I would appreciate his dictation.

5 Q Sure.

6 A And then --

7 Q Under gastrointestinal.

8 A I can speak more specifically. Thank you.

9 Q What is the Exhibit number on there, for the record?

10 A The Exhibit number is number 3.

11 MS. HARRIS: And read that
12 whole paragraph before you answer,
13 Doctor.

14 A Under gastrointestinal, it says that she has normal
15 bowel sounds.

16 Q Based on your review of the record, based on the
17 initial examination revealing that Mrs. Martello had
18 normal bowel sounds, do you agree that the perforated
19 diverticulitis occurred after Mrs. Martello's arrival
20 to the emergency room?

21 MS. HARRIS: Objection.

22 MR. VANWAGNER: Objection.

23 MR. SWITZER: Objection.

24 A I don't know when the perforation occurred and the
25 information that you have discussed would not lead me

1 to a conclusion one way or the other.

2 Q Doctor, earlier in your testimony didn't you say that
3 a normal bowel sound would not be a symptom of
4 diverticulitis?

5 A That's correct. Normal bowel sounds may or may not
6 be present with diverticulitis or perforation and
7 therefore don't tell you that the patient has
8 diverticulitis. That's what I meant by it is not a
9 symptom.

10 Q Are you saying a patient with a ruptured or a
11 perforated diverticulitis can have a normal bowel
12 sound?

13 A Yes.

14 Q So you don't know when this ruptured diverticulitis
15 occurred; is that correct?

16 A That is correct.

17 Q Knowing what you know now, Doctor, assuming you saw
18 Mrs. Martello before Doctor Cooper, would you have
19 done anything different --

20 MS. HARRIS: Objection.

21 Q -- in her treatment?

22 MS. HARRIS: Objection.

23 MR. SWITZER: Can you just
24 repeat that question?

25 MR. COTICCHIA: Would you read

1 it back, please.

2 ---

3 (Record read.)

4 ---

5 MR. SWITZER: Objection.

6 MR. VANWAGNER: Objection.

7 A There is not sufficient information on the record or
8 in the deposition for me to say with any certainty
9 what I might have done. This is a physician judgment
10 call which involves impressions that are based upon
11 information only some of which is documented. So I
12 don't know if I would have done the same or different
13 under the circumstances.

14 Q You agree, Doctor, that some judgment calls by a
15 doctor are below the standard of care?

16 MS. HARRIS: Objection.

17 A Sometimes doctors err.

18 Q I'm sorry, I didn't hear the answer.

19 A Sometimes doctors err.

20 Q Do you recall your conversation with Doctor
21 Narichania when you informed him of the results of
22 the CAT scan?

23 A I have no specific recollection of my conversation
24 with him.

25 Q If you knew when Mrs. Martello presented in the

1 object. The rules say he has to be
2 identified as and expert and you
3 are asking him what he would do,
4 this is all improper examination.
5 He's just here as a witness, never
6 been identified as an expert, never
7 been asked to be an expert, and
8 what he would or would not do is
9 totally irrelevant.

10 MR. COTICCHIA: Your objection
11 is noted.

12 Q You may answer the question, Doctor.

13 A Can you repeat the question?

14 Q All right. Assuming that Mrs. Martello had not yet
15 received a soap suds enema and you are the treating
16 physician, you are the first ER doctor that sees her
17 and you order a CAT scan and the CAT scan comes back
18 with the results on Exhibit 5, and it says,
19 "perforated diverticulitis," would you then order a
20 soap suds enema if Mrs. Martello was complaining that
21 she was constipated and needed an enema?

22 MS. HARRIS: Objection.

23 A I would not order an enema on somebody who I had
24 reason to believe had a perforation of the bowel.

25 MR. COTICCHIA: I don't have

1 emergency room that she had diverticulitis, assume
2 for the moment that she said, "I have a family doctor
3 and he tells me I have diverticulitis and I have got
4 this severe cramping," would you have administered an
5 enema?

6 MR. VANWAGNER: Objection.

7 MS. HARRIS: Objection. If

8 you can answer that.

9 A I would not give an enema to somebody who said
10 specifically to me that they had severe pain, whether
11 or not they had diverticulitis.

12 Q Obviously, if you had not administered a soap suds
13 enema and you got the results of the CAT scan that
14 says there is a ruptured diverticulum you would not
15 have ordered an enema, would you?

16 MS. HARRIS: Can I have that
17 read back?

18 Q A soap suds enema?

19 MS. HARRIS: Can I have that
20 one read back? It went by me.
21 Just read it back, the question.

22 ---

23 (Record read.)

24 ---

25 MS. HARRIS: I am going to

1 any more questions. Somebody else
2 may have some questions.

3 MR. VANWAGNER: Doctor, I just
4 have a couple questions. I
5 represent Joe Cooper.

6 CROSS-EXAMINATION OF THOMAS W. GRABER, M.D.

7 BY MR. VANWAGNER

8 Q Marked as Exhibit 5 is a copy of an x-ray report
9 that, I believe, Mr. Coticchia provided to you of the
10 abdomen. Do you have that handy? It's part of the
11 group--

12 MR. COTICCHIA: Hold on.

13 MR. VANWAGNER: It's part of
14 the group that included the CT
15 scan, as well.

16 MR. COTICCHIA: Hold on,
17 please.

18 THE WITNESS: Thank you.

19 Q Can you take a quick look at that?

20 A Are you talking about the abdomen two view report?

21 Q Yes.

22 A Yes, I am looking at it now.

23 Q That interpretation makes it clear that there is no
24 suspicious calcifications or free air identified.

25 What is the significance of there being no free air

1 identified the time of that plain film?
 2 A The plain film was done or initiated at 20:31. That
 3 means that at 20:31 there was a normal plain film.
 4 It did not indicate any evidence of perforation at
 5 that time.
 6 Q Okay. Now, you had mentioned earlier on in your
 7 testimony that before giving a soap suds enema one of
 8 the things you would want under ideal circumstances,
 9 if you didn't have a patient who was refusing to
 10 leave if an enema was not given, that plain abdominal
 11 film would likely be done before the administration
 12 of an enema?
 13 A That is correct.
 14 Q And if the results of the plain film were as reported
 15 out on January 30th -- I'm *softy*, January 31st, 2000,
 16 there would be no contraindication at that point for
 17 soap suds enema, would there?
 18 A Not on the basis of a study. The decision to enema
 19 would be based upon the combination of the study, the
 20 history and the physical examination.
 21 Q Okay.
 22 A But this study has nothing in it that would have
 23 deterred me from giving an enema, in and of itself.
 24 MR. VANWAGNER: Okay.
 25 Thank you, Doctor.

1 MR. COTICCHIA: Jeff, I am
 2 going to object to that line of
 3 questioning because Doctor Cooper
 4 and Doctor Graber are contractors
 5 with the same emergency room group
 6 and they are insured by the same
 7 company and I believe that there
 8 may be a conflict of interest here.
 9 It certainly goes to the
 10 credibility.
 11 MR. VANWAGNER: You are not
 12 disputing that the abdominal film
 13 was read out as negative, though?
 14 MR. COTICCHIA: I am disputing
 15 it because an x-ray is not nearly
 16 as sophisticated and does not give
 17 as definite diagnostic conclusion
 18 as a CAT scan.
 19 MR. VANWAGNER: But my
 20 question is, you are not
 21 questioning the accuracy and the
 22 validity of the x-ray film report,
 23 your Exhibit 5?
 24 MR. COTICCHIA: I am not
 25 questioning that's what it says

1 in the report.
 2 MR. VANWAGNER: Okay.
 3 MR. COTICCHIA: I am
 4 questioning the conclusion. I am
 5 having the films reviewed.
 6 MS. HARRIS: And just for the
 7 purpose of the record, Doctor
 8 Graber, I presume Doctor Cooper, I
 9 don't know, is an independent
 10 contractor, he's not a party to
 11 this lawsuit and the Plaintiff's
 12 attorney can't ask him opinion
 13 questions, which I object to, and
 14 then turn around and say this is a
 15 conflict of interest if someone
 16 else asks him opinion questions.
 17 So I would object to the statement
 18 by Joe on the record.
 19 MR. COTICCHIA: Doctor --
 20 MS. HARRIS: Do you want to
 21 read this?
 22 MR. COTICCHIA: I have one
 23 more question.
 24 RECROSS-EXAMINATION OF THOMAS W. GRABER, M.D.
 25 BY MR. COTICCHIA:

1 Q On January 31st, 2000 and February 1st, 2000, who was
 2 your medical malpractice insurance carrier?
 3 MS. HARRIS: If you know,
 4 Doctor.
 5 A I don't know.
 6 Q Is it the same one that Doctor Cooper has?
 7 A I'm not sure, but it probably was.
 8 MR. COTICCHIA: I don't have
 9 any more questions.
 10 MS. HARRIS: Do you want to
 11 read this over, Doctor? Are you
 12 writing this up?
 13 MR. COTICCHIA: Yes.
 14 MS. HARRIS: He wants to read
 15 it. Can we have the transcript
 16 sent to me and I will give it
 17 to him? And can we have more than
 18 seven days for the signing of the
 19 transcript?
 20 MR. COTICCHIA: I'm sorry, you
 21 say you want to waive?
 22 MS. HARRIS: If you are
 23 ordering it --
 24 MR. COTICCHIA: I am ordering
 25 the transcript prepared.

MS. HARRIS: Can we have the transcript sent to me and I will get it to the doctor for signing? And can we have more than seven days?

MR. COTICCHIA: Why don't you just order a copy?

MS. HARRIS: You'll waive the seven day requirement?

MR. COTICCHIA: Sure.

THOMAS W. GRABER, M.D.

(Deposition concluded.

Signature not waived.)

STATE OF OHIO,) CERTIFICATE
)

COUNTY OF GEauga.)

I, Ronald M. Rua, a Notary Public within and for the State aforesaid, duly commissioned and qualified, do hereby certify that the above-named THOMAS W. GRABER, M.D., was by me, before the giving of his 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 stenotype, and was later transcribed into typewriting under my direction; that said deposition was taken in all respects pursuant to the stipulations of counsel herein contained, and was completed without adjournment; that the foregoing is the deposition given at said time and place by said THOMAS W. GRABER, M.D.; that I am not a relative or attorney of either party or otherwise interested in the event of this action. IN WITNESS WHEREOF, I hereunto set my hand and seal of office at Cleveland, Ohio, this 13th day of December, A.D. 2001.

Ronald M. Rua, Notary Public

My commission expires: 5/13/05.

<p>A</p> <p>abdomen 18:23,25 30:19 34:17,23 35:2,5 35:10 41:10,20</p> <p>abdominal 16:12 17:2 20:22 23:6 25:2,21,24 26:1 30:3,8 42:10 43:12</p> <p>able 32:20</p> <p>abnormal 25:11</p> <p>about 10:18 12:2 13:8 13:22 18:19 19:11,16 20:18 28:23 29:1,24 30:6 31:14 34:13 35:21 41:20</p> <p>above 47:10</p> <p>above-named 47:6</p> <p>abuse 4:23</p> <p>access 5:7</p> <p>According 25:22</p> <p>accuracy 43:21</p> <p>action 47:21</p> <p>actually 12:1 15:23 25:22 35:19</p> <p>acute 18:25</p> <p>address 3:25</p> <p>adjournment 47:16</p> <p>administer 19:6</p> <p>administered 17:19 39:4,12</p> <p>administering 21:3</p> <p>administration 23:4 42:11</p> <p>administratively 8:2</p> <p>aforesaid 47:5</p> <p>after 5:18 24:12 28:21 36:19</p> <p>again 7:13,15 10:3 21:21 22:20 29:23 31:22 35:4,8</p> <p>against 26:21</p> <p>age 3:3 20:20 24:13,13 26:11 30:18</p> <p>ago 9:10 10:4 12:5</p> <p>agree 15:15 24:11,15 24:17 26:15 27:2 36:2,18 38:14</p> <p>ahead 7:19 19:21 21:16 29:6 32:3</p> <p>air 34:22 35:3,4,9 41:24,25</p> <p>al 1:9 2:17</p> <p>Allen 13:1,5</p> <p>allowing 13:24</p> <p>already 7:5</p> <p>although 4:13 11:25 31:12</p> <p>always 7:23</p> <p>ambulance 19:10</p> <p>Annals 12:23</p> <p>another 12:10 17:15</p> <p>answer 13:24 14:15,18 16:20 18:12 21:21 23:12,21 28:18,19 29:6,14 32:3 36:12 38:18 39:8 40:12</p> <p>anyone 5:7 10:17 25:12 30:25</p>	<p>anything 15:18 19:10 19:11,16,16 20:11,16 26:7 30:16 31:21 37:19</p> <p>anyway 18:20</p> <p>anywhere 12:11</p> <p>apparently 12:13 17:15 31:5</p> <p>APPEARANCES 2:1</p> <p>appendicitis 11:20</p> <p>appreciate 36:4</p> <p>appropriate 32:9</p> <p>approximately 7:3 10:3 24:20 31:16</p> <p>around 44:14</p> <p>arrival 36:19</p> <p>arrive 32:15</p> <p>asked 10:18 27:7 28:2 40:7</p> <p>asking 40:3</p> <p>asks 44:16</p> <p>assume 22:1,23 29:18 39:1</p> <p>assuming 33:4 37:17 40:14</p> <p>attend 33:8</p> <p>attention 34:11</p> <p>attorney 44:12 47:19</p> <p>available 28:5</p> <p>Avenue 2:8</p> <p>average 24:13</p> <p>avoiding 15:18</p> <p>aware 27:13 33:19</p> <p>AD 47:23</p> <p>a.m 1:18</p> <p>B</p> <p>back 5:13 14:10 18:5 20:2,19 22:17 38:1 39:17,20,21 40:17</p> <p>background 4:16</p> <p>bacterial 12:13</p> <p>Bagley 1:17</p> <p>based 18:24 21:12 22:2 23:14 32:9 36:16,16 38:10 42:19</p> <p>basis 42:18</p> <p>Bay 4:1</p> <p>become 7:10</p> <p>before 1:15 8:17 10:7 16:13 17:12,18 21:3 22:11,13,15,16,17,24 24:22 28:21 31:9 33:1,13,23 34:6 36:12 37:18 42:7,11 47:7</p> <p>begun 24:21</p> <p>behalf 1:20 2:5,11,17 2:22</p> <p>being 3:6,13 18:18 23:14 29:7 41:25</p> <p>believe 6:2 7:11 9:12 10:6 11:15 15:19 19:12 23:17 27:6 40:24 41:9 43:7</p> <p>below 38:15</p> <p>benign 18:14,23,23 23:17</p> <p>Berne 2:13</p> <p>best 15:17</p>	<p>better 16:2</p> <p>between 12:11</p> <p>Bev 4:13,20</p> <p>Beverly 2:19 10:7</p> <p>birth 4:2</p> <p>black 16:22</p> <p>blanket 4:24</p> <p>blood 25:11</p> <p>board 7:8,9,10,11</p> <p>Bonezzi 2:7</p> <p>bowel 16:7,9 17:16 25:4 26:16,20,21 35:2 35:5 36:3,15,18 37:3 37:5,11 40:24</p> <p>boy 11:19,20,25</p> <p>briefly 11:2</p> <p>bring 33:8</p> <p>brought 24:2</p> <p>Building 1:17 2:2,8</p> <p>B.S 6:4</p> <p>C</p> <p>C 1:17</p> <p>calcifications 41:24</p> <p>call 18:22 23:14 32:22 32:25 33:10 35:18 38:10</p> <p>called 3:3 33:1,13,22</p> <p>Calling 34:11</p> <p>calls 35:24 38:14</p> <p>came 22:17 29:25 30:13,14 31:13</p> <p>capacities 7:23</p> <p>capacity 8:4</p> <p>care 6:17 12:15 13:9,23 15:16,22 23:5,19,23 24:4 38:15</p> <p>cared 30:10</p> <p>caring 14:24 15:1</p> <p>carrier 45:2</p> <p>case 1:7 5:21 6:5,9 10:17 11:13,18,19 12:7,14 14:1,23 16:23 21:16 22:8 23:22 29:3,10 34:9</p> <p>cases 11:24 12:8,19 14:23 24:12</p> <p>CAT 16:13 17:12,18 21:3,14 22:15,16 32:11,12,14,17,18,21 33:20 34:1,5,7,9,17 35:17,20,21 38:22 39:13 40:17,17 43:18</p> <p>cause 15:19 26:15 33:7 35:6</p> <p>CBC 22:18,20</p> <p>cell 25:11</p> <p>Center 1:9,17 2:11,14 certain 22:19 certainly 15:17 16:2 19:19 35:15 43:9</p> <p>certainty 38:8</p> <p>CERTIFICATE 47:2</p> <p>certification 7:12</p> <p>certified 3:7 7:8,9,10 7:11</p> <p>certify 47:6</p> <p>chart 33:18</p> <p>Chicago 5:19,19,24</p>	<p>6:19,24</p> <p>Chief 8:5</p> <p>circumstances 17:17 21:2 22:7 23:3 26:10 30:22 32:14 38:13 42:8</p> <p>Civil 3:5</p> <p>clarifying 20:8</p> <p>clear 12:2 33:11 41:23</p> <p>clearly 18:22 21:24</p> <p>Cleveland 2:3,9,15,20 47:22</p> <p>clinical 15:4,9</p> <p>college 5:15,17,17</p> <p>combination 42:19</p> <p>come 12:19 15:24 27:11 30:9 31:2,14 32:10</p> <p>comes 15:20 18:15 21:6 30:2 40:17</p> <p>comfort 15:25</p> <p>coming 16:1</p> <p>commencing 1:18</p> <p>commission 47:25</p> <p>commissioned 47:5</p> <p>committee 29:10,11</p> <p>COMMON 1:3</p> <p>communicated 35:17</p> <p>company 43:7</p> <p>complained 17:11</p> <p>complaining 30:25 40:20</p> <p>complaints 16:11 17:2 24:14 26:11</p> <p>complete 11:4</p> <p>completed 7:1 47:15</p> <p>comply 23:4</p> <p>concerned 20:23</p> <p>concluded 46:16</p> <p>conclusion 37:1 43:17 44:4</p> <p>condition 15:4,9 35:14</p> <p>conditions 25:3</p> <p>conflict 43:8 44:15</p> <p>conform 23:4</p> <p>Connecticut 5:18</p> <p>connection 29:1</p> <p>consider 2:16</p> <p>considered 16:9</p> <p>constipated 24:20 40:21</p> <p>constipation 17:2,12 18:15 20:22 23:6 25:24,25 30:9,20 31:1</p> <p>contacts 26:22</p> <p>contained 47:15</p> <p>continuing 10:24,25</p> <p>contractor 8:15 44:10</p> <p>contractors 43:4</p> <p>contraindication 42:16</p> <p>conversation 38:20,23</p> <p>convictions 4:18</p> <p>Cooper 9:6 10:13 19:5 22:9 23:16 29:19 32:5 36:3 37:18 41:5 43:3 44:8 45:6</p> <p>Cooper's 9:14 17:8 26:8 31:23</p> <p>copy 27:16,21 41:8</p>	<p>46:7</p> <p>correct 3:14 7:4 16:24 16:25 17:6,7 22:12,15 22:18 25:24 37:5,15 37:16 42:13</p> <p>coticchia 2:2 3:10,21 4:12,22 5:8,13 11:1 14:3,9,20 18:1,8 27:5 27:21 28:7,10,11 31:10 32:2 34:3 37:25 40:10,25 41:9 41:12,16 43:1,14,24 44:3,19,22,25 45:8,13 45:20,24 46:6,10</p> <p>counsel 1:20 3:15 47:15</p> <p>count 25:11</p> <p>county 1:2 11:11 12:17 47:3</p> <p>couple 41:4</p> <p>course 12:16</p> <p>court 1:3 5:6</p> <p>cramping 25:24 26:2 30:4,8 39:4</p> <p>credibility 43:10</p> <p>cross-examination 1:14 3:4,20 41:6</p> <p>CT 41:14</p> <p>culpability 12:7</p> <p>cured 16:2</p> <p>currently 8:2</p> <p>cuyahoga 1:2 11:11 12:17</p> <p>D</p> <p>date 4:2</p> <p>day 1:19 8:16 24:22 46:9 47:23</p> <p>days 24:21 45:18 46:5</p> <p>December 1:19 47:23</p> <p>decision 42:18</p> <p>declined 22:3 23:18</p> <p>declining 18:16</p> <p>defendant 2:17 12:8</p> <p>Defendants 1:10 2:11</p> <p>define 21:9</p> <p>definite 43:17</p> <p>degree 6:3</p> <p>delivered 17:5</p> <p>department 8:20 15:25 16:2 19:15 21:7 30:1 30:3,10,13</p> <p>depending 21:14</p> <p>depends 15:23 16:21</p> <p>deposed 3:7</p> <p>deposition 1:13 3:12,13 8:17,25 9:3,5,15,18 9:20,21,23 10:7 17:9 19:12 34:6 38:8 46:16 47:7,10,13,17</p> <p>describe 6:14 31:20</p> <p>described 25:18 26:9 26:14</p> <p>deserve 15:21</p> <p>detail 19:20</p> <p>determine 4:15 29:17 29:20 30:23</p> <p>deterred 42:23</p> <p>diagnosis 20:23</p> <p>diagnostic 43:17</p>
---	---	--	---	---

dictation 20:3,5 31:23
36:4
die 15:25
died 11:21,25 12:14
different 7:23 22:7
25:3 37:19 38:12
differential 20:23
difficulty 23:13
digital 31:1
digitally 30:23
direction 47:13
directly 14:23
disagree 24:17 27:3
discovery 4:20,23
discuss 10:17
discussed 36:25
discussion 29:4
disputing 43:12,14
diverticular 24:14
diverticulitis 20:24
24:12,17,24 25:3,5,7
25:10,10,14 34:24
35:11,13 36:19 37:4,6
37:8,11,14 39:1,3,11
40:19
diverticulum 16:8,10
26:17,24 27:1 29:21
39:14
doctor 3:12,22 5:15
8:17,9,5,14,21,24
10:1,13,15 11:3 12:17
14:21 17:8 19:5 22:8
23:16 26:8 27:7
28:12 29:19 31:23
32:5,22,25 33:2,10,11
33:22 34:25 36:2,13
37:2,17,18 38:14,15
38:20 39:2 40:12,16
41:3 42:25 43:3,4
44:7,8,19 45:4,6,11
46:3
doctors 4:6 38:17,19
doctor's 4:16
documented 38:11
doing 4:24 15:18
Don 10:11
Donald 2:7
done 7:5 22:11,13,15
22:16,17,24,24 37:19
38:9,12 42:2,11
dropped 11:6 12:14
duly 3:6 47:5,8
during 13:15
duty 13:10 15:11,21
31:2,13,14

E

earlier 37:2 42:6
early 20:18
East 1:17 2:14
Edna 1:5 8:18,21 9:16
13:11 16:24 21:11
education 5:16
efficient 35:25
Eileen 1:8
either 35:23 47:19
elevated 25:12
emergency 2:17 6:20
6:25 7:9,20,22 8:6,9

8:12,14,16,20,23
12:22,23,24 13:9
15:20,25 16:1,3,17,24
17:5,6 19:4,9,15 21:6
23:24 24:2,23 27:12
27:23 28:14 29:18,25
30:3,10,13 36:20 39:1
43:5
emergent 33:8
employed 8:12,14
employee 7:24
employer 7:17,20
end 14:19
endocarditis 12:13
enema 16:13 17:13,19
17:24 18:16,17,20,25
19:2,6,11,18 20:14
21:4,17,17 22:5 23:19
26:10,15 28:21 39:5,9
39:13,15,18 40:15,20
40:21,23 42:7,10,12
42:17,18,23
enemas 22:9 23:4 28:14
28:24 30:11,15
entire 8:21
ER 18:19 27:8 40:16
err 38:17,19
Esq 2:2,7,13,19
essence 15:4
Estate 1:5
et 1:9,2:17
valuation 18:17 21:13
21:23 22:4 23:18
even 21:14 28:21 29:11
event 47:20
ever 10:20
every 21:6
everything 21:25
evidence 42:4
evident 33:22
exactly 10:3
exam 22:2
examination 30:5 31:1
36:2,17 40:4 42:20
examine 16:5 29:25
examined 30:23
Excuse 19:22
Executrix 1:4
Exhibit 19:9,14 31:5,7
31:11 33:14,15,25
34:12 36:9,10 40:18
41:8 43:23
expect 35:3
expert 13:19 14:2 40:2
40:6,7
expires 47:25

F

face 31:6
fact 23:16,17
Fallon 2:19
family 39:2
far 15:10 17:16 20:22
24:18
February 31:16,19
45:1
felt 18:22 26:25 27:2
filed 5:6
film 34:7,8 42:1,2,3,11

42:14 43:12,22
films 30:21 34:7,9 44:5
final 35:7,11
find 30:19
findings 33:7 35:6
fine 3:19 22:22
finish 6:21
first 3:6 5:18 15:11
17:18 21:17 40:16
47:8
five 24:21
floating 35:2
fluid 26:20,22 34:22
35:1,9
following 6:14
follows 3:8
foregoing 47:16
foremost 15:11
formal 27:15
forth 47:10
found 12:6,12 25:4
free 34:22,22 35:2,9,9
41:24,25
frequently 30:9
from 5:23 6:9,15,16
10:6 12:14 15:3,8
20:24 22:17 31:22,24
32:5,16,18 33:1,20
42:23
front 19:25
full 3:22
further 22:3

G

Gallagher 1:8
gastrointestinal 36:7
36:14
gave 10:5 17:13 22:9
33:11,13
GEAUGA 47:3
general 1:8,16 2:11
13:21 14:15,21 23:15
23:24 25:10 27:8,22
29:23 30:2,17 31:13
generally 13:8 35:3
Getting 7:15
give 4:7 5:5 9:15 16:11
16:12 18:17 19:1
30:15,16 39:9 43:16
45:16
given 16:13 17:24 22:5
31:13 42:10 47:17
giving 42:7,23 47:7
go 5:8 6:24 7:18 14:3
19:21 29:5 32:3
goals 15:24
goes 43:9
going 4:5,22 13:13,18
13:23 14:14 17:21
19:14 25:11 27:15,18
28:5 31:5 33:14,24
39:25 43:2
gone 21:16
good 23:16
graber 1:13 2:22 3:2,12
3:20,24 12:17 27:7
41:6 43:4 44:8,24
46:15 47:6,18
graduate 5:23 6:9,12

graduated 6:2
graduation 6:15
group 41:11,14 43:5
guess 31:18
guidelines 23:25 27:9
27:24
G-R-A-B-E-R 3:24

H

H 2:7
half 11:10 12:12
hand 19:3,14 20:17
33:14,24 47:22
handed 28:1
handing 19:7,9
handy 41:10
happen 4:9 16:4
harm 13:12 15:3,8,12
15:19
harris 2:19 3:18 4:5,21
5:3 7:18 9:12 10:6,8
10:23 11:2 13:2,13,16
14:5,14 16:15,18
17:20 18:3 19:22
20:3,8,25 21:5,20
22:23 23:8 25:1,16,20
26:12,18 28:17 29:5
29:13,22 31:3,25 34:2
36:11,21 37:20,22
38:16 39:7,16,19,25
40:22 44:6,20 45:3,10
45:14,22 46:1,8
Hartford 5:17
Harvard 6:16,22
having 44:5
Health 1:8,16 2:11
hear 18:4,6,7 38:18
Heights 1:18
help 33:15
her 9:3 12:15 14:17,18
14:19 15:3,22 18:19
22:5 24:21 26:11,11
26:14 29:10,25 30:18
30:20,23 37:21 40:16

hereinafter 3:7
hereunto 47:21
hiatus 6:7
Higgins 11:15,17
him 13:21,24 23:20
26:13 32:3 33:13
38:21,24 40:3 44:12
44:16 45:17

Hippocratic 15:13
history 18:15,23,24
20:21 21:8 23:6 30:4
42:20
hold 7:25 41:12,16
home 30:11,15
homes 30:11
hospital 27:13,22
hours 20:21
Kowley 2:19
Kurd 2:19

I

ideal 42:8
identified 40:2,6 41:24
42:1
ifs 23:21

Illinois 5:19
Immediately 7:1
impacted 30:24
important 21:22
impression 34:11,13,14
34:20 35:7,12
impressions 38:10
improper 40:4
inaccurate 25:9
included 41:14
includes 15:18
including 25:3
increase 26:20,23,25
independent 8:15,22,23
10:7,17 13:20 44:9
independently 27:4
index 28:2
indicate 22:10 33:17,18
42:4
indicated 21:9 30:5,7
32:6
indications 30:6
infection 12:11
infer 32:18
information 23:14
36:25 38:7,11
informed 32:10,12
38:21
initial 12:3 33:19 36:2
36:17
initially 7:11
initiated 33:21 34:19
35:20 42:2
insisted 18:25
instead 29:19
insurance 45:2
insured 43:6
intent 20:18
interest 7:25 8:9 43:8
44:15
interested 6:8 47:20
internal 6:17,22
interpretation 41:23
interprets 35:23
interrupt 5:23 13:17
intraluminal 26:15
investigation 4:24
involved 11:9
involvement 11:6
involves 38:10
irrelevant 40:9
issue 11:18 16:22

J

January 8:13 42:15,15
45:1
Jay 9:18
Jeff 18:5 43:1
Jeffrey 2:13 10:8
Joe 18:3 20:9 32:1 41:5
44:18
jog 9:15
Joseph 2:2
Journal 12:24
Judge 1:8
judgment 18:22 21:23
22:1 23:14 38:9,14
just 10:18 11:2 18:7
20:1,6 22:23 25:18

29:8,13 30:14 33:1,3
35:8 37:23 39:21
40:5 41:3 44:6 46:7

K

Kiehl 9:24 10:1
kind 6:3 35:17,25
knew 38:25
know 3:18 4:11,13
11:13 14:17 18:19
21:22 24:16 27:17
28:18,20,22,22 29:6
29:13,16 30:15 36:24
37:14,17 38:12 44:9
45:3,5
knowing 18:18 37:17
knows 14:18
K-I-E-H-L 9:25

L

L 2:2
lab 21:8 22:17 30:7
laboratory 21:15 30:5
lady 12:11
Lake 4:1
last 3:23 14:9
later 12:12 47:12
law 12:25
lawful 3:3
lawsuit 44:11
laymen 34:25
lead 36:25
Leader 2:8
learn 15:10
learned 15:14 32:16,18
least 30:19
leave 17:23 19:6 20:13
42:10
left 17:25
less 24:19 28:12
let 4:11,12 5:23 13:21
16:5 20:15 27:17
32:3
letter 10:1,2,2,5
let's 5:8 14:3 29:18
leukopenia 25:7,9,12
25:22
Library 13:1,6
license 4:17
life 35:14
like 34:19 35:8
likely 28:12,12 34:24
35:11 42:11
line 43:2
lived 28:13
locations 35:4
long 19:19
longer 4:7 7:7 35:19
look 22:19 34:12 41:19
looking 4:12
lower 34:23 35:10
Lynn 1:48:25

M

M 1:15 47:4,24
made 23:14
make 16:3 28:4,25
makes 41:23

making 12:2
malpractice 10:20 12:9
45:2
many 25:2
marked 33:24 41:8
Martello 1:4,5 8:19,21
8:23 9:1,16 13:11
17:13 18:18 19:5,17
21:11 22:9 24:8,20
25:15,21 26:9,9 28:13
28:20 29:1,2,17,20,24
31:21 36:17 37:18
38:25 40:14,20
Martello's 16:24 29:3
36:19
maximizes 15:22
may 15:3,18 16:20
20:23 23:12 25:2
29:8,11 37:5,5 40:12
41:2 43:8
maybe 33:15
mean 13:2,17 33:3,4,5
34:25
meaning 33:6
means 35:1 42:3 47:11
meant 37:8
Media 2:14
medical 5:21 6:5,9,15
6:16 8:5,18,21 10:20
12:9 13:2,4,5,15
15:10 19:15 45:2
medicine 5:22 6:18,20
6:22 7:9 12:22,23,24
meet 10:8,11,13,15
meeting 29:4,8
Memorial 13:1,5
memory 8:22 9:15
mentioned 42:6
Middleburg 1:17
midnight 31:15,18
night 9:9 15:8 22:5
38:9
mind 12:19
minimal 29:2
minute 5:9 14:4 27:25
minutes 35:16,21,24
moment 39:2
Monday 1:18
month 9:10 10:4 24:19
months 12:12
morbidity 28:23 29:4
29:10
more 24:11 28:12 35:1
36:8 41:1 44:23 45:9
45:17 46:4
morning 8:17 24:22
26:3 33:12,21 34:18
34:19 36:1
Morrow 9:19
mortality 28:24 29:4
29:11
most 34:23 35:10
motion 27:15
movement 17:16
much 21:23 29:23
Murphy 2:7
myself 12:2
M.D 1:13 2:22 3:2,20
41:6 44:24 46:15

47:6,18

N

name 3:22,23 11:13,13
11:15
names 11:16
Narichania 9:22 32:22
32:25 33:2,10,11,22
38:21
near 7:15
nearly 43:15
necessary 21:8
necessity 27:14
need 4:9 5:3 22:6
needed 40:21
needs 35:22
negative 43:13
neither 24:17
never 28:23 40:5,6
nine 12:11
nocere 15:13
non 15:13
normal 16:7,9 25:4
36:3,14,18 37:3,5,11
42:3
normally 7:7 30:19,25
35:16
Notary 1:15 47:4,24
note 33:18
noted 18:2 20:6 40:11
notes 19:23,25
nothing 12:15 31:12
32:23 42:22 47:9
notice 1:19 3:14
number 4:4,20 5:2,4
11:5 36:9,10,10
numbers 4:8 31:11
nurse 9:18 33:8
nurses 19:23,25
nursing 30:11 33:18

O

object 4:6 10:24 13:14
13:18 14:15 17:22
23:10 27:18 28:6
40:1 43:2 44:13,17
objection 7:18 10:25
16:15,16,18,19 17:20
18:1,4 20:25 21:5,19
21:20 23:7,8 24:25
25:1,19,20 26:12,18
26:19 28:15,16,17
29:5,22 36:21,22,23
37:20,22 38:5,6,16
39:6,7 40:10,22
Obviously 39:12
occasion 12:25 13:5
occur 24:12
occurred 36:19,24
37:15
off 5:5,8,11 6:7 14:3,7
office 47:22
officer 8:1,5
ohio 1:1,16,18 2:3,9,15
2:20 3:5 47:2,22
okay 7:6,8 10:2 11:8
18:8 20:15 22:21
33:17 42:6,21,24 44:2
old 23:5

older 24:7,10,14
once 7:14
one 12:10 17:15 24:19
30:17 37:1 39:20
42:7 44:22 45:6
ones 25:17,18
only 18:16 21:21 22:1
23:14,15 38:11
onset 24:18,21 26:3,6
Ontario 2:3
operated 11:20
opinion 13:24 44:12,16
order 21:2 33:16 40:17
40:19,23 46:7
ordered 17:12,14,14,18
21:13 22:20 39:15
ordering 45:23,24
orders 33:11,13,17,19
organization 8:1,3
oriented 6:17
other 6:8 11:24 12:8,19
18:16 19:1 23:18
37:1
otherwise 47:20
out 4:7 17:25 27:6
30:20 42:15 43:13
outcome 12:5,6
outline 9:3
outside 28:1 35:2,4
over 20:20 45:11
ownership 8:9

P

P 1:5
page 31:6,6 34:12,15
pages 19:21
pain 16:12 17:2 20:22
23:6 24:21 25:2,21
26:1,3,5 30:3,9 39:10
Paisley 2:19
paragraph 36:12
part 20:7,16 41:10,13
participating 29:12
particular 4:10 9:16
13:25 18:18
particularly 26:16
parts 26:21
party 44:10 47:19
past 11:10 24:5,6
patient 9:16 11:6,9,14
13:11,15 14:24 15:1,3
15:7,8,11,12,16,19,20
15:21,23 16:1,5,11,12
16:13,21 17:23 18:14
18:17,18,21,23 19:2
21:6,22,24 22:2,3
23:5,17,18 24:13 25:4
26:10 32:6,22,24 33:3
33:5,6 37:7,10 42:9
patients 20:20 24:1,4,7
24:10,19 27:11
patient's 15:24 20:18
pelvis 34:18,23 35:10
pending 32:7
Penton 2:14
people 10:18 15:24
28:24 30:8
percent 24:12,18
perforated 34:24 35:13
36:18 37:11 40:19
perforation 28:21
36:24 37:6 40:24
42:4
performed 34:18
periodicals 12:21
peritoneal 34:22,22
35:9,9
permit 4:6
pertain 24:7
pertaining 8:18,20
12:21 23:25 26:8
27:10
pertinent 30:13 31:24
physical 18:15,24 21:8
30:4 42:20
physician 13:9 38:9
40:16
physicians 2:17 16:3
Physician's 33:16
place 47:17
plain 30:21 42:1,2,3,10
42:14
Plaintiff 1:6 2:5
Plaintiffs 1:21 3:3
Plaintiff's 33:25 44:11
PLEAS 1:3
please 3:22 5:15 6:14
18:6 20:19 38:1
41:17
pneumonia 11:19
point 7:15 25:13 42:16
policies 23:25 24:3,9
27:8,24
Polito 2:7
poor 11:15
position 7:25
possible 13:12 15:17
35:6
possibly 21:14
potentially 21:7
predominant 34:23
predominate 35:10
prepared 9:24 45:25
present 18:21 20:21
22:4 30:8 37:6
presented 17:1 18:14
24:22 29:18 32:6
38:25
presents 16:21
pressure 26:16,21
presume 44:8
presuming 32:22
presumption 32:7
pretty 35:24
primary 6:17
primum 15:13
prior 7:5
probably 45:7
problem 4:14 21:7,10
21:12 22:3 33:9
procedure 3:6 24:1
27:24 35:25
procedures 24:3,9 27:9
27:10
proceeded 23:20
process 4:23
Professional 7:20,22
8:6,10,13,14,16

program 6:17 7:7
 protocol 23:25 27:23
 protocols 27:9
 provide 5:16
 provided 3:5 9:11 41:9
 psychology 6:4
 Public 1:15 2:20 47:4
 47:24
 purpose 3:4 44:7
 pursuant 1:19 3:13
 47:14
 put 18:5 26:20

Q

qualified 47:5
 question 14:10,16 15:2
 15:5 16:6 17:16,25
 20:10 28:19 29:15
 32:4 37:24 39:21
 40:12,13 43:20 44:23
 questioning 43:3,21,25
 44:4
 questions 13:8,22,25
 41:1,2,4 44:13,16
 45:9
 quick 41:19
 quit 33:21
 quite 19:19 29:2
 quote 15:13,14
 quotes 20:17

R

radiologist 35:1,5,22
 rapid 35:19
 read 9:18,24 10:1,2
 14:9,12 16:24 17:3,4
 17:8 18:5,10 19:20
 34:20 35:8,8 36:11
 37:25 38:3 39:17,20
 39:21,23 43:13 44:21
 45:11,14
 really 12:20 30:14
 reason 4:10 23:16 27:3
 40:24
 reasonable 4:25 13:12
 reasonably 15:19
 reasons 4:9 25:13
 recall 9:16 12:10 19:8
 26:1,5,13 29:7 38:20
 receive 6:3
 received 6:4 28:13,24
 32:25 40:15
 recollection 11:4,16
 29:9 32:5 38:23
 record 4:13 5:5,9,11,14
 8:18,20,21,23 14:4,7
 14:12 16:24 18:6,10
 18:20 19:3,4,13,15,19
 20:7,9,11,16 21:24,25
 22:20 26:5,7 31:4,12
 31:20,22 32:5,16,18
 32:24 33:20,25 36:9
 36:16 38:3,7 39:23
 44:7,18
 records 22:10
RECROSS-EXAMI...
 44:24
 rectal 31:1
 reduce 13:11 15:3,8

reduced 47:10
 referring 14:22,25
 16:23 17:1 19:12
 refers 34:17
 refused 18:25 20:10,12
 refusing 19:17 42:9
 regarding 13:25
 related 24:3,10 34:9,24
 35:11
 relative 47:19
 remember 9:9,13 11:7
 12:9 23:2
 remembering 11:16
 renew 7:12,13
 renewed 7:14
 repeat 37:24 40:13
 rephrase 16:5
 report 9:24 25:22 34:4
 35:23 41:8,20 43:22
 44:1
 reported 32:23 42:14
 Reports 34:2
 represent 41:5
 request 4:25 27:16,18
 27:20
 requesting 18:16
 required 32:21
 requirement 46:9
 researched 27:4
 Reserve 5:2 16:6,10
 residential 3:25
 respects 47:14
 respond 22:6
 responsibility 15:16
 responsible 14:23,25
 15:7
 result 32:21
 results 22:17 32:11,12
 32:14,17,19 35:16
 38:21 39:13 40:18
 42:14
 revealed 36:3
 revealing 36:17
 review 8:18,25 9:5,8,21
 18:19 31:20 32:8
 34:14 36:16
 reviewed 8:20 9:14
 24:5,6 26:7 34:7 44:5
 reviewing 31:22 33:20
 revocations 4:17
 right 4:15,18 7:16 8:22
 9:14 14:22 15:2
 19:14 22:25 33:14
 34:16 35:13 40:14
 risk 13:11 26:9,23,25
 risks 26:14
 Road 4:1
 Ronald 1:15 47:4,24
 room 6:25 8:23 12:22
 13:9 15:20 16:17,24
 17:6 19:4,10 23:24
 24:2,23 27:12 28:14
 29:19 36:20 39:1
 43:5
 Rua 1:15 47:4,24
 rules 3:5 23:24 27:8,23
 40:1
 run 19:10
 ruptured 16:7,10 29:20

37:10,14 39:14
 rupturing 26:23,25

S

same 31:8,10,11 38:12
 43:5,6 45:6
 saw 12:10 21:11 37:17
 saying 26:13 37:10
 says 19:5,11,16 20:11
 36:14 39:14 40:18
 43:25
 scan 16:14 17:13,18
 21:3,14 22:15,16
 32:11,13,15,17,19,21
 33:20 34:1,5,7,10,17
 35:17,20,21 38:22
 39:13 40:17,17 41:15
 43:18
 school 5:21,22 6:5,9,15
 6:16 12:25 13:3,4
 15:10
 seal 47:22
 second 21:17 22:5
 security 4:4,8,8,19 5:2
 5:4
 see 18:21 20:15,16
 21:22 22:20
 seeing 19:8 26:5
 seems 33:21
 seen 9:20,23 28:23 34:9
 sees 35:1,3 40:16
 sends 35:23
 sense 30:12,20
 sent 9:12 35:22 45:16
 46:2
 serious 21:7,10,12 22:3
 Services 2:17 7:20,23
 8:6,10,13,15,16
 set 22:7 47:10,21
 seven 45:18 46:4,9
 severe 23:6 26:3,6 39:4
 39:10
 shareholder 8:7,8
 sheet 20:1 31:6
 Shermeyer 10:15
 shortly 33:22
 show 3:15
 showed 21:15
 sign 16:7,10 24:23 25:2
 25:7,9
 Signature 46:17
 significance 41:25
 signing 45:18 46:3
 signs 33:6,7
 since 7:12,24 21:21
 29:24
 sinus 12:11
 sir 3:17
 situation 16:17
 soap 16:12 17:13,19,24
 21:3,17,17 22:9 39:12
 39:18 40:15,20 42:7
 42:17
 Social 4:4,7,19 5:1,4
 some 4:10,24 6:8 13:8
 15:24 23:15 24:9
 33:8 38:11,14 41:2
 somebody 30:2,14,18
 39:9 40:23 41:1

someone 30:15 44:15
 Sometimes 38:17,19
 sophisticated 43:16
 sorry 4:21 13:4,16 18:3
 34:3 38:18 42:15
 45:20
 sound 37:3,12
 sounds 16:7,9 25:4 36:3
 36:15,18 37:5
 Southwest 1:8,16 2:11
 11:22 12:1 23:24
 24:3 27:7,22
 speak 36:8
 specialty 7:8
 specific 20:15 28:25
 38:23
 specifically 9:9 14:22
 16:23 17:1,22 23:1
 24:9 25:13 26:13
 28:4 29:7,24 36:8
 39:10
 speculating 35:6
 spell 3:22
 squad 17:5
 Square 2:20
 SS 1:1
 stable 33:5,5,6
 standard 2:2 13:9,22
 15:21 23:5,19,23
 38:15
 start 6:5 7:2 1
 started 5:17 36:1
 starting 3:11 5:15
 state 1:1,16 3:22 21:25
 47:2,5
 stated 2:1,24
 statement 20:12,17,18
 24:11,15 28:25 44:17
 statistics 24:16 28:22
 stenotype 47:11
 stepped 27:6 28:1
 stimulating 17:16
 stipulations 1:20 47:14
 Street 2:3,14
 studies 32:7,8,9
 study 28:23 42:18,19
 42:22
 stuff 31:9
 subacute 12:13
 subject 29:3
 submitted 29:10
 subscribe 12:21
 subsequent 5:20 12:15
 suds 16:12 17:13,19,24
 21:3,17,17 22:9 39:12
 39:18 40:15,20 42:7
 42:17
 sued 10:20,22 11:5,9
 suffer 15:8
 suffering 20:23
 sufficient 38:7
 suggest 32:24
 Suite 2:2,8,14
 summarize 33:4
 summary 9:3
 Superior 2:8
 supported 30:21
 supposed 15:2
 sure 9:13 10:3 11:4,25

13:7 14:5 19:21
 21:13 22:16 32:12
 36:5 45:7 46:10
 surgeon 11:20 35:18
 survival 15:22
 suspect 19:1
 suspected 21:12
 suspensions 4:17
 suspicious 41:24
 switzer 2:7,7 3:17
 10:11 23:10 27:5,19
 27:25 28:8,16 31:8
 36:23 37:23 38:5
 sworn 3:6 47:8
 symptom 24:23 25:2,21
 25:23 37:3,9
 symptomatic 24:19
 symptoms 24:18 25:15
 26:11 33:7

T

tacked 14:19
 take 22:21 23:1 34:12
 35:16 41:19
 taken 1:14 3:13 22:11
 22:14,15,16 33:19
 47:13
 takes 35:19,21
 talk 10:8,11,13,15
 29:23
 talked 28:23
 talking 12:2 30:6 41:20
 technically 31:18
 technologist 35:24
 tell 10:22 19:4 28:3
 32:16 37:7
 tells 31:12 39:3
 ten 7:15
 tend 11:7
 Terminal 2:20
 terms 34:25
 testify 47:8
 testimony 17:8 37:2
 42:7
 tests 21:15 30:12
 Thank 20:19 28:7
 34:14 36:8 41:18
 42:25
 their 4:7 13:22 15:9
 21:10
 theoretically 21:21
 thing 30:17
 things 6:8 42:8
 think 4:14,25 12:1
 13:10 15:16
 third 31:6 34:12,15
 thomas 1:13 2:22 3:2
 3:20,24 41:6 44:24
 46:15 47:6,18
 though 29:11 43:13
 threatening 35:14
 three 19:21 31:6
 through 18:19
 Time 31:2,13 32:10,25
 33:18 34:7 35:20
 42:1,5 47:17
 Times 11:5 23:2
 Liming 35:25
 title 8:4,5

today's 10:7 34:6
told 19:5
topic 29:3,7
totally 40:9
toward 25:14
Tower 2:20
tract 26:16
training 6:14,17,19,21
6:25 7:1,5
transcribed 47:12
transcript 8:25 9:5,8
9: 11,18,20,21,23
45:15,19,25 46:2
transferred 5:18 12:1
treating 13:10 40:15
treatment 12:3 13:15
19:1,17 24:1 26:8
27:11 37:21
Trinity 5:17
true 20:20 21:1 22:4,6
22:8 23:22 30:18
truth 47:8,9,9
try 15:2
turn 44: 14
two 6:18,21 7:3,4,5
22:9 23:4 28:14
41:20
typewriting 47:12

U

Ulmer 2:13
under 17:17 21:2 23:3
26:10 30:22 32:14
36:7,14 38:13 42:8
47:12
understanding 13:18
22:13 25:25
University 5:19,21,24
6:16,19,24
unless 23:18 28:8
unstable 32:23,24
unsuccessful 17:14,15
21:18
urinalysis 22:24
use 13:1,5 31:4
used 31:9
usual 35:4
Usually 35:19
utmost 15:7

V

validity 43:22
vanwagner 2:13 3:16
10:9 16:16,19 17:21
21:19 23:7 24:25
25:19 26:19 28:15
36:22 38:6 39:6 41:3
41:7,13 42:24 43:11
43:19 44:2
variety 25:12
versus 28:24
very 35:19
via 35:23
view 41:20
Village 4:1
vs 1:7

W

W 1:13 2:13,22 3:2,20
41:6 44:24 46:15
47:6,18
Wait 27:25
waiting 32:13
waive 45:21 46:8
waived 46:17
want 10:23 13:8 14:16
28:3,9 30:16 42:8
44:20 45:10,21
wants 45:14
wasn't 22:4 26:4
way 15:17 34:6 37:1
well 7:22 12:14,17
16:23 19:19 21:15
22:8 23:9 28:20
29:23 30:8 31:22
33:11,17,17 34:12
41:15
went 5:20 6:16,19
39:20
were 8:12 10:22 11:6
12:25 13:4 15:10
32:7,10 33:19 42:14
West 8:5
Western 5:21 6:5,9
Weston 2:19
whatsoever 30:12
WHEREOF 47:21
white 16:22 25:11
whole 30:12 36:12 47:8
wish 19:20 34:14,21
witness 1:14 5:1 13:20
19:24 20:5 40:5
41:18 47:21
Woodrow 3:24
word 22:21 23:1
words 20:15
work 21:9
worked 5:20
working 8:2,12
writing 45:12 47:11
witten 10:1 20:7

X

x-ray 16:13 17:12,18
21:3 22:11,13 30:19
34:1,8 41:8 43:15,22
x-rays 21:9,14,15 30:5
30:7 34:4

year 5:18,20 6:1,7,21
7:15 11:10 12:5,12
23:5
years 6:18 7:3,4,5
24:14
young 11:19

1

1 19:9
1st 31:16,19 45:1
10th 1:19
10:50 1:18
1220:21
13th 47:23
1300 2:14
1370 2:3

1400 2:8
1640 2:2
18697 1:17
1970 6:2
1975 6:13
1977 6:23
1979 7:2
1981 7:11
1983 7:24
1991 7:13

2

2 19:14 31:5
2:45 33:21 34:18,19
35:20 36:1
20 35:21
20:31 42:2,3
2000 8:13 42:15 45:1,1
2001 1:19 47:23
216)621-8400 2:15
216)687-3223 2:21
216)861-6622 2:4
216)875-2767 2:9
24 20:21
2500 2:20
29360 4:1

3

3 36:10
3/12 4:3
3:30 33:12,18,23
30th 42:15
31st 8:13 42:15 45:1

4

4 33:14
427286 1:7
44113-1701 2:3
44113-2241 2:20
44114-1491 2:9
44114-1583 2:15
1535:16,24
184:3

5

5 33:15,25 34:12 40:18
41:8 43:23
5/13/05 47:25
502:20 24:13,18
526 2:8

6

60 24:14

7

70 20:20
71 6:7
77 23:5

9

9th 2:14
90 24:11
900 2:14