

State of Ohio,)

County of Cuyahoga.)

- - -

IN THE COURT OF COMMON PLEAS

Doc. 190

- - -

DEWEY GLEN JONES, et al.,)

Plaintiffs,)

v.)

MERIDIA HURON HOSPITAL,
et al.,)

Defendants.)

Case No. 306012
Judge Lillian Greene

- - -

THE DEPOSITION OF WINSTON HO, M.D.

FRIDAY, JANUARY 24, 1997

- - -

The deposition of WINSTON HO, M.D., a Defendant herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Lauren I. Zigmont-Miller, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to notice, at the offices of Landskroner & Phillips Co., L.P.A., 55 Public Square, Suite 1040, Cleveland, Ohio, commencing at 9:35 a.m., the day and date above set forth.

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1 APPEARANCES:

2 On behalf of the Plaintiffs:

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24 On behalf of the Defendant Winston Ho, M.D., and

25 Lakeland Medical Group:

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22 ALSO PRESENT:

2 Keith E. McGregor - Videographics

- - -

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1 Q. Dr. Ho, if you could, just give your full
2 name for the record.

3 A. Winston Ho.

4 Q. One other thing, Dr. Ho, is that if you
5 need to take a break at any time, feel free to do so.
6 If you need to go to the rest room, confer with Steve,
7 whatever, let me know.

8 Now, Dr. Ho, where is your --

9 MR. WALTERS: You can go to
10 the rest room even if you don't have to
11 confer with me, Doctor.12 MR. ALLEN: It wasn't one
13 in the same.

14 BY MR. ALLEN:

15 Q. Now, Dr. Ho, where is your present
16 residential address?

17 A. It's 463 Pierson Drive, Richmond Heights.

18 Q. Now, if you could, tell me where you were
19 born.

20 A. In Burma.

21 Q. How long were you in Burma?

22 A. Up to 1988.

23 Q. When did you go to medical school?

24 A. In 1973.

25 Q. When did you graduate high school?

Page 6

1 A. Yes, that is when I graduated high school.

2 Q. '73?

3 A. Yes.

4 Q. Okay. Then you went to medical school

5 right out of high school?

6 A. Yes.

7 Q. In Burma what is the -- how long does the

8 medical education last?

9 A. Seven and a half years.

10 Q. That's equivalent to a college degree plus

11 a medical degree?

12 A. Yes.

13 Q. In Burma do you have to -- you don't get a

14 certificate for what we call an undergraduate

15 education; is that correct?

16 A. No.

17 Q. So after seven and a half years did you

18 have to take a licensing test in Burma?

19 A. Yes.

20 Q. Now, that would have been 1980 or '81?

21 A. '82.

22 Q. Where did you practice in Burma?

23 A. General practice.

24 Q. So did you practice out of a hospital?

25 A. No. I had a private practice.

Page 7

1 Q. Tell me about that private practice. What

2 were you doing?

3 A. Like what I'm doing right now basically.

4 Q. And what is that?

5 A. It's office-based practice.

6 Q. What are you concentrating on in your

7 office-based practice?

8 A. Family medicine.

9 Q. So you see any general illnesses?

10 A. Yes.

11 Q. In Burma, were you doing consultations in

12 Burma?

13 A. No.

14 Q. Do you do consultations today?

15 A. Yes.

16 Q. Now, you stayed in Burma until '88,

17 correct?

18 A. Yes.

19 Q. So for the six years you were in Burma did

20 you consistently practice medicine?

21 A. Yes.

22 Q. You didn't move from Burma to another

23 country?

24 A. No.

25 Q. What made you decide to come to America in

Page 8

1 '88?

2 A. My parents were here for 13 years before I

3 immigrated.

4 Q. So you were coming here for family

5 reasons?

6 A. Right.

7 Q. When were you married?

8 A. Here.

9 Q. In what year?

10 A. '95.

11 Q. That's your first and only marriage?

12 A. Yes.

13 Q. Now, when you moved to America in '88

14 where did you live?

15 A. In Pittsburgh.

16 Q. How long did you live in Pittsburgh?

17 A. One and a half years.

18 Q. And then you moved where?

19 A. To Cleveland.

20 Q. Have you been in Cleveland ever since?

21 A. I'm here in Cleveland.

22 Q. Have you lived here ever since? That

23 would have been about 1990, correct?

24 A. Yes, I've been living here since then.

25 Q. Since 1990?

Page 9

1 A. Yes.

2 Q. Where did you practice in Pittsburgh?

3 A. No, I did not practice.

4 Q. What did you do for a year and a half in

5 Pittsburgh?

6 A. To pass the exam.

7 Q. What exam?

8 A. The F.M.G.M.E.M.S.

9 MR. WALTERS: E.C.F.M.G.

10 A. E.C.F.M.G.

11 Q. What is the basis for that exam?

12 A. To get in the residency program.

13 Q. Did you study for a year and a half before

14 you took the exam?

15 A. A year. I passed the exam more than six

16 months before I actually came over here.

17 Q. So you're here a year before you pass the

18 exam, correct?

19 A. Yeah.

20 Q. Now, did you take the exam one time?

21 A. Twice.

22 Q. And you passed it on your second occasion?

23 A. Yes.

24 Q. And then after you passed the exam on the

25 second occasion you then petitioned to get into a

Page 10

1 residency program?
 2 A. Yes.
 3 Q. How many institutions did you petition
 4 for?
 5 A. Three.
 6 Q. Which ones were they?
 7 A. At Huron and one in New Jersey, I forgot
 8 the name.
 9 Q. Anyother one?
 10 A. No.
 11 Q. So just two?
 12 A. Two, yeah.
 13 Q. Now, the exam that you passed to get into
 14 your residency program, was that a one-day exam?
 15 A. Two days,
 16 two days?
 17 A. Two days, yes.
 18 Q. Did it have a written and an oral?
 19 A. No, it does not have an oral, a written.
 20 Q. Did you have problems with the language on
 21 the exam?
 22 A. No.
 23 Q. How long have you spoke English?
 24 A. Since I was in school.
 25 Q. Since elementary school?

Page 11

1 A. Not -- yeah, elementary school.
 2 Q. About six years old, eight years old?
 3 A. No. Probably five, six years.
 4 Q. Now, after you got accepted to Huron have
 5 you only had hospital privileges at that hospital?
 6 A. Then?
 7 Q. Yes. From '90 to today where have you had
 8 hospital privileges?
 9 A. Three.
 10 Q. What hospitals?
 11 A. Huron, Meridia Huron, Meridia Euclid and
 12 Lake West.
 13 Q. Of those three hospitals where do you
 14 spend most of your time?
 15 A. At Huron and Lake West.
 16 Q. And the majority of your time Huron?
 17 A. And Lake West.
 18 Q. Equally?
 19 A. About equal.
 20 Q. Okay. Now, when you came to Cleveland in
 21 1990 and you went into the residency program, did you
 22 have any field of interest that you wanted to pursue?
 23 A. Internal medicine.
 24 Q. Internal medicine. And that's since you
 25 were a doctor, that's always been what you've wanted to

Page 12

1 focus on?
 2 A. Yes.
 3 Q. Okay. How long was the residency program?
 4 A. Three years.
 5 Q. In those three years were you ever the
 6 chief resident?
 7 A. No.
 8 Q. In those three years did you ever have the
 9 occasion to get sued?
 10 A. No.
 11 Q. Named as a witness of a suit?
 12 A. No.
 13 Q. In those three years between '90 and '93
 14 did you work any other place other than in your
 15 residency?
 16 A. No.
 17 Q. Now, in 1993 after you got out of your
 18 residency, what did you do next?
 19 A. I went into private practice.
 20 Q. Did you go into private practice by
 21 yourself?
 22 A. Yes.
 23 Q. So you opened your own office?
 24 A. I shared office with another physician and
 25 we shared staff.

Page 13

1 Q. Shared staff?
 2 A. Yes.
 3 Q. What is that physician's name?
 4 A. Dr. Kosolov.
 5 Q. So do you consider yourself an internal
 6 medicine specialist?
 7 A. Yes.
 8 Q. And since 1993 have you stayed in that
 9 same office?
 10 A. I'm in a group practice now.
 11 Q. When did you go to a group practice?
 12 A. '95.
 13 Q. What was that group's name?
 14 A. Lakeland Medical Group.
 15 Q. How many physicians are in Lakeland?
 16 A. Six.
 17 Q. Were you hired on or did you ask to come
 18 on?
 19 A. I was hired.
 20 Q. So you went through an interview process
 21 and were hired by that group?
 22 A. Yes.
 23 Q. Since 1995 have you stayed with that
 24 group?
 25 A. Yes.

Page 14

Page 16

1 Q. Have you ever had your staff privileges
2 suspended or revoked in any --

3 A. No.

4 Q. -- of those three hospitals? No?

5 A. No.

6 MR. WALTERS: Doctor, let him
7 finish his question before you answer.

8 BY MR. ALLEN:

9 Q. Have you attempted to take a board
10 certification exam in internal medicine?

11 A. Yes.

12 Q. When was the first time you attempted
13 that?

14 A. '94.

15 Q. What was the result?

16 A. I failed.

17 Q. Now, that had an oral and a written part,
18 correct?

19 A. A written.

20 Q. Written only?

21 A. Yes.

22 Q. Did you attempt to take it again?

23 A. In '95.

24 Q. Did you then pass it in '95?

25 A. Yes.

Page 15

Page 17

1 Q. Then did you try and attempt to take it
2 again?

3 A. Last year.

4 Q. In '96?

5 A. Yes.

6 Q. Did you pass it then?

7 A. Yes.

8 Q. Now, was there an area of the exam that
9 you had to concentrate on to pass the exam in '96?

10 A. No.

11 Q. There was no area that you felt you had
12 particular problem with?

13 A. No.

14 Q. What do you contribute to having to take
15 it three times before passing?

16 MR. WALTERS: If you know,
17 Doctor.

18 I don't know if he knows.

19 A. I don't know.

20 Q. It wasn't a language problem, correct, you
21 could read?

22 A. Yes, it's not the language problem.

23 Q. Now, what group certified you as an
24 internal medicine specialist? what group certified
25 you, what group do you belong to?

1 A. American Board of Internal Medicine.

2 Q. Now, the American Board of Internal
3 Medicine, in 1996 you passed their examination. Have
4 you held any offices or attempted to hold any offices
5 with that group?

6 A. No.

7 Q. What other medical organizations do you
8 belong to?

9 A. American Medical Association.

10 Q. Any other ones?

11 A. American College of Physicians and Lake
12 County Medical Association.

13 Q. Have you held any offices in those groups?

14 A. No.

15 Q. Now, have you ever been sued before?

16 MR. WALTERS: objection.

17 Go ahead, Doctor.

18 A. No.

19 Q. You've never been named in a lawsuit in
20 any capacity?

21 A. No.

22 Q. Have you ever had your deposition taken?

23 A. No.

24 Q. This is the very first time?

25 A. Yes.

1 Q. Have you ever had to go to trial?

2 A. No.

3 Q. Have you ever been in a courtroom in any
4 capacity at all?

5 A. No.

6 Q. Speeding ticket or anything?

7 A. No.

8 Q. Now, for purposes of today you reviewed
9 your medical records?

10 A. Yes.

11 Q. Did you review any other medical records?

12 A. No.

13 Q. Did you review the doctor's records in
14 the hospital?

15 A. Yes, I did.

16 Q. And let me just kind of clarify this.

17 You've looked through all those records as to what
18 occurred to Dewey Jones?

19 A. Yes.

20 Q. Now, there was several admissions before,
21 one in September and one in August, that you were
22 involved in, correct?

23 MR. WALTERS: He was only
24 involved in September.

Page 18

1 Q. In September?
 2 A. Yes.
 3 Q. And did you review those records?
 4 A. Yes.
 5 Q. Did you look at any of the records of the
 6 August admission?
 7 A. I may have.
 8 MR. WALTERS: We did.
 9 BY MR. ALLEN
 10 Q. For preparation of today?
 11 A. Oh, yeah.
 12 Q. Okay. Anything else that you reviewed?
 13 A. No.
 14 Q. Did you have a chance to talk to any of
 15 the other doctors involved in this case?
 16 A. No.
 17 Q. Did you have a chance to talk to them at
 18 any time after you gave care to Dewey Jones?
 19 A. To the doctors?
 20 Q. Yeah, any of the other doctors that are
 21 named in this suit.
 22 A. No.
 23 MR. WALTERS: I assume you're
 24 talking about this case?
 25 MR. ALLEN: About this

Page 19

1 case, in relation to this case.
 2 BY MR. ALLEN:
 3 Q. Is that what you understood?
 4 A. Yes.
 5 Q. Doctor, have you ever been hospitalized or
 6 sought treatment for alcohol abuse?
 7 A. No.
 8 Q. Drug abuse?
 9 A. No.
 10 Q. So as an internal medicine specialist are
 11 you competent to read and interpret electrocardiograph?
 12 A. Yes.
 13 Q. Are you competent to read and interpret
 14 echocardiograms?
 15 A. Yes.
 16 Q. Are you competent to read and interpret
 17 lung -- chest x-rays --
 18 A. Yes.
 19 Q. -- as it relates to any pathophysiological
 20 condition relating to infiltrates on the x-ray?
 21 A. Yes.
 22 Q. Now, do you have any plans to
 23 subspecialize into cardiology?
 24 A. No.
 25 Q. You're not a cardiologist, correct?

Page 20

1 A. No.
 2 Q. And you don't have any plans to be an
 3 infectious disease doctor?
 4 A. No.
 5 Q. And you're not an infectious disease
 6 doctor, correct?
 7 A. No.
 8 Q. You're not a pulmonologist, correct?
 9 A. No.
 10 Q. Do you hold yourself out as having any
 11 specialty in pulmonology?
 12 A. No.
 13 Q. Do you hold yourself out as to having any
 14 specialties as it relates to being a general surgeon?
 15 A. I'm sorry?
 16 Q. Do you feel like you're competent to be a
 17 general surgeon?
 18 A. No.
 19 Q. When was the last time you've operated on
 20 somebody?
 21 A. No.
 22 Q. You never have?
 23 A. Never have.
 24 Q. Do you feel competent to hold yourself out
 25 as a pathologist?

Page 21

1 A. No.
 2 Q. As far as gallbladder disease, there's
 3 several alternatives to removing gallstones, and I'm
 4 going to ask you if you've ever been engaged in or
 5 recommended these therapies.
 6 A. Yes.
 7 Q. ESWL, have you ever recommended somebody
 8 have that instead of a laparotomy?
 9 A. No.
 10 Q. Have you ever been involved in oral
 11 dissolution therapy?
 12 A. No.
 13 Q. Have you ever recommended that anybody
 14 have that?
 15 A. No.
 16 Q. Have you ever recommended or been involved
 17 in anybody having gallbladder removal other than
 18 laparoscopically or laparotomy, laparotomy or
 19 laparoscopic?
 20 A. I'm sorry?
 21 Q. Have you ever been involved with the
 22 treatment of gallstones other than suggesting
 23 laparotomy or laparoscopic?
 24 A. Yes.
 25 Q. You have. In what way would you treat

Page 22

1 somebody other than those two methods?
 2 A. I referred them.
 3 Q. And who would you refer them to?
 4 A. Surgery.
 5 Q. And then at that point you would leave it
 6 to the surgeon to decide --
 7 A. Decide, yes.
 8 Q. -- what method is proper?
 9 A. Yes.
 10 Q. And that is your general practice?
 11 A. Yes.
 12 Q. How often have you -- scratch that.
 13 Do you have any family members in law,
 14 lawyers; are any of your family members lawyers?
 15 A. No.
 16 Q. Okay. Just give me a few facts about the
 17 hospital, Meridia Huron Hospital. How many number of
 18 beds does that hospital have, do you know?
 19 MR. WALTERS: Are you talking
 20 about acute care beds now?
 21 MR. ALLEN: Just total
 22 beds.
 23 MR. WALTERS: Storage, as
 24 well?
 25 MR. ALLEN: Huh?

Page 23

1 MR. WALTERS: Storage beds.
 2 do they have a lot of beds in storage?
 3 Are you talking about hospital beds?
 4 MR. ALLEN: Yes.
 5 BY MR. ALLEN:
 6 Q. How many hospital beds do they have that
 7 are available for use?
 8 MR. WALTERS: Okay. Do you
 9 know, Doctor?
 10 A. I'm not sure.
 11 Q. Do you practice in the emergency room at
 12 Huron?
 13 A. No.
 14 Q. Have you ever been called into the
 15 emergency room for a consult on one of your patients?
 16 A. Yes.
 17 Q. Tell me what the size of the emergency
 18 room is there. How many rooms do they have?
 19 A. About ten.
 20 Q. What is the number of patients that you've
 21 been treating, say, per year in the last year?
 22 MR. WALTERS: If you know.
 23 A. Four hundred.
 24 Q. Has that number increased since 1994?
 25 A. --

Page 24

1 Q. How many were you treating in 1994?
 2 A. I don't remember.
 3 Q. It would be less than that though?
 4 A. Yes.
 5 Q. Would it be half as many?
 6 MR. WALTERS: If he doesn't
 7 remember, he doesn't remember.
 8 I don't want you to guess, Doctor.
 9 BY MR. ALLEN:
 10 Q. Just give me an estimation of --
 11 MR. WALTERS: If you know.
 12 Q. Give me an estimation of the size of your
 13 practice in 1994.
 14 A. I don't remember.
 15 Q. You don't remember the size of your
 16 practice in --
 17 A. It was less.
 18 Q. All right. Do you remember in 1994 seeing
 19 one Patient a day?
 20 A. Oh, more than that.
 21 Q. Do you remember in 1994 seeing two or
 22 three patients a day?
 23 A. More than that, yes.
 24 Q. Four or five patients a day?
 25 A. More than that.

Page 25

1 Q. Ten Patients a day?
 2 A. More than that.
 3 Q. Fifteen patients a day?
 4 A. Probably, yes.
 5 Q. So in 1994 the range of patients that you
 6 saw was around 15 a day?
 7 A. Fifteen, yeah.
 8 Q. Out of those 15 patients a day did you see
 9 the majority of them in your office?
 10 A. Yes.
 11 Q. Out of those 15 patients a day in 1994,
 12 how many do you feel were in the hospital setting that
 13 you saw?
 14 A. Maybe six, five.
 15 Q. Now, out of those five or six patients a
 16 day, were most of them -- you were the attending
 17 physician?
 18 A. Yes.
 19 Q. Now, how many times have you diagnosed
 20 cholecystitis?
 21 A. Up to now?
 22 Q. Deal
 23 MR. WALTERS: Don't gu
 24 A. I don't know.
 25 Q. Is that something you see frequently?

Page 26

1 A. Yes.

2 Q. Out of 15 patients a day would you see it

3 once a day, would you see it once a week?

4 A. **Maybe once a week.**

5 Q. And now, most of the time when you're

6 involved in cholelithiasis or cholecystitis you're

7 diagnosing that process, true?

8 A. Yes.

9 Q. So somebody is coming in to you with

10 symptoms and then you decide in your judgment that they

11 might have gallbladder problems?

12 A. **They might have, yes.**

13 Q. And then if you feel they have gallbladder

14 problems, then you refer them to a general surgeon?

15 A. Yes.

16 Q. Have you ever read any materials on how to

17 give a deposition or how to have your deposition taken?

18 A. No.

19 Q. Did you ever go through, see any videos on

20 the process?

21 A. No.

22 Q. Have you ever attended any medical

23 seminars in which that process was talked about?

24 A. **Deposition?**

25 Q. M-hm.

Page 27

1 A. No.

2 Q. I take it you've never been an expert in a

3 medical malpractice case?

4 A. No.

5 Q. Have you ever had a patient that you

6 diagnosed as having sleep apnea syndrome?

7 A. Yes.

8 Q. How often have you seen sleep apnea

9 syndrome, is that unusual?

10 A. **Yes, unusual.**

11 Q. Now, your typical patient with sleep apnea

12 syndrome would be obese, true?

13 A. Yes.

14 Q. Now, when you diagnose sleep apnea

15 syndrome, are you aware that a history of loud snoring

16 is a symptom?

17 A. Yes.

18 Q. What other symptoms are there besides

19 that?

20 MR. WALTERS: You're talking

21 in general now?

22 MR. ALLEN: Yeah, in

23 general.

24 MR. WALTERS: He's taking

25 generally, Doctor.

Page 28

1 A Excessive daytime sleepiness and daytime

2 headaches, fatigue, irritability. Those **are the**

3 **classic.**

4 MR. MEADOWS: I didn't hear

5 that last one.

6 MR. WALTERS: Irritability.

7 BY MR. ALLEN:

8 Q. Now, that syndrome puts that patient at a

9 risk for respiratory complications in surgery, true?

10 MR. WALTERS: If you know,

11 Doctor.

12 A. **No, I don't.**

13 Q. You don't know any of the risk factors

14 associated with sleep apnea syndrome and surgery?

15 A. No.

16 Q. How do you get a confirmation of the

17 syndrome, how do you confirm it, what tests?

18 A. **Overnight polysomnogram.**

19 Q. How many times have you ordered a

20 polysomnogram overnight?

21 A **Ten ,about ten.**

22 Q. And that's since you've been in Cleveland?

23 A. **In practice, yes.**

24 Q. Did you order that for Dewey Jones? Did

25 you order that for Dewey Jones?

Page 29

1 A. No.

2 THE WITNESS: May I use the

3 phone, please?

4 MR. ALLEN: Sure.

5 (Thereupon, there was a brief recess.)

6 BY MR. ALLEN:

7 Q. You're aware that this sleep apnea

8 syndrome can be a potentially fatal complication for an

9 obese person?

10 MR. WALTERS: I'm going to

11 object. Complication to what?

12 Hang on, Doctor. Because he nods his

13 head doesn't mean yes. I don't know why

14 he's nodding his head.

15 Fatal complication to what?

16 Q. Can be a fatal -- sleep apnea syndrome can

17 be a fatal complication leading to fatal complications

18 in an obese person.

19 MR. WALTERS: Object to form.

20 If you understand that question, you can

21 answer.

22 A. **Fatal complication to?**

23 Q. To an obese person. An obese person could

24 die from sleep apnea syndrome?

25 A. **Not by itself.**

Page 30

Page 32

1 Q. In relation with what? Sleep apnea
2 syndrome has a tendency to lead to respiratory problems
3 in an obese person, true?

4 A. Yes.

5 MR. WALTERS: Let me back up.
6 Was that one question, sleep apnea has --
7 don't ask another one -- sleep apnea has a
8 tendency to lead to respiratory problems?
9 You put a prefix on that and I don't know
10 what the prefix was, but I just want to
11 make sure we're at one question. Sleep
12 apnea has a tendency to lead to
13 respiratory --

14 MR. ALLEN: Yes.

15 MR. WALTERS: Okay.

16 Go ahead.

17 MR. MEADOWS: Show an
18 objection to form.

19 A. Yes.

20 Q. And it's usually the respiratory problems
21 that lead to the fatal demise of an obese person that
22 has sleep apnea syndrome, true?

23 MR. WALTERS: objection.

24 Go ahead, Doctor, you can answer.

Page 31

1 Q. Does sleep apnea syndrome in any way, in
2 your understanding, in any way show respiratory
3 complications of an obese person?

4 MR. MEADOWS: Objection to
5 form.

6 MR. WALTERS: I'm going to
7 ask that that be read back. Hold on,
8 Doctor.

9 Could you read that back, please.
10 (Thereupon, the question was read back.)

11 MR. WALTERS: I'm going to
12 object to form. I don't understand the
13 question.

14 MR. MEADOWS: I don't
15 understand what that means either.

16 MR. WALTERS: Go ahead if you
17 understand, Doctor.

18 A. I don't understand the question.

19 Q. Does sleep apnea syndrome, SAS -- we'll
20 just shorten it, okay. Does SAS indicate that an obese
21 person has respiratory problems?

22 MR. WALTERS: In and of
23 itself without anything else; is that
24 correct, sir?

25 MR. ALLEN: That's it.

1 MR. WALTERS: Go ahead,
2 Doctor. If you can, answer.

3 A. Yes.

4 Q. Now, have you ever had a patient with
5 obesity hypoventilation syndrome?

6 A. Yes.

7 Q. How many times have you seen OHS?

8 MR. WALTERS: You're talking
9 hypo, H-Y-P-O, correct?

10 MR. ALLEN: Yes. low.

11 A. Three last year.

12 Q. Did you see any before last year?

13 A. Yes.

14 Q. How many?

15 A. Maybe one or two.

16 Q. It's an unusual --

17 A. Yes.

18 Q. Those persons with OHS are usually obese
19 also?

20 A. Yes.

21 Q. Now, those people with OHS -- scratch
22 that.

23 A person that presents with heart
24 failure or extreme shortness of breath that is obese,
25 you should suspect OHS in that person in your oppo-

33

1 is that true?

3 Q. A person that presents with either a
4 history of heart failure or a history of shortness of
5 breath and is obese, you should suspect OHS?

6 MR. WALTERS: objection.

7 Go ahead, Doctor.

8 A. With obesity, yes.

9 Q. Now, you confirm that with blood gases,
10 isn't that how you confirm OHS?

11 A. No.

12 Q. How do you confirm it?

13 A. Yes, blood gases is one of them.

14 Q. What else?

15 A. Pulse rate, for example.

16 Q. But the arterial oxygen tension is what
17 you use to confirm?

18 A. Yes.

19 Q. Right?

20 A. ABG's.

21 Q. And the arterial dioxide tension, you also
22 look at that to confirm?

23 A. Yes.

24 Q. Would you agree with me that the pressures
25 that you're looking at, the PAO2 is either less than or

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Page 36

1 equal to 55?
 2 MR. WALTERS: For what
 3 purpose? For confirming?
 4 MR. ALLEN: For confirming
 5 OHS.
 6 A. No.
 7 Q. What PA02 would you be looking for to
 8 confirm OHS?
 9 A. PA82 less than 55 is respiratory failure.
 10 Not necessarily the PA02. It does not necessarily have
 11 to be less than 55.
 12 Q. What does it need to be, under what
 13 number? --, 65?
 14 A. Maybe 60.
 15 Q. And what about the arterial dioxide
 16 tension? Would it be less than or more to 47 MMHG?
 17 A. Arterial carbon dioxide more than 40.
 18 Q. More than 40, okay. And that would
 19 confirm OHS in your opinion?
 20 A. Yes.
 21 Q. Now, tell me on October 17th of Dewey
 22 Jones all the tests that you did to evaluate Dewey's
 23 cardiovascular system before surgery.
 24 MR. WALTERS: Hold on,
 25 Doctor. The question is all the tests

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1 that were performed on October 17th?
 2 MR. ALLEN: Yes, that he
 3 ran to evaluate his cardiovascular system.
 4 MR. WALTERS: Just so I'm
 5 clear, these are tests that he ordered, or
 6 are they tests that were ordered by other
 7 physicians that he reviewed?
 8 MR. ALLEN: Tests that he
 9 ordered.
 10 MR. WALTERS: That he
 11 ordered, okay.
 12 We're going to look at your orders,
 13 Doctor.
 14 Just so the record is clear, there were
 15 tests ordered by other people.
 16 A. ABG's and chest x-ray.
 17 Q. On what date?
 18 A. On the 18th. PT and PTT on the 18th.
 19 Q. Okay. Is that the only test that you
 20 ordered?
 21 A. Yes.
 22 Q. Now, tell me what tests you reviewed to
 23 evaluate Dewey Jones before the surgery of October 17th
 24 during that hospital admission.
 25 A. Before the admission?

1 Q. M-hm. Before the surgery.
 2 A. Before the surgery that I ordered?
 3 Q. M-hm.
 4 A. The ABG's and the chest x-ray.
 5 Q. The ones that you reviewed before the
 6 surgery on that admission.
 7 A. Yes, those --
 8 MR. WALTERS: That other
 9 people may have ordered, I assume?
 10 BY MR. ALLEN:
 11 Q. That anybody ordered.
 12 A. I reviewed all of them.
 13 Q. That everybody ordered?
 14 A. Yes.
 15 Q. Okay. Did you review those only on the
 16 18th?
 17 A. 18th and the 19th.
 18 Q. How many times did you see Dewey Jones on
 19 the 18th?
 20 A. Once.
 21 Q. How many times did you see him on the
 22 19th?
 23 A. Once.
 24 Q. Did you see him on the morning of the 20th
 25 before surgery?

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1 A. No.
 2 Q. Did you order any tests for him on the
 3 morning of the 20th before surgery?
 4 A. No.
 5 Q. Were there any other tests -- scratch
 6 that.
 7 Tell me what tests you ran to evaluate
 8 his pulmonary systems that you ordered.
 9 A. The ABG's and the chest x-ray.
 10 Q. Now, based upon the ABG did you feel that
 11 his pulmonary system was stable?
 12 MR. WALTERS: Hold on,
 13 Doctor. Let's look at it.
 14 you're talking about the ABG that was
 15 ordered on 10-18?
 16 MR. ALLEN: On 10-18.
 17 BY MR. ALLEN:
 18 Q. You got the 10-18 ABG?
 19 A. Yes.
 20 Q. That's in front of you, okay. Is that a
 21 normal ABG?
 22 MR. WALTERS: Object to the
 23 reference "normal."
 24 Go ahead, Doctor.
 25 Q. In your opinion?

Page 3B

Page 4C

1 A. It's normal.

2 Q. Your opinion was, based upon the ABG

3 Dewey's pulmonary systems were stable on 10-18?

4 A. Yes.

5 Q. Based upon his ABG was his cardiovascular

6 system stable on 10-18?

7 MR. WALTERS: The ABG in and

8 of itself?

9 MR. ALLEN: In and of

10 itself.

11 MR. WALTERS: Go ahead,

12 Doctor.

13 A. Talking about the cardiovascular?

14 Q. M-hm.

15 A. It's stable.

16 Q. Now, you ordered a chest x-ray on 10-18 --

17 scratch that.

18 You got the ABG's in front of you?

19 A. Yes, I do.

20 Q. Let me just walk down the ABG's. "here

21 was one ordered on the 19th and one on the 20th for --

22 well, there's three ordered on the 20th. But tell me

23 now, for the 19th, did you review that ABG?

24 A. Yes.

25 Q. Did you feel that that was normal?

Page 3D

1 A. Yes.

2 Q. You feel like he was stable --

3 A. Yes.

4 Q. -- on 10-19? Now, on 10-20 there was an

5 ABG that was done at 6:45 in the morning. Do you see

6 that one there?

7 A. Right here.

8 MR. WALTERS: No. That's not

9 the one.

10 A. 10-20?

11 Q. Yes.

12 MR. WALTERS: He's saying

13 10-20 at 6:00 in the morning.

14 MR. ALLEN: 6:45.

15 MR. WALTERS: The page I have

16 in front of me does not have the 6:45 ABG.

17 There's a 10:35 on 10-18 at 1500, which I

18 assume is 3:00 on 10-20.

19 MR. ALLEN: Okay.

20 BY MR. ALLEN:

21 Q. The one at that time, was that one normal?

22 MR. JONES: objection.

23 Which time are we talking about?

24 MR. WALTERS: 3:00 p.m. on

25 October 20th.

1 BY MR. ALLEN:

2 Q. Let me scratch this question. Was the

3 only one that you got on 10-20 the first one that was

4 done at 3:00 p.m.; is that right?

5 MR. WALTERS: On this page?

6 A. Yes.

7 Q. Okay. You didn't order any ABG's on the

8 20th, that's what you told me, right?

9 A. Yes.

10 Q. And you didn't review any ABG's on the

11 20th?

12 A. No.

13 Q. All right. Now, as far as the chest

14 x-rays that you saw on the 18th -- did you see the

15 chest x-ray that you ordered on the 18th?

16 A. Yes.

17 Q. Get it in front of you. You got that. Is

18 that -- you said you ordered that chest x-ray to

19 evaluate his cardiovascular system earlier?

20 A. Yes.

21 Q. In your opinion, was that a chest x-ray

22 indicating that Dewey Jones was stable?

23 A. Yes.

24 Q. Now, from 10-18 to the morning of 10-20,

25 in your opinion Dewey Jones was stable during that

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1 entire time?

2 A. Yes.

3 Q. And he was stable enough to go into

4 surgery?

5 A. Yes.

6 Q. When did you clear him for surgery, what

7 day?

8 A. On the 19th.

9 Q. What time?

10 A. Don't have the time here.

11 Q. But you cleared him for surgery on the

12 19th?

13 A. Yes.

14 Q. Now, did you review the echocardiogram

15 before you cleared him for surgery?

16 MR. WALTERS: The one ordered

17 on the 18th? There was a previous echo in

18 August or --

19 BY MR. ALLEN:

20 Q. Let me just start from the get-go. Was

21 there an echocardiogram ordered between admission and

22 the time that you cleared Dewey Jones?

23 A. Yes.

24 Q. And that echocardiogram was performed on

25 what day?

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1 A. I don't know. There was no date on the
2 echo.

3 Q. On the echo, right. Are you aware -- as
4 we sit here today, you independently reinember reviewing
5 the echo before you cleared him for surgery?

6 A. No.

7 Q. Now, that would have been something that
8 you would have looked at to clear him for surgery, that
9 would have been a proper thing for you to look at in
10 this case, true?

11 A. No.

12 Q. ; not?

13 A. He had a recent one done two months ago.

14 Q. So the one two months ago, you felt that
15 one was enough to indicate the stability of his CHF?

16 A. Yes.

17 Q. Did you know or are you aware of anyone
18 reviewing the echo before Dewey went into surgery on
19 the 20th?

20 MR. CASEY: objection.

21 Which echo?

22 MR. WALTERS: The October

23 18th?

24 MR. ALLEN: Yes.

25 MR. WALTERS: okay. Do you

1 September I had felt that he should have a pulmonary
2 evaluation for the sleep apnea and he did not follow up
3 with that. So I felt that when he was in the hospital
4 might as well have a pulmonologist to see him.

5 Q. You had him there and you could control
6 whether or not it was done, right?

7 A. Yes.

8 Q. To your knowledge, was a pulmonology
9 consult completed and the evaluation for sleep apnea
10 done?

11 A. Yes. Initial study was done.

12 Q. What was the initial study that was done?

13 A. Let me look at the chart. Overnight
14 oximeter.

15 Q. So based upon the pulse ox did you have
16 any reservations as to whether he had sleep apnea?

17 A. Based on the pulse oximeter?

18 Q. M-hm.

19 A. No.

20 Q. You reviewed the pulmonology consult in
21 your opinion to evaluate Dewey for surgery and
22 determine that he was cleared for surgery, right?

23 MR. WALTERS: Objection.

24 A. No.

25 Q. Huh?

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1 know if anyone reviewed it prior to
2 surgery?

3 A. I don't know.

4 Q. Did you ever call a cardiology consult for
5 Dewey Jones?

6 A. No, I did not.

7 Q. Why did you not order a cardiology consult
8 for Dewey?

9 A. He was stable and I did not think he
10 needed it.

11 Q. Did you order any consults to help you
12 evaluate the stability of Dewey Jones?

13 A. Before the surgery?

14 Q. Before the surgery.

15 A. Pulmonology consult.

16 Q. You ordered the pulmonologist to come
17 evaluate Dewey?

18 A. Yes.

19 Q. And why did you order a pulmonology
20 consult?

21 A. To evaluate for sleep apnea and he's going
22 to be on the respirator.

23 Q. What signs was Dewey exhibiting to lead
24 you to call that pulmonology consult for sleep apnea?

25 A. When I saw him in August, I'm sorry,

1 MR. WALTERS: He said no.

2 A. No.

3 Q. Did you talk to the pulmonologist?

4 A. I don't remember talking to the
5 pulmonologist.

6 Q. So do you remember what the pulmonology
7 exam specified before you met and cleared Dewey Jones?

8 MR. MEADOWS: objection.

9 He's already answered why he asked for the
10 pulmonary consult, and it had to do with
11 the earlier admission.

12 BY MR. ALLEN:

13 Q. Did you in any way know the results of the
14 pulmonology consult when you cleared Dewey Jones?

15 MR. WALTERS: objection.

16 Asked and answered. He said no.

17 Go ahead, Doctor.

18 Q. You said no?

19 MR. WALTERS: Do you know
20 this time? Is it different?

21 A. I'm sorry --

22 Q. In any way were you aware of the
23 pulmonology consult before you cleared Dewey Jones?

24 A. I read the note.

25 Q. Before you cleared him for surgery?

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1 A. Yes

2 Q. When did you read the note?

3 A. Probably after they've seen the patient.

4 I don't remember.

5 Q. Now, other than the pulmonology consult,

6 did you ask for any independent consults?

7 A. No.

8 Q. Were you following Dewey for his

9 hypertension during the admission before surgery?

10 A. No.

11 Q. Who was following him for his

12 hypertension?

13 A. I don't know.

14 Q. Are you aware of any risk factors

15 associated with hypertension and surgery?

16 A. Yes.

17 Q. What are they?

18 A. Hypertension associated with surgery?

19 Q. M-hm.

20 A. From anesthesia?

21 Q. Anesthesia or the surgical process.

22 MR. WALTERS: If you know,

23 Doctor. I don't want you to get outside

24 your area.

an

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1 blood pressure level. For example, diastolic blood

2 pressure above 130 increased mortality.

3 Q. The risk of mortality has to do with

4 either myocardial -- it has to do with myocardial

5 ischemia; is that true?

6 A. The study did not say cardiac or

7 respiratory.

8 Q. Are you aware of any other potential risk

9 factors with hypertension and surgery?

10 MR. WALTERS: I'm a little

11 unclear as to risk factors versus

12 complications in surgery, because I would

13 assume hypertension is a risk factor. I

14 don't know that that makes sense, that

15 question.

16 MR. ALLEN: sure.

17 BY MR. ALLEN:

18 Q. The risk factor of hypertension, are you

19 aware of any complications arising from that and

20 surgery other than what you just stated?

21 A. Depends on what kind of surgery.

22 Q. Okay. What about upper abdominal surgery?

23 A. If not more than 1 -- diastolic blood

24 pressure more than 130. It's not an independent risk

25 factor by itself.

1 complications?

2 A. Cardiac arrest.

3 Q. Are you aware of any benefit associated

4 with getting a cardiology consult for a patient with a

5 history of congestive heart failure within the last six

6 months before surgery?

7 MR. WALTERS: I'm going to

8 object because I don't understand the

9 question.

10 BY MR. ALLEN

11 Q. Do you understand what I'm saying? Are

12 there any benefits to getting a cardiology consult in

13 that situation?

14 MR. WALTERS: objection.

15 A. In general?

16 Q. M-hm.

17 A. Yes.

18 Q. What is it? What are they?

19 A. The cardiology consult?

20 Q. Yes. What are the benefits of a

21 cardiology consult in that instance?

22 A. I don't know of any studies stating that

23 cardiology consult would have a better outcome.

24 Q. In a person with a history of --

25 A. Congestive heart failure

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1 Q. -- congestive heart failure within the
2 last six months?
3 A. **So I can't really answer that question.**
4 Q. Have you seen any benefit in your practice
5 in that situation?
6 MR. WALTERS: Are we now
7 strictly dealing with a patient with
8 congestive heart failure?
9 MR. ALLEN: within the last
10 six months.
11 MR. WALTERS: Prior to
12 surgery on the gallbladder?
13 MR. ALLEN: M-hm.
14 A. **No.**
15 Q. What about just prior to any -- go ahead.
16 I don't want to interrupt you.
17 A. **In my experience?**
18 Q. Yes, sir, in your experience.
19 A. **Yes.**
20 Q. What is it?
21 A. **If you're asking -- can you rephrase that**
22 **question?**
23 Q. Isn't it true -- let me just repeat the
24 question. Isn't it true that there is a benefit
25 associated with a cardiology consult in a patient with

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1 congestive heart failure that presents with a history
2 of congestive heart failure within the last six months?
3 MR. WALTERS: objection.
4 MR. CASEY: Objection to
5 form.
6 A. **I can't answer that question.**
7 Q. But you're aware of benefits associated
8 with a cardiology consult in patients that present with
9 a history of congestive heart failure in the last six
10 months'?
11 MR. WALTERS: I'm going to
12 object to that. You can only say
13 potential benefits because if the
14 cardiologist doesn't do anything it
15 doesn't matter.
16 I guess the question would be potential
17 benefit, Doctor.
18 BY MR. ALLEN:
19 Q. You're not aware of any studies, but in
20 your practice you could see the benefits of a
21 cardiology consult in that instance, true?
22 A. **No.**
23 Q. I didn't hear you.
24 MR. WALTERS: He said no.
25 MR. ALLEN: He said no.

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1 MR. WALTERS: I think he did.
2 A. **I said no, yes.**
3 Q. **All right.** Do you routinely clear
4 patients for general surgery?
5 A. **Yes.**
6 Q. How often do you do that in your practice?
7 A. **Maybe six to ten last year.**
8 Q. Of those six to ten patients last year how
9 many of those patients were obese?
10 A. **I don't remember. Probably two, three.**
11 Q. Two or three of them. Of the two to three
12 obese were any of them morbidly obese?
13 MR. WALTERS: only if you
14 recall, Doctor.
15 A. **Maybe one.**
16 Q. Other than that one, how many patients
17 have you cleared that are morbidly obese for surgery
18 since you've been in Cleveland?
19 A. **Morbidly obese?**
20 Q. Morbidly obese.
21 A. **Maybe one, two.**
22 Q. And just general obese patients, greater
23 than 20 percent body fat, I mean, you'd clear those on
24 the average of five or six times a year since 1990, is
25 that about a good average?

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1 A. **Yes.**
2 Q. How many patients do you recall had
3 pulmonary edema before you cleared them that were
4 obese, do you ever recall that?
5 A. **With pulmonary edema?**
6 Q. M-hm.
7 A. **I do not clear if they have pulmonary**
8 **edema.**
9 Q. Now, one of the complications associated
10 with clearing an obese patient for surgery is that they
11 will develop pulmonary edema during surgery or
12 postoperatively; isn't that true?
13 A. **From being obese?**
14 Q. M-hm.
15 A. **Not that I know of.**
16 Q. What are the risk factors of an obese
17 patient, the complications and risk factors of being
18 obese in a patient about to go into surgery in general?
19 MR. CASEY: obesity alone?
20 MR. WALTERS: what kind of
21 surgery?
22 MR. ALLEN: Surgery. We'll
23 just narrow it down to upper abdominal
24 surgery.
25 MR. WALTERS: All right.

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1 BY MR. ALLEN:

2 Q. What are the complications?

3 MR. WALTERS: without any
4 ages, without anything else?

5 MR. ALLEN: Just general.

6 MR. WALTERS: He's talking
7 about, I don't know, some mythical patient
8 without any age, without any sex who's
9 obese, what are the complications. I
10 guess that's the question.

11 MR. ALLEN: Yes.

12 Q. You're aware that there are general
13 complications associated with obese patients, period?

14 MR. MEADOWS: objection.

15 That's a different question.

16 Q. True?

17 A. Yes.

18 Q. what are the cardiovascular complications
19 of those obese patients? Is there any cardiovascular
20 complication associated with that?

21 MR. WALTERS: objection. I

22 just don't think it's a fair question.

23 Go ahead, Doctor, if you think you can
24 answer that with that little bit of
25 detail.

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1 A. I can't.

2 Q. You can't answer it?

3 A. No.

4 Q. Are you aware of any cardiovascular
5 complications associated in an obese patient for upper
6 abdominal surgery?

7 A. No.

8 Q. Are you aware of any correlation between
9 preoperative arterial blood gas values and the adequacy
10 of pulmonary reserve in a patient before surgery?

11 MR. WALTERS: Hold on. Read
12 that back to me.

13 (Thereupon, the question was read back.)

14 MR. WALTERS: I'm going to
15 object because I don't know if you're
16 talking about normal blood gas values or
17 abnormal blood gas values.

18 Go ahead, Doctor, if you think you can
19 answer it. Is there a relationship, I
20 guess.

21 A. No.

22 Q. Obese patients, they're at an increased
23 risk for cardiac , true?

24 A. Obese patient by itself?

25 Q. Yes.

1 A. No.

2 Q. Tell me what the predisposing risk factors
3 are for a patient developing cardiac dysrhythmia
4 postoperatively, can you do that?

5 A. Sleep apnea is one.

6 Q. what eke?

7 A. Arterial disease.

8 Q. What eke?

9 A. Uncontrolled high blood pressure.

10 Q. what else? That's it?

11 A. (Witness nods.)

12 Q. You've diagnosed patients with biliary
13 colic?

14 A. Yes.

15 Q. Tell me what you'd expect to see on a
16 physical exam. on a patient with biliary colic.

17 A. Colicky upper abdominal pain, fever,
18 chills, elevated white count, elevated bilirubin.

19 Q. And you'd expect the upper abdominal
20 pain -- did you say right upper quadrant?

21 A. Yes.

22 Q. You would expect to see that persist for
23 how long, an hour to four hours; is that fair?

24 A. The pain?

25 Q. Yes.

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1 A. It varies.

2 Q. Could it be consistent, all happening all
3 day long, in biliary colic?

4 A. Yes.

5 Q. Would you expect to see that patient
6 complaining of nausea and vomiting?

7 A. Yes.

8 Q. And the cause of biliary colic is what,
9 Doctor?

10 A. Gallstones for one.

11 Q. Gallstones where?

12 A. In the gallbladder and in the biliary
13 tree.

14 Q. It's more associated with the gallstones
15 being in the biliary tree, true?

16 A. Yes.

17 Q. Is there a biliary count that you would
18 expect to see in a patient with biliary colic to
19 indicate that the stones were in the biliary tree?

20 A. Did you say bilirubin?

21 Q. Yes.

22 A. Yes.

23 MR. WALTERS: No, he didn't.

24 I thought he said biliary colic.

25 ///

1 BY MR. ALLEN:
 2 Q. What count would you expect to see?
 3 MR. WALTERS: This is a
 4 bilirubin count?
 5 MR. ALLEN: Bilirubin.
 6 MR. WALTERS: Go ahead.
 7 A. **More than two.**
 8 Q. You diagnose patients with cholecystitis,
 9 as having cholecystitis?
 10 A. **Yes.**
 11 Q. Is that something that you do ten times a
 12 year, is that about right? Is that what you said
 13 earlier? I don't want to be putting words in your
 14 mouth.
 15 A. **More than ten times.**
 16 Q. What is the symptoms of acute
 17 cholecystitis, what would you expect to see?
 18 A. **Right upper quadrant or epigastric pain,**
 19 **nausea, vomiting, fever, chills, epigastric tenderness.**
 20 Q. What's the difference in the symptoms of
 21 biliary colic and acute cholecystitis?
 22 A. **The tenderness in the epigastrium.**
 23 Q. And in acute -- what would you expect to
 24 see different in an acute cholecystitis as far as the
 25 tenderness?

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1 A. **With acute cholecystitis it is more**
 2 **consistent finding than in biliary colic.**
 3 Q. Consistent, you see it more often?
 4 A. **Yes.**
 5 Q. Does it last longer in those patients, the
 6 pain?
 7 A. **I don't know.**
 8 Q. Is the pain more generalized in acute
 9 cholecystitis?
 10 A. **No.**
 11 Q. But usually patients that present with
 12 acute cholecystitis have already had progressively
 13 worsening biliary colic; generally isn't that true?
 14 A. **Not true.**
 15 Q. So they could just present all of a sudden
 16 with acute cholecystitis without the biliary colic?
 17 A. **Yes.**
 18 Q. Okay. So acute cholecystitis you would
 19 expect to see a sudden onset of right upper quadrant
 20 pain?
 21 A. **Yes.**
 22 Q. You'd expect to see fever, right?
 23 A. **Yes.**
 24 Q. Would you expect to see leukocytosis?
 25 A. **In majority, yes.**

1 Page 60
 Q. What is the cause of acute
 2 A. **Gallstones.**
 3 Q. Is it any different as far as their
 4 location as compared to biliary colic?
 5 A. **A stone obstructing the cystic duct, for**
 6 **example.**
 7 Q. You'd expect to see that in acute
 8 cholecystitis?
 9 A. **Maybe, maybe not.**
 10 Q. But more often than not you would see that
 11 in acute cholecystitis; is that what you're saying?
 12 A. **No.**
 13 Q. Okay. But it's just a possibility?
 14 A. **Yes.**
 15 Q. Okay. Your definition of cholelithiasis
 16 is just the presence of gallstones?
 17 A. **Yes.**
 18 Q. And it could be symptomatic or
 19 asymptomatic?
 20 A. **Yes.**
 21 Q. And, thus, you'd move on to biliary colic
 22 and acute cholecystitis and other potential diagnoses;
 23 is that correct?
 24 A. **Yes.**
 25 Q. And what is your definition of a low-grade

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1 fever?
 2 MR. WALTERS: YOU mean using
 3 temp?
 4 MR. ALLEN: Temp.
 5 A. **Temperature less than 102.**
 6 Q. And what would you put that in Celsius?
 7 Do you work off of Fahrenheit?
 8 A. **Fahrenheit, yes.**
 9 Q. What about a high-grade fever?
 10 A. **More than 102.**
 11 Q. What would be the -- what would be the
 12 bottom end of a low-grade fever, up to 102 but --
 13 A. **98.6.**
 14 Q. Now, what is your definition of morbidly
 15 obese?
 16 A. **Somebody weighing more than 300 pounds.**
 17 Q. What is your definition of obesity?
 18 A. **Somebody who weighs 20 percent more than**
 19 **the ideal weight for the person's age and sex.**
 20 Q. Dyspnea is shortness of breath?
 21 A. **The sensation of shortness of breath.**
 22 Q. The sensation of shortness of breath. Have you ever had a
 23 patient who was diagnosed with cholecystitis and had a
 24 free perforation of the gallbladder?
 25 A. **Yes.**

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1 Q. How many times did that occur?
 2 A. One time.
 3 Q. So that's pretty rare, isn't it?
 4 A. In my field, yes. Maybe different from a
 5 surgeon.
 6 Q. I'm just talking about you.
 7 A. Okay.
 8 Q. In a patient with cholecystitis have you
 9 ever had them develop spreading peritonitis from the
 10 cholecystitis?
 11 MR. WALTERS: From a free
 12 perforation?
 13 MR. ALLEN: Just spreading
 14 peritonitis, whether it was caused by a
 15 free perforation or not.
 16 A. No.
 17 Q. Have you ever had to call in a surgeon for
 18 an emergency laparotomy on a patient with
 19 cholecystitis?
 20 A. No.
 21 Q. As far as the formation of gallstones, in
 22 your opinion is there a clear correlation between diet
 23 and the formation of gallstones?
 24 A. No.
 25 Q. Dewey Jones between October 17th and

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1 October 20th, I want to ask you a couple questions
 2 about Dewey Jones during that time frame. If you need
 3 to look at your notes, look at your notes, whatever.
 4 But during that time frame, in your
 5 opinion, was he ever a candidate for oral dissolution
 6 therapy?
 7 MR. WALTERS: I think -- I'm
 8 going to just object because we've covered
 9 this in that he indicated previously that
 10 he would leave that to the surgeon's
 11 judgment.
 12 MR. ALLEN: Okay.
 13 MR. WALTERS: I don't know
 14 why we're going to go back through it
 15 again. Whether he was a candidate or not
 16 you can ask him.
 17 MR. ALLEN: All right.
 18 Let me just --
 19 MR. WALTERS: We did cover
 20 that earlier.
 21 MR. ALLEN: I didn't really
 22 think I covered it in the same way.
 23 MR. WALTERS: well, if you
 24 want to go through it again, we'll go
 25 through it again.

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1 BY MR. ALLEN:
 2 Q. Was he ever a candidate in your opinion?
 3 A. No.
 4 Q. Was he ever a candidate for endoscopy
 5 sphincterotomy?
 6 A. I can't answer that question.
 7 Q. Was he ever a candidate for laparoscopy
 8 surgery in your opinion?
 9 A. I would leave that to the surgeon to
 10 answer.
 11 Q. What about electroshock wave therapy, was
 12 he a candidate for that during that time frame?
 13 A. No.
 14 Q. If you felt like he was a candidate for
 15 any of those alternative procedures, would you have
 16 voiced your opinion to Dr. Badri?
 17 A. Yes.
 18 Q. Between October 17th and October 20th you
 19 were the physician that was looked to to medically
 20 clear Dewey Jones for the surgery on the 20th; is that
 21 true?
 22 A. Yes.
 23 Q. Was there any other surgeon that had a
 24 joint responsibility with you to medically clear Dewey
 25 Jones for surgery?

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1 MR. WALTERS: YOU said any
 2 other surgeon?
 3 MR. ALLEN: Any other
 4 physician. Thanks.
 5 BY MR. ALLEN:
 6 Q. Any other physician?
 7 MR. JONES: You're not
 8 fishing, are you there? A little Freudian
 9 slip.
 10 MR. ALLEN: A little
 11 Freudian slip, hey.
 12 MR. WALTERS: Any other
 13 physician.
 14 Q. Any other physician?
 15 A. No.
 16 Q. Any of the records that you generated in
 17 that admission on October 17th that you wrote, those
 18 are all accurate? The records are accurate, the ones
 19 that you wrote?
 20 A. Yes.
 21 Q. Did you see any record between the 17th
 22 and the 20th that you considered to be inaccurate or
 23 reflect an untruth that you knew about?
 24 A. No.
 25 Q. Do you rely on the records to communicate

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1 with other physicians?
 2 A. Yes.
 3 Q. Do you rely on nurse contact to
 4 communicate with other physicians?
 5 A. Partly, yes.
 6 Q. Do you rely on any other form of
 7 communication to a physician more so than records or
 8 through nurses?
 9 A. Yes.
 10 Q. What is that?
 11 A. Talking with them.
 12 Q. Now, do you have any independent
 13 recollection of the number of times you spoke with
 14 Dr. Badri between the 17th and the 20th?
 15 A. No.
 16 Q. Would the record reflect the times that
 17 you conferenced with Dr. Badri?
 18 MR. WALTERS: would it or
 19 does it?
 20 BY MR. ALLEN:
 21 Q. Would it, does it?
 22 A. It may not.
 23 Q. But would it reflect it if you did consult
 24 with Dr. Badri?
 25 A. It may not.

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1 Q. You knew Dewey better than any of the
 2 other physicians on this admission; is that a fair
 3 statement?
 4 A. Yes.
 5 Q. You knew he was a nonsmoker?
 6 MR. CASEY: objection.
 7 MR. WALTERS: If you recall.
 8 A. I don't recall about the smoking.
 9 Q. If you took a history from him and he gave
 10 you the indication that he was a nonsmoker, that would
 11 be reflected in the record, true?
 12 MR. CASEY: objection.
 13 That assumes he's telling the truth.
 14 A. True.
 15 Q. And if he told you he was a nondrinker,
 16 that would be reflected in the record, true?
 17 MR. CASEY: Same objection.
 18 MR. WALTERS: I think we'll
 19 agree that whatever history is contained
 20 in the record he likely gave.
 21 MR. ALLEN: Okay.
 22 A. True.
 23 Q. Okay. But my question is, you wouldn't
 24 reflect in the history that you took from Dewey Jones
 25 anything other than what he told you in the history

1 section of your notes?
 2 MR. WALTERS: Objection.
 3 Go ahead, Doctor.
 4 A. Other than what he told me?
 5 Q. Yes. What else would you put in there?
 6 MR. WALTERS: well, let's
 7 look at it because you did a whole
 8 history.
 9 BY MR. ALLEN:
 10 Q. You reviewed your history section?
 11 A. Yes.
 12 Q. What is contained in the history section?
 13 As far as information coming from Dewey Jones, is that
 14 contained in your record?
 15 A. He does not smoke and he does not use
 16 alcohol.
 17 Q. And you got that information from Dewey
 18 Jones?
 19 A. Yes.
 20 Q. Anything else in your history section that
 21 you note besides conversations with the patient?
 22 MR. WALTERS: I don't want to
 23 speak for him, but the record speaks for
 24 itself. I think if you want him to read
 25 it, he'll read it. There's a reference to

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1 a previous hospital admission in there. I
 2 don't want to --
 3 MR. ALLEN: That's what I'm
 4 asking.
 5 BY MR. ALLEN:
 6 Q. Are you relying on the history of Dewey
 7 Jones to tell you about his previous hospitalizations,
 8 or in this case did you go to the previous hospital
 9 records to write your history?
 10 A. I did probably.
 11 Q. You probably went to the previous records
 12 along with talking to the patient?
 13 A. Yes.
 14 Q. Okay. Would you categorize Dewey Jones as
 15 being noncompliant with his medications, his
 16 hypertensive medications?
 17 MR. WALTERS: Object because
 18 I don't know how he could know that, but
 19 go ahead. There's a reference in the
 20 prior record of noncompliance.
 21 A. I can't be sure because I saw him one time
 22 during his last admission. I did not see him as a
 23 follow-up.
 24 Q. If that's noted in his previous records,
 25 would you have a suspicion that he was noncompliant?

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1 MR. WALTERS: Hang on. I
2 just want to make sure he understands what
3 the previous record says in fairness to
4 the doctor.
5 MR. ALLEN: sure.
6 MR. WALTERS: It does not say
7 he was noncompliant other than the patient
8 was admitted to the hospital because of
9 uncontrolled hypertension probably due to
10 noncompliance. I don't know if that means
11 he was or wasn't.
12 BY MR. ALLEN:
13 Q. Would that raise your suspicions that the
14 patient was noncompliant?
15 A. Yes.
16 Q. Would you categorize a patient as
17 noncompliant based upon that?
18 A. It raised my suspicion, but I cannot say
19 that he is noncompliant.
20 Q. When you met with him, you had a previous
21 hospitalization with him, you ordered a test for him to
22 follow up, and he did not follow that test, true?
23 A. What test?
24 Q. You ordered him a sleep apnea test on that
25 previous admission, true?

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1 A. Yes.
2 Q. And he didn't follow up, true?
3 A. True.
4 Q. So based upon that and the previous notes,
5 would you categorize him as noncompliant in your
6 opinion?
7 MR. WALTERS: I'm going to
8 object because he's answered it, but go
9 ahead
10 A. It usually takes about two or three weeks
11 to set up a sleep apnea study. It has to be done by
12 attending physician. So it was only like a month, so I
13 can't say that he's noncompliant.
14 Q. Could have had trouble getting the test
15 set up, that's your reservation as to whether he's
16 noncompliant, true, is that what you're saying?
17 MR. WALTERS: You used the
18 test as an example of noncompliance and he
19 answered it in that
20 A. I can't say that because it takes like two
21 or three weeks to set up a sleep study. So he was in
22 and out of the hospital every month almost.
23 Q. So you can't categorize him as
24 noncompliant based upon failure to follow up on one
25 sleep apnea test --

1 A. The sleep apnea test, yes.
2 Q. True?
3 A. Yes.
4 Q. It's that letting me finish my question
5 thing.
6 A. Okay.
7 Q. Were you aware of Dewey Jones having
8 previous mental health evaluations before the
9 hospitalization of October 14th?
10 A. No.
11 Q. You're aware of his gunshot wounds, were
12 you aware of that, that previously occurred, I guess,
13 in '92?
14 A. Yeah.
15 Q. As you followed this patient you saw him
16 on the 18th of October true? That the first time
17 you saw him in this hospitalization?
18 A. During this hospitalization, yes.
19 Q. And you were aware at that time that he
20 had a history of hypertension and coronary disease?
21 A. No.
22 Q. You weren't aware of that?
23 A. No. That was not a diagnosis.
24 Q. Okay. What was the previous diagnosis?
25 A. Congestive heart failure.

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1 Q. But you never were aware of him being
2 diagnosed with hypertrophic cardiomyopathy?
3 A. No.
4 Q. Were you ever aware that he was diagnosed
5 with hypertension?
6 A. Yes.
7 Q. And in taking effect the 18th of
8 October.
9 A. Yes.
10 Q. Before the 18th of October you were aware
11 that he had a history of a TIA
12 A. Yes.
13 Q. And you were aware in 1993 he presented to
14 a hospital with complaints of chest pain, were you
15 aware of that?
16 MR. WALTERS: what year was
17 that?
18 MR. ALLEN: 1993.
19 A. I can't recall.
20 Q. Were you aware that he had a history of
21 multiple hospitalizations for congestive heart failure
22 between 1987 and 1993?
23 A. Yes.
24 Q. And you're aware before October 18th that
25 he had a history of multiple chest x-rays showing

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1 cardiomegalia?

2 A. Yes.

3 Q. And you were aware before the 18th of

4 October that he had a history of abnormal EKG's?

5 A. What do you mean abnormal EKG?

6 Q. ST to T wave changes.

7 A. Yes.

8 Q. And you were aware that he was on multiple

9 drug therapy for his treatment of hypertension?

10 A. Yes.

11 Q. Now, with those histories that you were

12 aware of, you still felt Dewey was a candidate for

13 laparotomy surgery; is that true?

14 A. For surgery, yes.

15 Q. Now, did you at any time review the

16 echocardiogram report of 6-24-94?

17 MR. WALTERS: Are you talking

18 about August or June? I'm unaware --

19 A. June of '94?

20 Q. My note may be wrong.

21 MR. CASEY: The same thing

22 happened last night. If there is a June

23 of '94 report, I would like it.

24 MR. ALLEN: It may just be

25 my note, I wrote my note wrong. Let me

Page 75

1 just check. It's August.

2 MR. WALTERS: He has it in

3 front of him. He makes reference to it in

4 his note.

5 MR. ALLEN: Thanks.

6 BY MR. ALLEN:

7 Q. You told me earlier that you went off of

8 this echo for your basis for clearing, one of the bases

9 for clearing Dewey for surgery; is that right?

10 A. Yes.

11 Q. And the fact that when you reviewed it on

12 August -- under the conclusion section, this was done

13 by Dr. James Lane. Do you know James Lane?

14 A. Yes, I do.

15 Q. He's a cardiologist?

16 A. Yes.

17 Q. Do you feel he's a good cardiologist?

18 A. Yes.

19 Q. Now, the conclusions state that this

20 technically difficult echo. Why is it a technically

21 difficult echo, if you know?

22 A. Because he's overweight.

23 Q. Poor echo window. Why would that be?

24 A. Because of his weight.

25 Q. And I think his conclusion was that the

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1 usual measurements could not be made, number three. Is

2 that what it says?

3 MR. WALTERS: That's what it

4 says, we'll agree.

5 BY MR. ALLEN:

6 Q. So you felt, number four, it states --

7 question number 4 it says, an increased right

8 ventricular size.

9 A. Yes.

10 Q. Number five is a significant left

11 ventricular dysfunction; did I read it right?

12 A. Yes.

13 MR. WALTERS: It says

14 ventricular dysfunction.

15 Q. Number six says, paradoxical septal wall

16 motion, correct?

17 A. Yes.

18 Q. So based on one through six you felt

19 comfortable that this patient in October of 1994 could

20 undergo surgery without a cardiology consult?

21 A. Yes.

22 Q. Now, did you have a chance to review the

23 echo that was dictated 10-22-94 and typed 10-24-94?

24 A. No.

25 MR. WALTERS: Do you mean at

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1 that time or since that time?

2 MR. ALLEN: At the time of

3 the hospitalization.

4 MR. WALTERS: NO.

5 BY MR. ALLEN:

6 Q. You didn't review this one?

7 A. No.

8 Q. What echo did you review -- scratch.

9 Did you not review it after Dewey had

10 his operation?

11 A. After?

12 Q. Yeah.

13 A. No.

14 Q. You were relying on a cardiologist at that

15 point to review the echocardiogram?

16 A. I was relying on the previous echo.

17 Q. After Dewey's operation did you follow him

18 in the hospital?

19 A. Yes.

20 Q. In what capacity did you follow Dewey?

21 A. Internal medicine.

22 Q. And what was your job after Dewey's

23 surgery as far as internal medicine, what were you

24 looking at? Overall well being?

25 A. --

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1 Q. You weren't specifically looking at cardio
 2 function or pulmonary function, you had other
 3 specialists doing that, right?
 4 A. Overall?
 5 Q. Just overall.
 6 A. Yes.
 7 Q. Okay. I want to -- did you review -- on
 8 10-18 did you review the ER doctor's note before you
 9 met with Dewey Jones?
 10 A. Yes.
 11 Q. Did you feel that he was given an adequate
 12 assessment of Dewey Jones' condition at that point?
 13 MR. WALTERS: who?
 14 BY MR. ALLEN:
 15 Q. You can go to it and look at it now to
 16 refresh your memory.
 17 MR. WALTERS: Was the ER
 18 doctor given an adequate assessment?
 19 MR. ALLEN: Yes.
 20 MR. WALTERS: By who?
 21 Q. When he assessed Dewey Jones, did you feel
 22 like that was an adequate assessment of his present
 23 condition? You read that note --
 24 MR. WALTERS: I just want to
 25 be clear. You said was he given an

1 assessment on the ER form?
 2 MR. ALLEN: Sure.
 3 MR. WALTERS: He's referring
 4 to the assessment where it says --
 5 MR. ALLEN: well, no.
 6 Excuse me, strike it.
 7 BY MR. ALLEN:
 8 Q. That ER form, you reviewed that before you
 9 saw Dewey Jones on 10-18, true?
 10 A. Yes.
 11 Q. Did you feel that that was a reliable note
 12 in which you could base an opinion as to Dewey's
 13 condition on that date, the date of the ER assessment?
 14 MR. WALTERS: I'll object
 15 because he stated a number of other things
 16 he's done. I don't think he relied on
 17 that in and of itself.
 18 Q. Now, when you saw Dewey on 10-18 did you
 19 have any questions or any reservations that surgery on
 20 this man would be risky?
 21 A. Yes.
 22 MR. WALTERS: objection.
 23 Q. What were they?
 24 A. Because he has significant left
 25 ventricular dysfunction.

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1 adequate assessment, and I assumed you
 2 meant the ER doctor, and now I'm trying to
 3 think you're asking was the assessment the
 4 ER doctor gave an adequate one.
 5 MR. ALLEN: Sure.
 6 MR. WALTERS: Is that the
 7 question?
 8 MR. ALLEN: Sure. As he
 9 reviewed the note.
 10 BY MR. ALLEN:
 11 Q. When you looked at the note did you feel
 12 like the assessment given by the ER doctor was
 13 adequate?
 14 MR. WALTERS: Let's get to
 15 it. Hang on. Give us a chance. There's
 16 no race here.
 17 Do you need to take a break or
 18 anything?
 19 THE WITNESS: No.
 20 MR. WALTERS: Show my
 21 objection to the form of the question as
 22 to whether or not the assessment was
 23 adequate because I'm not sure what
 24 adequate means. Are you referring
 25 specifically, sir, to the part that says

1 Q. Anything else?
 2 A. And severe hypertension.
 3 Q. Anything else?
 4 A. Obesity. That's it.
 5 Q. Now, you didn't second guess the diagnosis
 6 of cholecystitis by Dr. Badri?
 7 A. No.
 8 Q. What was your diagnosis before the
 9 operation? Did you make a separate diagnosis of
 10 Dewey's gallbladder condition?
 11 A. Acute cholecystitis.
 12 Q. And you felt confident in that diagnosis?
 13 A. Yes.
 14 Q. This laparotomy that Dewey went in for,
 15 that was an elective laparotomy?
 16 A. Yes.
 17 Q. Do you feel like you had an adequate time
 18 to assess Dewey's condition between 10-18 and the
 19 surgery?
 20 A. Yes.
 21 Q. Do you feel like you had at your disposal
 22 all resources that you needed to evaluate Dewey's
 23 condition?
 24 A. Yes.
 25 Q. Did you categorize Dewey Jones as morbidly

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1 obese?

2 A. Yes.

3 Q. Before the operation?

4 A. Yes.

5 Q. As a consulting physician generally, you

6 can call in other consults to give you opinions?

7 A. Yes.

8 Q. Have you ever worked with Dr. Badri

9 before?

10 A. Yes.

11 Q. Is that frequently have you worked with

12 Dr. Badri?

13 A. Yes.

14 Q. How many times a week do you work with

15 Dr. Badri?

16 A. Not how many times.

17 Q. More than once a week or is that frequent?

18 A. Maybe two or three times in the past

19 before the surgery.

20 Q. Total?

21 A. Yes.

22 Q. Two or three times before the surgery.

23 Now, Dr. Badri was the admitting

24 physician, right?

25 A. Yes.

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1 Q. Was he the physician that was in charge of

2 this hospital stay up until the surgery?

3 A. Yes.

4 Q. And now, did you ever think about

5 consulting Dr. Azim, the previous doctor of Dewey

6 Jones, when you medically assessed him?

7 A. Which Dr. Azim?

8 Q. Dr. Azim was a previous doctor that had

9 hospitalized Dewey on numerous occasions and had

10 actually followed Dewey in his office. Were you aware

11 of him?

12 A. Is he the internist, Azim?

13 Q. M-hm.

14 A. I'm aware of him.

15 Q. Were you aware of the fact that he had

16 followed Dewey Jones -- were you aware that Dr. Azim

17 had followed Dewey Jones in the past?

18 A. In the past, yes.

19 Q. Did you consider calling Dr. Azim to get

20 his opinion as to whether Dewey Jones could be

21 medically stable up for this surgery?

22 A. No.

23 Q. Why not?

24 A. I have seen him in the past admission.

25 Q. Seen Dewey before?

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1 A. Right.

2 Q. Felt you knew him adequately?

3 A. Yes.

4 Q. And you knew his history adequately

5 enough?

6 A. Yes.

7 MR. WALTERS: Off the record

8 for a second.

9 (Thereupon, there was a discussion off the

10 record.)

11 (Thereupon, there was a brief recess.)

12 MR. LANDSKRONER: Charles, before

13 you go on the record, I just want to put

14 on the record that Susan Reinker was

15 noticed of the deposition and is aware of

16 it on behalf of Dr. Adamek and she's not

17 here today.

18 BY MR. ALLEN:

19 Q. Are you aware or do you have in front of

20 you, Doctor, your 18th of September admission of Dewey

21 Jones? I just want to turn attention to that

22 direction.

23 MR. WALTERS: Is there

24 something specifically you want to refer

25 to?

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1 MR. ALLEN: Yeah, I just

2 want him to get in front of it.

3 MR. WALTERS: He's got it.

4 MR. ALLEN: Just so he can

5 go to it if he needs to.

6 BY MR. ALLEN:

7 Q. On that admission he came in with

8 complaints of what, Doctor?

9 A. Dizziness and headache.

10 Q. You had him worked up for what?

11 A. Worked up?

12 Q. Yeah. You assessed him as what,

13 congestive heart failure?

14 MR. CASEY: Are we talking

15 about the September admission?

16 MR. ALLEN: Yeah.

17 Q. What was your admitting diagnosis?

18 A. Uncontrolled hypertension.

19 Q. What was your final diagnosis?

20 A. Uncontrolled hypertension.

21 Q. He was there for one day?

22 A. Yes.

23 Q. What was the idea behind him being there

24 for one day?

25 A. To control his blood pressure.

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1 Q. And you felt like he did that on
2 discharge?
3 A. Yes.
4 Q. So in that one-day hospitalization you saw
5 him how many times?
6 A. Twice.
7 Q. And what tests did you run on him?
8 A. Urine for tox screen and nutritional
9 consult.
10 MR. WALTERS: You're talking
11 about Dr. Ho? There's five pages of
12 orders.
13 BY MR. ALLEN:
14 Q. That's what you ordered for him, right?
15 A. Yes.
16 Q. What consults did you obtain from that?
17 A. I did not. Nutritional consult.
18 Q. What was the attempt -- the nutritional
19 consult was to concentrate on his hypertension?
20 A. No, obesity.
21 Q. Obesity, okay. Are you aware of his
22 September 3 hospitalization?
23 MR. WALTERS: Is he aware now
24 or was he aware at the time?
25 ///

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1 BY MR. ALLEN:
2 Q. Were you aware at the time of admission,
3 October 8?
4 A. Probably, yes.
5 Q. In October you were aware of the September
6 hospitalization; is that right?
7 A. Yes, that is in September.
8 Q. September 3 hospitalization?
9 A. Yes.
10 Q. You were aware of that at the time that
11 you were evaluating --
12 MR. WALTERS: Let's back up
13 as to time. Let's check the dates here
14 because I don't want this to be confused.
15 This is a September 18 to September 20th,
16 and I think he's asking are you aware of a
17 September 3, 1994 hospitalization.
18 A. I may have, yes; I don't know.
19 Q. Were you aware that an ultrasound was done
20 on the gallbladder during that September 3
21 hospitalization that gave a description of
22 cholelithiasis?
23 A. I don't remember.
24 Q. Do you remember whether you reviewed that
25 ultrasound when you medically cleared Dewey for

1 surgery?
2 A. I usually go back and look at the old
3 records, so I may be aware.
4 MR. WALTERS: I don't think
5 he was hospitalized at Meridia on
6 September 3rd.
7 MR. MEADOWS: why don't you
8 clarify which hospital.
9 MR. WALTERS: We don't know
10 where he was hospitalized. We got a box
11 of records delivered to our office. I'm
12 not sure whether they're in there or not.
13 I'm not saying one way or the other.
14 But we asked in interrogatories
15 specifically for prior hospitalizations.
16 Those were not provided, other than some
17 list of treaters, and we were not provided
18 all of the information that we would
19 expect in the interrogatory, but so be
20 it. If there's additional information,
21 there's additional information.
22 A. I'm not sure.
23 MR. WALTERS: That's fine.
24 BY MR. ALLEN:
25 Q. You're not sure whether you reviewed that

1 in October?
2 A. Right.
3 Q. Okay. Would you have in your workup have
4 a reason to do an ultrasound of the gallbladder on
5 October 18th, would you have reason to order an
6 ultrasound on the gallbladder?
7 A. Gallbladder, no.
8 Q. Do you feel competent that you can read
9 ultrasounds to the gallbladder and give diagnoses as to
10 whether there's cholelithiasis or cholecystitis?
11 A. No.
12 Q. Now, in your opinion --
13 MR. ALLEN: we're moving
14 right along, guys. Even though I'm not
15 talking, we're moving right along.
16 MR. CASEY: AS long as you
17 keep flipping those pages.
18 MR. MEADOWS: He's got about
19 a hundred to flip.
20 (Thereupon, there was a discussion off the
21 record.)
22 BY MR. ALLEN:
23 Q. Did you order any antihypertensive
24 medications to Dewey Jones in October, the
25 hospitalization of October 17th?

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1 A. Yes.
 2 Q. What antihypertensive medications did you
 3 order?
 4 A. Minoxidil.
 5 Q. What else did you order, anything else?
 6 MR. WALTERS: Let's take a
 7 look. Let's make sure. You're talking
 8 about additional medications beyond what
 9 he was taking at the time of arrival?
 10 MR. ALLEN: Yes,
 11 additional.
 12 A. Minoxidil.
 13 Q. That's the only additional medication?
 14 [REDACTED]
 15 Q. Did you take him off the antihypertension
 16 medication at any point before 10-20, did you order it
 17 to be, to cease?
 18 A. Antihypertensive?
 19 Q. Yes, medication.
 20 A. No.
 21 Q. During the time that you saw Dewey in
 22 October, do you have residents that follow you around
 23 that you teach?
 24 A. No.
 25 Q. Do you have any association with residents

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1 at all?
 2 A. Yes.
 3 Q. But none -- during this occasion you
 4 didn't have that?
 5 A. No.
 6 Q. Just tell me what your association is with
 7 the residents at Huron.
 8 A. I'm a staff member. I do teaching rounds.
 9 I did once in '94, teaching rounds.
 10 Q. Now, the last time you saw Dewey was
 11 October 19th when you cleared him for surgery. Did you
 12 have any plans to go back and see Dewey right before
 13 surgery on the 20th?
 14 A. No.
 15 Q. No?
 16 A. No.
 17 Q. Would you have been relying on Dr. Badri
 18 to call you in if he felt like you needed to see him
 19 again?
 20 A. Yes.
 21 Q. If you independently wanted to see Dewey
 22 before surgery, could you have done it?
 23 A. Before the surgery?
 24 Q. Yes, right the morning of the surgery.
 25 A. Yes.

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1 Q. If you were concerned with whether or not
 2 Dewey would be stable between 10-19 and the morning of
 3 surgery, you would have gone in and consulted again,
 4 correct?
 5 MR. WALTERS: Objection.
 6 A. Yes.
 7 Q. So you're not aware of any of the
 8 occurrences on the evening of October 19th and the
 9 morning of October 20th before Dewey's surgery that are
 10 reflected in the nurse's notes?
 11 MR. WALTERS: Was he aware at
 12 the time of is he aware now?
 13 BY MR. WALTERS:
 14 Q. Were you aware at the time before surgery
 15 of anything that occurred?
 16 A. No.
 17 Q. Were you involved in Dewey's resuscitation
 18 postoperatively?
 19 A. No.
 20 Q. When is the next time you saw Dewey after
 21 the operation?
 22 A. I believe on the 20th.
 23 MR. WALTERS: He said 10-20.
 24 MR. ALLEN: I'm sorry.
 25 ///

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1 BY MR. ALLEN:
 2 Q. 10-20 at what time?
 3 A. As soon as he was wheeled into the
 4 intensive care.
 5 Q. What time was that?
 6 A. Around about afternoon.
 7 MR. CASEY: Steve, if you
 8 go to the anesthesia records you'll see
 9 what time he was transferred to ICU.
 10 Q. So it would have been right when he was
 11 transferred into ICE?
 12 A. --
 13 Q. Within minutes or so; is that true?
 14 A. Yes.
 15 Q. Were you called in, were you paged in to
 16 come see him?
 17 A. Yes.
 18 Q. What were you asked to do at that point
 19 for Dewey?
 20 A. Nothing.
 21 Q. Nothing?
 22 A. They notified me that he arrested.
 23 Q. And you went to see him?
 24 A. Yes, see him.
 25 Q. All right. And you went on your own

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1 accord, on your own doing?
 2 A. Yes.
 3 Q. Dr. Badri didn't call you or anybody else?
 4 A. The surgical resident called.
 5 Q. And when you came in, did you assess
 6 Dewey's condition at the time?
 7 A. Yes.
 8 Q. what was your opinion on that initial
 9 assessment of what was going on with Dewey?
 10 A. That he had pulmonary edema.
 11 Q. Was it your initial assessment that the
 12 pulmonary edema --
 13 A. Based on chest x-ray.
 14 Q. Based on chest x-ray. Was it your opinion
 15 that the pulmonary edema caused him to code and have to
 16 be resuscitated?
 17 MR. WALTERS: objection.
 18 A. At that time?
 19 Q. M-hm.
 20 A. Yes.
 21 Q. Has your opinion changed since that time?
 22 A. Yes.
 23 Q. Is it your opinion as to what caused him
 24 to code?
 25 A. I don't know because they had a cardiac,

1 congestive heart failure within the last six months of
 2 surgery, isn't it?
 3 A. No.
 4 Q. It's a known complication of sleep apnea
 5 and surgery, isn't it?
 6 A. No.
 7 Q. What is ARDS a known complication of?
 8 A. Sepsis, shock, postcardiac arrest.
 9 Q. Is ARDS a known complication of a morbidly
 10 obese patient?
 11 A. No.
 12 Q. So is it your opinion that sepsis created
 13 the pulmonary or arterial, the ARDS?
 14 A. I don't know.
 15 Q. Do you have any opinion --
 16 A. My opinion is that --
 17 MR. WALTERS: objection. He
 18 just said he doesn't know.
 19 Doctor, I don't want you to guess. If
 20 you don't know, don't let him push you
 21 into an opinion.
 22 BY MR. ALLEN:
 23 Q. I'm not trying to push you anywhere. I'm
 24 just trying to find out what you know, Doc.
 25 MR. WALTERS: He answered he

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1 I'm sorry, pulmonary catheter inserted then. It was
 2 consistent more with ARDS.
 3 Q. So ARDS is more consistent with your
 4 belief today?
 5 A. Yes.
 6 Q. Tell me what your definition of adult
 7 respiratory distress syndrome is.
 8 A. Where the pulmonary arterial tension goes
 9 up, elevated.
 10 Q. Elevated pulmonary arterial tension?
 11 A. Tension.
 12 Q. Above what?
 13 A.
 14 Q. What else?
 15 A. Decreased peripheral resistance.
 16 Q. Periphery?
 17 A. Peripheral blood pressure resistance.
 18 Q. Okay.
 19 A. And increased. Basically those two.
 20 Q. How did he develop ARDS?
 21 A. I don't know.
 22 Q. ARDS is a known complication of
 23 hypertension and surgery?
 24 A. No.
 25 Q. It's a known complication of history of

1 doesn't know.
 2 MR. ALLEN: All right.
 3 BY MR. ALLEN:
 4 Q. Tell me what you'd expect to see in a CBC
 5 of a patient with known sepsis.
 6 A. Maybe low or high.
 7 Q. WBC?
 8 A. Yes.
 9 Q. WBC over what?
 10 A. It may be high, it may be low. Sepsis is
 11 not based on white count, white cell count.
 12 Q. 'what else could you have?
 13 A. For sepsis?
 14 Q. Yes.
 15 A. Fever.
 16 Q. 'what are you looking at, a fever of
 17 greater than 102?
 18 A. Maybe hypothermia, you can even have a low
 19 fever.
 20 Q. Below 98.6?
 21 A. .6, or hyper.
 22 Q. Over 102 as you defined earlier?
 23 A. Yes.
 24 Q. 'what else?

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1 Q. And we're talking a blood pressure below
2 what?
3 A. **Ninety systolic.**
4 Q. Diastolic?
5 A. **Below 60.**
6 Q. What else are you looking at?
7 A. **Blood cultures, positive blood cultures,**
8 **if there is a source of infection.**
9 Q. And usually sepsis is caused by a source
10 of infection, true?
11 A. **Yes.**
12 Q. What else?
13 A. **Infection basically, yes.**
14 Q. Now, on the WBC would you expect to see
15 any other unusual counts? Say, thrombocytopenia, would
16 you expect to see that with sepsis?
17 A. **It could be high, it could be low. It**
18 **could be reactive thrombocytosis where your platelet**
19 **count goes up, or you can have a consumption of**
20 **platelet count, so it could be low, too.**
21 Q. What is your definition of
22 thrombocytopenia, platelet count below what?
23 A. **140,000.**
24 Q. What is your definition of a high white
25 blood cell count?

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1 A. **Depending on the lab, 10.8,000.**
2 Q. You look at the lab, and if the lab said
3 it was high --
4 A. **The value, yes.**
5 Q. You would agree with that?
6 A. **Yes.**
7 **(Thereupon, there was a brief recess.)**
8 BY MR. ALLEN:
9 Q. Doctor, did you ever review the path
10 report in this case on the gallbladder?
11 A. **Yes.**
12 Q. Do you have an opinion as to whether that
13 is consistent with cholecystitis?
14 MR. WALTERS: objection.
15 Go ahead, Doctor, if you know.
16 A. **Your question was?**
17 Q. Is that in your opinion consistent with
18 cholecystitis?
19 MR. WALTERS: I just want to
20 make sure because the pathologist seems to
21 indicate it is. You're asking whether the
22 gross description is consistent with it,
23 because if you just look at the path
24 report, it's obviously consistent because
25 he makes the same diagnosis both pre-op

1 and post-op. The question becomes, I
2 guess, is the gross description consistent
3 with --
4 MR. ALLEN: Yes.
5 MR. WALTERS: -- acute
6 cholecystitis.
7 BY MR. ALLEN:
8 Q. How about if I just ask this if you don't
9 mind. Do you disagree with the path report?
10 A. **No.**
11 Q. What about the fact that -- scratch.
12 Were you involved in the consent that
13 was signed for Dewey to have a laparotomy or a
14 laparoscopic --
15 A. **No.**
16 Q. Did you ever have a discussion with
17 Dr. Badri as to the surgical approaches?
18 A. **No.**
19 Q. Have you ever cleared a patient for
20 gallbladder surgery before that has subsequently died
21 as a result of the surgery?
22 A. **No.**
23 Q. Have you ever medically cleared a patient
24 for gallbladder surgery, other than Dewey Jones, that
25 has subsequently went into a coma after gallbladder

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1 surgery?
2 A. **No.**
3 Q. Have you ever had a patient that you would
4 categorize as similar to Dewey Jones?
5 A. **No.**
6 Q. Did you ever have any conversations with
7 the family of Dewey Jones during this hospitalization?
8 A. **Yes.**
9 Q. When was the first time that you spoke
10 with any member of Dewey's family?
11 A. **After he was in the intensive care unit.**
12 Q. That was the first time?
13 A. **Yes.**
14 Q. What was the basis of that conversation?
15 A. **The lady was there; she was there in the**
16 **room when I went in to evaluate him.**
17 Q. The lady being his mama?
18 A. **I believe so, yes.**
19 Q. Anybody else that you saw in the room and
20 had conversations with at that time?
21 A. **No. I don't recall.**
22 Q. I'm sorry, did you say that you recall the
23 conversation?
24 A. **I do not recall.**
25 Q. Okay. How did you communicate your

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1 findings to Dr. Badri as far as medically clearing
2 Dewey?

3 ~~A. Through the surgical resident and through~~
4 ~~the note.~~

5 Q. Now, you order on the 18th the 2-D
6 echocardiogram, right?

7 MR. WALTERS: objection. He
8 didn't order it.

9 A. No, I did not.

10 Q. You didn't. This is not your order on the
11 8th.

12 A. No.

13 Q. Whose order was that?

14 A. Probably the surgical resident.

15 Q. What does it say?

16 A. 2-D echo as soon as possible. Evaluate
17 left ventricle function.

18 Q. And who was the resident that signed that?

19 A. I can't read the signature.

20 Q. Would you know who ordered that?

21 A. No, I would not.

22 Q. Would you have been following to make sure
23 that the echo was performed, would that have been your
24 job?

25 A. No.

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1 Q. Would that have been the job of whoever
2 was overseeing the surgical resident? That would have
3 been the job of whoever was overseeing the surgical
4 resident?

5 MR. WALTERS: Assuming it is
6 a surgical resident, I guess.

7 A. Yes.

8 Q. That would have been Dr. Badri, assuming
9 that a surgical resident wrote that, correct?

10 A. Yes.

11 MR. ALLEN: Let's take
12 about two minutes to double-check.
13 (Thereupon, there was a brief recess.)

14 BY MR. ALLEN:

15 Q. Before this deposition did you do a
16 literature search in preparation for the deposition?

17 A. I always try and keep up-to-date with the
18 literature.

19 MR. WALTERS: He's talking
20 about --

21 A. Not for the deposition, no.

22 Q. Did you independently do a literature
23 search before you undertook the care of Dewey Jones in
24 October specifically for Dewey Jones?

25 A. No.

1 Q. And now -- I just wanted to verify that
2 you had a cardiologist available to consult if you
3 wanted one?

4 A. Yes.

5 Q. If I could turn to your -- I can show you
6 this note, but it's the only copy I've got. It's in
7 the progress notes dated 9-19.

8 MR. WALTERS: 9-19?

9 MR. ALLEN: 9-19.

10 MR. WALTERS: Can I see the
11 top of it?

12 MR. ALLEN: Yes, it's right
13 here (indicating), it's 9-19.

14 BY MR. ALLEN:

15 Q. This note, Doctor, what date does that
16 note start at, Doctor?

17 A. The 19th.

18 Q. That note is in your handwriting, correct?

19 A. Yes.

20 Q. Okay. On the second page of that note it
21 says, if you could read the top of it from continued
22 and the next word is plan. If you could just read that
23 to me.

24 A. To control blood pressure with Procardia,
25 Capitan, and will discuss with Dr. Azim, cardiology

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1 who is following patient regarding ENT consult.

2 Q. Go ahead, continue.

3 A. Trial of C-pap at night and perhaps workup
4 for pheochromocytoma.

5 Q. So based upon that note, you had had
6 previous conversations with Dr. Azim?

7 A. No.

8 Q. Do you know if you discussed with him the
9 care of Dewey Jones after that?

10 A. No.

11 MR. WALTERS: Do you recall?

12 A. I don't know.

13 Q. Your plan at that point was to discuss the
14 care of Dewey Jones with Azim?

15 A. Yes, to have an ENT consult.

16 Q. So you knew Dr. Azim enough to figure out
17 that you wanted to possibly talk with him, true?

18 A. True.

19 MR. ALLEN: Thank you, sir.
20 I appreciate your time.

21 MR. WALTERS: These other
22 guys may have questions for you, Doctor.
23 I don't know if anybody -- anybody?

24 MR. JONES: No.

25 MR. WALTERS: We will not

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1 waive anything.

2 ---

3 (DEPOSITION CONCLUDED)

4 ---

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WINSTON HO, M.D. (Date)

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1 STATE OF OHIO,)

2 COUNTY OF CUYAHOGA.) SS:

CERTIFICATE

3 I, LAUREN I ZIGMONT-MILLER, Registered

4 Professional Reporter and Notary Public within and for

5 the State of ~~Ohio~~, duly commissioned and qualified, do

6 hereby certify that the within-named witness, WMSTON

7 HO, M.D., ~~was~~ by me first duly sworn to tell the truth,

8 the whole truth and nothing but the truth in the cause

9 aforesaid; that the testimony then given by him was

10 reduced to stenotypy in the presence of said witness,

11 and afterwards transcribed by me through the process of

12 computer-aided transcription, and that the foregoing is

13 a true and correct transcript of the testimony ~~so~~ given

14 by him as aforesaid.

15 I do further certify that this deposition was

16 taken at the time and place in the foregoing caption

17 specified.

18 I do further certify that I am not a relative,

19 employee or attorney of either party, or otherwise

20 interested in the event of this action.

21 IN WITNESS WHEREOF, I have hereunto set my hand

22 and affixed my seal of office at Cleveland, Ohio, on

23 this 19th day of February 1997.

24

Lauren I. Zigmont-Miller, RPR and Notary
Notary Public in and for the State of Ohio.

25

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1:41:14	1:74:15	1:76:22	school [8]			1:81:2		
1:77:6	1:77:8	1:77:9	1:5:23	1:5:25	1:6:1	sex [2]		
1:77:15	1:78:7	1:78:8	1:6:4	1:6:5	1:10:24	1:54:8	1:61:19	
1:99:9			1:10:25	1:11:1		shared [3]		
reviewed [14]			scratch [7]			1:12:24	1:12:25	1:13:1
1:17:8	1:18:12	1:35:7	1:22:12	1:32:21	1:37:5	shock [1]		
1:35:22	1:36:5	1:36:12	1:38:17	1:40:2	1:77:8	1:96:8		
1:43:1	1:44:20	1:68:10	1:100:11			shorten [1]		
1:75:11	1:79:9	1:80:8	screen [1]			1:31:20		
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1:8:6	1:24:18	1:33:19	1:68:1	1:68:10	1:68:12	1:102:19		
1:39:7	1:40:4	1:40:8	1:68:20	1:75:12		signed [2]		
1:40:13	1:42:3	1:44:6	see [40]			1:100:13	1:102:18	
1:44:22	1:52:3	1:53:25	1:7:9	1:25:8	1:25:25	significant [2]		
1:56:20	1:58:12	1:58:18	1:26:2	1:26:3	1:26:19	1:76:10	1:80:24	
1:59:19	1:59:22	1:63:17	1:32:12	1:36:18	1:36:21	signs [1]		
1:75:9	1:76:7	1:76:11	1:36:24	1:39:5	1:40:14	1:43:23		
1:78:3	1:82:24	1:84:1	1:44:4	1:51:20	1:56:15	similar [1]		
1:86:14	1:87:6	1:89:2	1:56:22	1:57:5	1:57:18	1:101:4		
1:89:14	1:89:15	1:91:12	1:58:2	1:58:17	1:58:24	sit [1]		
1:91:24	1:93:10	1:93:25	1:59:3	1:59:19	1:59:22	1:42:4		
1:97:2	1:102:6	1:104:12	1:59:24	1:60:7	1:60:10	situation [2]		
risk [14]			1:65:21	1:69:22	1:91:12	1:49:13	1:50:5	
1:28:9	1:28:13	1:46:14	1:91:18	1:91:21	1:93:8	six [19]		
1:46:25	1:47:3	1:47:8	1:93:16	1:93:23	1:93:24	1:7:19	1:9:15	1:11:2
1:47:11	1:47:13	1:47:18	1:97:4	1:98:14	1:98:16	1:11:3	1:13:16	1:25:14
1:47:24	1:53:16	1:53:17	1:104:10			1:25:15	1:48:11	1:49:5
1:55:23	1:56:2		seeing [2]			1:50:2	1:50:10	1:51:2
risks [1]			1:24:18	1:24:21		1:51:9	1:52:7	1:52:8
1:48:22			seminars [1]			1:52:24	1:76:15	1:76:18
risky [1]			1:26:23			1:96:1		
1:80:20			sensation [2]			size [4]		
room [7]			1:61:21	1:61:22		1:23:17	1:24:12	1:24:15
1:5:6	1:5:10	1:23:11	sense [1]			1:76:8		
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	1:27:14	1:28:14	1:29:7	1:38:15	1:39:2	1:40:22	surgeon's [1]		
	1:29:16	1:29:24	1:30:1	1:40:25	1:41:3	1:43:9	1:63:10		
	1:30:6	1:30:7	1:30:11	1:83:21	1:92:2		surgery [75]		
	1:30:22	1:31:1	1:31:19	staff [4]	1:12:25	1:13:1	1:14:1	1:22:4	1:28:9
	1:43:21	1:43:24	1:44:2		1:91:8			1:34:23	1:35:23
	1:44:9	1:44:16	1:56:5	start [3]				1:36:2	1:36:6
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	1:71:25	1:72:1	1:96:4	state [6]				1:41:11	1:41:15
sleepiness [1]				1:1:1	1:1:20	1:75:19		1:42:8	1:42:18
1:28:1				1:107:1	1:107:5	1:107:25		1:43:13	1:43:14
slip [2]				statement [1]				1:44:22	1:45:25
1:65:9	1:65:11			1:67:3				1:46:15	1:46:18
smoke [1]				states [1]				1:47:12	1:47:20
1:68:15				1:76:6				1:47:22	1:48:5
smoking [1]				stating [1]				1:49:6	1:50:12
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snoring [1]				stay [1]				1:53:18	1:53:21
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softly [1]				stayed [3]				1:64:8	1:64:20
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sometimes [1]				stenotypy [1]				1:76:20	1:77:23
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sorry [7]				steve [3]				1:91:23	1:91:24
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1:45:21	1:92:24	1:95:1		still [1]				1:96:2	1:96:5
1:101:22				1:74:12				1:100:21	1:100:24
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1:78:1	1:79:25	1:84:24		study [6]				1:27:16	
1:88:15	1:103:24			1:9:13	1:44:11	1:44:12		symptomatic [1]	
specified [2]				1:47:6	1:71:11	1:71:21		1:60:18	
1:45:7	1:107:17			subsequently [2]				symptoms [4]	
speeding [1]				1:100:20	1:100:25			1:26:10	1:27:18
1:17:6				subspecialize [1]				1:58:20	1:58:16
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spoke [3]				1:12:9	1:16:15			1:29:24	1:30:2
1:10:23	1:66:13	1:101:9		suggesting [1]				1:31:1	1:31:19
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square [2]				1:12:11	1:18:21			1:34:23	1:35:3
1:1:22	1:2:7			suite [3]				1:38:6	1:40:19
stability [2]				1:1:22	1:2:7	1:2:10		systems [2]	
1:42:15	1:43:12			surgeon [9]				1:37:8	1:38:3
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				1:26:14	1:62:5	1:62:17		1:98:3	
								takes [2]	
								1:71:10	1:71:20
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teach [1]	1:63:14	1:63:24	1:63:25	1:15:1 1:103:17
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teaching [2]	1:102:3	1:107:11		1:79:2 1:96:23 1:96:24
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telling [1]	1:17:6			1:2:9
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temp [2]	1:15:15 1:25:19 1:28:19			1:95:13
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ten [8]	1:82:14 1:82:16 1:82:18			1:10:11 1:10:12 1:10:15
1:23:19 1:25:1 1:28:21	1:82:22 1:86:5			1:10:16 1:10:17 1:22:1
1:28:21 1:52:7 1:52:8	today [7]			1:24:21 1:32:15 1:42:13
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tendency [4]	1:18:10 1:42:4 1:84:17			1:52:11 1:52:21 1:58:7
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tension [6]	1:9:14 1:67:9 1:67:24			typical [1]
1:33:16 1:33:21 1:34:16	top [2]			1:27:11
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1:35:5 1:35:6 1:35:8	1:107:12			1:56:9 1:70:9 1:85:18
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thank [1]	treat [1]			1:1:17 1:4:3 1:34:12
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therapies [1]	treating [2]			undergraduate [1]
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they've [1]	1:71:14			1:19:3
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three [20]	1:42:10 1:47:5 1:50:23			1:101:11
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1:12:4 1:12:5 1:12:8	1:54:16 1:55:23 1:57:15			1:65:23
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1:24:22 1:32:11 1:38:22	1:67:11 1:67:14 1:67:16			1:27:9 1:27:10 1:32:16
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1:82:18 1:82:22	1:72:2 1:72:16 1:72:20			1:103:17
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using [1]	1:70:1	1:70:6	1:71:7	1:58:13
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usual [1]	1:75:2	1:76:3	1:76:13	1:82:8 1:82:11 1:85:10
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usually [6]	1:78:17	1:78:20	1:78:24	workup [2]
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value [1]	1:84:7	1:84:23	1:85:3	1:59:13
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varies [1]	1:92:13	1:92:23	1:94:17	1:69:9
1:57:1	1:96:17	1:96:25	1:99:14	written [5]
ventricle [1]	1:99:19	1:100:5	1:102:7	1:10:18 1:10:19 1:14:17
1:102:17	1:103:5	1:103:19	1:104:8	1:14:19 1:14:20
ventricular [4]	1:104:10	1:105:11	1:105:21	wrong [2]
1:76:8 1:76:11 1:76:14	1:105:25			1:74:20 1:74:25
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verify [1]	1:97:7	1:97:9 1:98:14		1:65:17 1:65:19 1:74:25
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voiced [1]	1:61:18			1:19:17 1:40:14 1:73:25
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vomiting [2]	1:61:19	1:75:24		1:8:9 1:9:4 1:9:13
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waive [1]	1:11:12	1:11:15 1:11:17		1:23:21 1:23:21 1:32:11
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walters [142]	1:56:18	1:97:11 1:97:11		1:11:2 1:11:3 1:12:4
1:2:16 1:3:12 1:4:9	1:98:24			1:12:5 1:12:8 1:12:13
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1:29:19 1:30:5 1:30:15	1:1:13	1:1:16 1:2:15		
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1:47:10 1:48:18 1:49:7	1:54:8 1:54:8 1:59:16			
1:49:14 1:50:6 1:50:11	1:76:20			
1:51:3 1:51:11 1:51:24	witness [8]	1:12:11 1:29:2 1:56:11		
1:52:1 1:52:13 1:53:20	1:12:11	1:29:2 1:56:11		
1:53:25 1:54:3 1:54:6	1:59:23 1:79:19 1:107:6			
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