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ac 7 C	tephan Germanoff,) dministrator of the Estate of) onnie Sue Germanoff,)			6	BY MR. KREMER	71- 6	
8	Plaintiff, ')			7	BY MR. KREMER	78-18	
9) Case No. CV014	475		8	BY MR. KREMER	79-22	
	ultman Hospital, et al.,)			9	BY MS. PETRELLO	86-22	
11	Defendants.)			10	BY MR. KAMPINSKI	9341	
12				11	BY MS. PETRELLO	99- 9	
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14	Deposition of Alan Kamen, M.D.	, a witness		13	BY MS. PETRELLO	99-24	
	erein, called by the plaintiff for cross-ex			14	BY MR. STRONG	100-24	
	ursuant to the Ohio Rules of Civil Proce			15	BY MS. PETRELLO	10149	
Ŷ	efore Constance Versagi, Court Reporte			16			
	and for the State of Ohio, taken at Aul	-		17			
	600 Sixth Street SW, Canton, Ohio,	£,		18			
1	n Thursday, May 17, 2001, commencin	g at 4:00 p.m		19			
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1	INDEX		0		APPEARANCES:		Ũ
1	WITNESS:	CROSS			On behalf of the Plaintiff: Charles Kampinski, Esq		
3	Alan Kamen, M.D.			3	Christopher M. Mellino, Esq. Laurel Matthews, M.D., Esq. Kampinski & Mellino		
4	by Mr. Kampinski	985,		4	Kampinski & Mellino 1530 Standard Buïlđing Cleveland, Ohio 44113		
5	by Mr. Switzer	90		5			
6	by Ms. Petrello	94		6	On behalf of the Defendant Canton Aultman Emergency Physicians, G. Hamrick, M.D.:	(Via telephone)	
7	by Mr. Kremer	97		7	Bonezzi, Switzer, Murphy & Polito		
8				8	On behalf of the Defendant Canton Autman Emergency Physicians, G. Hamrick, M.D.: Donald Switzer, Esq. Bonezzi, Switzer Murphy & Polito 526 Superior Avknue - #1400 Cleveland, Ohio 44114		
9	ЕХНІВІТ	ГS					
10	Plaintiff's:	Marked		10	On behalf of the Defendant Aultman Hospita Hubert A. Howes, Esq. Howes, Daane, Milligan, Kyhos & Erwin 400 Tuscarawas Street West Canton, Ohio 44701	1	
11	1	89		11	Canton, Ohio 44701		
12				12	On behalf of the Defeudants Stacey Hollawa and Commonwealth Comp re hensive Care: Stephan C. Kremer, Esq. Reminger & Reminger 80 South Summit Street Akron, Ohio 44308	y, M.D.	
13	O B J E C T I	O N S		14	Stephan C. Kremer, Esq. Reminger & Reminger		
14	ATTORNEY	PAGE-LINE		15	80 South Summit Street Akron, Ohio 44308		
15	BY MR. STRONG	29-16		16	On behalf of the Defendants Cardiology Ass	ociates	
16	BY MR. STRONG	42- 7		17	On behalf of the Defendants Cardiology Ass of Canton and Peter Y. Lee. M.D.: Richard Strong, Esq. Roetzel & Andress 222 South Main Street Akron, Ohio 44308		
17	BY MR. STRONG	43-11		18	Roetzel & Andress 222 South Main Street		
18	BY MR. STRONG	48-3		119			
19	BY MR. STRONG	48-21		20	On behalf of the Defendant Mark W. Hatche Colleen Petrello, Esq.	er, M.D.:	
20	BY MR. STRONG	50-23		21	Mazanec, Raskin & Ryder 34305 Solon Road Solon, Ohio 44139		
21	BY MR. STRONG	56-23		22	Solon, Ohio 44139		
22	BY MR. KREMER	57-9		23	Also Present:		
23	BY MR. SWITZER	57-10		24	Mark N. Rose, M.D., Esq		
24	BY MS. PETRELLO	5746		25	Jennifer Curati		
1.24				120	Jellinier Curati		
24	BY MR. HOWES	61- 6					

1		Dece 5	Т		
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$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	of	ALAN KAMEN, M.D.		A	Right.
		lawful age, being first duly sworn, as hereinafter		Q	What about the one who you can't remember the
	cer	tified, was examined and testified as follows:	3		attorney's name?
	D	CROSS-EXAMINATION	4		For the defendant.
	-	Mr. Kampinski:	1	Q	Was it a trial?
1	Q	State your full name, please.		Α	Yes.
1	А	Alan Ralph Kamen.		Q	Defense verdict?
8		Tell me the first name?		A	Yes. That means my insurance company didn't pay
9	A	Alan, A-L-A-N, Ralph Kamen, K-A-M-E-N.	9		any money, if that is what that means.
10		MR. KAMPINSKI: Let the record show all	10		What about the third one?
11		counsel representing the various parties are	11		Third one is the insurance company paid money.
12		present. Mr. Switzer is attending by phone,	12	Q	What were the nature of the claims in each case?
13		correct, Mr. Switzer?	13		One patient died with a heart cath.
14		MR. SWITZER: Yes, I am.	14		Which case?
15	Q	Dr. Kamen, I am going to ask you some questions	15	A	The one between your number one and three.
16		this afternoon. If you don't understand any of	16	Q	The defense verdict?
17		them tell me, okay, I'll be happy to rephrase any	117	A	Yes, the defense verdict.
18		question you don't understand.	:18		MR. HOWES: That one I represented
19		When you do respond to my questions, please	:19		you.
20		do so verbally. She is taking down everything that	20		THE WITNESS: You didn't represent
21		is said, she can't take down a nod of the head.	21		me, did you?
2 2	Α	Okay.	:12		MR. HOWES: Yes, I think I did.
23	0	Have you been deposed before, sir?	23		THE WITNESS: That's all right, you
24	_	Yes, several times.	:14		did. It's not high on my sorry.
25	0	Under what circumstances?	:15	Q	So Mr. Howes represented you in the case that
		Daga 6			D 0
			1		
1	А	Page 6	1		Page 8 resulted in the defense verdict where the patient
1		I guess malpractice cases.	1		resulted in the defense verdict, where the patient
2	Q	I guess malpractice cases. Where you've been a defendant?	1 2	А	resulted in the defense verdict, where the patient died, you put in the heart catheter?
2 3	Q A	I guess malpractice cases. Where you've been a defendant? Yes.	1 2 3	A	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes.
2 3 4	Q A Q	I guess malpractice cases. Where you've been a defendant? Yes. Tell me the name of the case?	1 2 3 4	Q	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes. Did you do the catheterization?
2 3 4 5	Q A Q A	I guess malpractice cases. Where you've been a defendant? Yes. Tell me the name of the case? I can't tell you, I don't remember.	1 2 3 4 5	Q A	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes. Did you do the catheterization? Yes.
2 3 4 5 6	Q A Q A Q	I guess malpractice cases. Where you've been a defendant? Yes. Tell me the name of the case? I can't tell you, I don't remember. How many were there?	1 2 3 4 5 6	Q A Q	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes. Did you do the catheterization? Yes. Was that a dissection, why did the patient die?
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2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Q A Q A Q A Q A Q A Q A Q A Q A Q Q A	I guess malpractice cases. Where you've been a defendant? Yes. Tell me the name of the case? I can't tell you, I don't remember. How many were there? In my 33 years, two. You don't remember them? I don't remember the names if that is what you mean, I have no remembrance. Where were the lawsuits, here? In Stark County. Were you named individually or was your group named, or both? My understanding is both were. I'm not sure I understand the legalities of it. Who represented you in those cases? Mr. Treadon in one. The other was the other one was dropped. Mr. Treadon and there was one about 10 years ago, who represented me, I don't remember. I'm sorry, I don't remember. Then there was one that was dropped that was about 25,	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q A Q A Q A Q A Q A Q A Q A Q A Q A Q	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes. Did you do the catheterization? Yes. Was that a dissection, why did the patient die? A fatal arrhythmia. Caused by what? My speculation, it was a contrast allergy. What happened in the case where Mr. Treadon represented you? Patient had a stroke after thrombolytic therapy. You don't remember the name of that case? No. Do you remember the name of the attorney Mr. Treadon is the attorney that defended me. Do you remember the name of the attorney representing the plaintiff in that case? Okey. Okey. The third case that you say was dropped, what were the allegations in that case?
2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 9 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Q A Q A Q A Q A Q A Q A Q A	I guess malpractice cases. Where you've been a defendant? Yes. Tell me the name of the case? I can't tell you, I don't remember. How many were there? In my 33 years, two. You don't remember them? I don't remember the names if that is what you mean, I have no remembrance. Where were the lawsuits, here? In Stark County. Were you named individually or was your group named, or both? My understanding is both were. I'm not sure I understand the legalities of it. Who represented you in those cases? Mr. Treadon in one. The other was the other one was dropped. Mr. Treadon and there was one about 10 years ago, who represented me, I don't remember. I'm sorry, I don't remember. Then there was one that was dropped that was about 25, 30 years ago.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 13	Q A Q A Q A Q A Q A Q A Q A Q A Q A Q A	resulted in the defense verdict, where the patient died, you put in the heart catheter? He died with a heart catheterization, yes. Did you do the catheterization? Yes. Was that a dissection, why did the patient die? A fatal arrhythmia. Caused by what? My speculation, it was a contrast allergy. What happened in the case where Mr. Treadon represented you? Patient had a stroke after thrombolytic therapy. You don't remember the name of that case? No. Do you remember the name of the attorney Mr. Treadon is the attorney that defended me. Do you remember the name of the attorney representing the plaintiff in that case? Okey. Okey. The third case that you say was dropped, what were the allegations in that case? Patient lost his pulse after heart catheterization.
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Page 9Page 9130 years ago.12QAre those the only three cases you've heen sued in,13Doctor?3A4To the best of my recollection right now, I dort1C5CWhat is your residence address?66What is your residence address?67A6881 Glengarry, G-L-E-N-G-A-R-R-Y, Northwest,844718.44718.9QThat is in Canton?1010Yum-professional address?1111Your professional address?1412A2000 West Tuscrawas.1213By whom are you employed?1314ACardiovascular Consultants.1515QThat is an Inc?1016Yes.1517A rey ou an employee as well as a shareholder?1418Yes.1619How long have you been a shareholder?1024Of that and the present corporation, 22 years.1025How many notes do you have in the chart pertaining526A may notes do you have in the chart pertaining527ASale in the results.28AUm-hum.29QHow long have porteen an employee as well?24AIn the progress notes?25AIn the progress note?26AIn the progress note?27AIn the progress note? <th>Germ</th> <th>ianon -y- Automan mospital</th> <th></th> <th></th>	Germ	ianon -y- Automan mospital		
2 Q. Are those the only three cases you've been sued in, 3 Doctor? 2 progress notes, sir? 3 A One would be approximately 9:30 in the morning. 4 To the best of my recollection right now, I don't 5 remember any others. 6 What is your residence address? 7 A 6881 Glengary, G-L-E-N-G-A-R-R-Y, Northwest, 4 4718. 9 Q That is in Canton? 10 A Um-hum. 11 Q Your professional address? 12 A 2600 West Tuscarawas. 12 A Cardiovascular Consultants. 13 A Or are you an employed? 14 A Cardiovascular Consultants. 15 Q That is an Inc? 16 A Yes. 17 Q Are you an employee as well as a shareholder? 18 A Yes. 19 Q How many shareholders are there? 14 A Um-hum. 12 Q How long have you been a shareholder? 13 A Um-hum. 14 A Um-hum. 15 Q How many notes do you have in the chart pertaining 16 A Yes. 17 A Correct. 18 A Warshama (L, but T no not sure? 19 A How long have you been a shareholder? 24 A Um-hum. 25 A How many notes do you have in the chart pertaining 26 A Wrig (G Gremanoff, Doctor? 21 A In t		Page 9		Page 11
3 Doctor? 3 A One would be approximately 9:30 in the morning. 4 A To the best of my recollection right new, I don't results of the stress rest. That would be the first one? 5 A Yes. 6 Q What is your residence address? 6 Q That is in Canton? 7 A Core would be approximately 9:30 in the morning. 7 A 6881 (Gengarry, G-L-E-N-G-A-R-Y, Northwest, 8 A That is December 18th? 7 A Corect. 8 A 4718. 9 Q That is in Canton? 9 A Right. 0 Why do you say it would have been roughly 9:30? 11 Q Your professional address? 11 A Because that is when I did the stress test. I saw her a full of the stress test. I saw her on the floor. 12 A Coftwarcular Consultants. 13 Q What itime would the other one have been? 13 A Secause that unses notes signed off my orders when I saw her on the floor. 1 A Approximately 1:15. 15 Q How many shareholders are there? 10 A try wourd been an employee as well? 10 A try would you are morder in there that. 14 A Ornik and the present corporation. 12 Q When many notes do you have in the chart pertaining 5 A Probably. 15 Q How many notes do you have in the chart pertaining 5 A Probably. 9 Anglace in the chart, how many notes do you have, sirest sets? 10 A Carrie and the presents? 14 A Cornic Germanoff, Doctor? 1 Q Why would you put an order in there that would be siress test? 1 A Approkinum	1	30 years ago.	1 Q	Do you know what time you would have written those
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 15 Q Do you have more than two? 16 MR. STRONG: Let's look at them. 17 MR. KAMPINSKI: That is what I asked 18 him to do. 19 MR. STRONG: Not directly. 10 A Two progress notes, two order sheets and 11 recollection is the only other place would be my 12 interpretation of the stress test. 13 Q The two progress notes, are those the two on the 14 same page, both dated December 18th? 	13		L3	• •
16MR. STRONG:Let's look at them.16physician, or came from a nurse, I don't know.17MR. KAMPINSKI:That is what I asked16physician, or came from a nurse, I don't know.18him to do.17QWhen did you get that?19MR. STRONG:Not directly.18ABefore I discharged the patient.19MR. STRONG:Not directly.19QSometime between roughly 9:30 and one o'clock?10ATwo progress notes, two order sheets and19QSometime between roughly 9:30 and one o'clock?11recollection is the only other place would be my12interpretation of the stress test.12Q12interpretation of the stress test.12QWhat time was that?13QThe two progress notes, are those the two on the13AProbably I would have to look somewhere between14same page, both dated December 18th?1412:30 and 1:00.1:00.	14 A		L4 A	I got the results. I'm not sure the direction, if
 MR. KAMPINSKI: That is what I asked him to do. MR. STRONG: Not directly. MR. STRONG: Not directly. MR. STRONG: Not directly. MR. STRONG: Not directly. Q Sometime between roughly 9:30 and one o'clock? A Two progress notes, two order sheets and recollection is the only other place would be my interpretation of the stress test. Q The two progress notes, are those the two on the same page, both dated December 18th? MR. KAMPINSKI: That is what I asked MR. KAMPINSKI: That is what I asked P Q When did you get that? Before I discharged the patient. Q Sometime between roughly 9:30 and one o'clock? A It would not be before the radiologist interpreted the test. Q What time was that? A Probably I would have to look somewhere between 12:30 and 1:00. 	15 Q	-	15	
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23 QThe two progress notes, are those the two on the same page, both dated December 18th?23 A 24Probably I would have to look somewhere between 12:30 and 1:00.		· · · ·		
14same page, both dated December 18th?2412:30 and 1:00.		-		
	23 Q	· ·		-
15 A Yes.25 Q You wrote the okav to discharge at what time?				
Finaun Manaini The Count Deportance Dece 12	1 1 E 🔺	Yes.	25 Q	You wrote the okav to discharge at what time?

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	Page 13		Page 15
1 A	The order was taken off at 1:10, it would have to	1 Q	ı Ç
2	be between 1:00 and 1:10.	2 A	Correct.
3 Q	Then there is a later note on the 18th that says	3 Q	
4	may discharge after 3:00 p.m. if not seen by GI?	4 A	I supervised it.
5 A	Urn-hum.	5 Q	Who did it?
6 Q	That is a telephone order by Dr. Hummel, did you	6 A	A nurse technician.
7	have any discussion with Dr. Hummel?	7 Q	Was a record kept of the EKG?
8 A	I do not recall any discussion with him.	8 A	Correct.
9 Q	So you said it was okay to discharge her from the	9 Q	Where is it?
0	cardiac standpoint I take it?	10 A	The summary of it is here in the chart.
1 A	Correct.	11 Q	Where is the EKG itself!
2 Q	It would have been up to the internist to determine	12 A	I'll show it to you. Here it is.
3	that it was okay to discharge her from any other	13	MR. KREMER: What is the page number
4	standpoint?	14	at the bottom for us in the back?
5 A	Correct.	15	MR. STRONG: I don't have a page
6 Q	Would you read your December 18th note for me,	16	number.
7	progress note?	17 Q	Does it have a page number on it?
8 A	Feels okay, EKG okay, adenosine scan choking	18	MR. STRONG: I don't see a page
9	sensation, no EKG changes, sent for scanning.	19	number.
:0 Q	Which EKG were you referring to when you say EKG	20	MR. KAMPINSKI: Mine looks like it says
:1	okay?	21	178, right by your hand, Rick?
!2 A	The EKG during the nuclear scan.	22	MR. STRONG: Got you, yes. We've
:3 Q	I don't want to be confused. You've got sent for	23	got the same page.
:4	scanning?	24	MR. KREMER: Thank you.
!5 A	Correct.	25 Q	That says adenosine pretest, correct?
	Page 14		Page 16
1 Q	Why would you put EKG okay before that?	1 A	Correct.
2 A	Because it's a dual mode procedure. One is the	2 Q	What does that mean?
3	electrocardiographic portion and one is the nuclear	3 A	Baseline electrocardiogram before we do the test.
4	portion. They are both done.	4 Q	Why do you do a baseline EKG before you do the
5 Q	So where did you do the EKG?	5	test?
6 A	When the adenosine was given.	6 A	So you have a comparison with the end of the test.
7 Q	Where was that given?	7 Q	
8 A	The location?	8	after?
9 Q	Yes, sir.	9 A	
0 A	Or the part of the body?	10 Q	
1 Q	Location?	11 A	5
2 A	The location in the hospital?	12 Q	
3 Q	Where in the hospital?	13 A	L. L
4 A	On 3 East.	14	on the chart here. I don't know how to describe
5 Q	Where was she located when you saw her?	15	the page.
6 A	•		
7 0	At what time?	16 Q	
7 Q	At what time? At 9:30?	16 Q 17 A	Yes.
8 A	At what time? At 9:30? I saw her on 3 East.	16 Q 17 A 18 Q	Yes. Mine is number 180, yours is whited out?
-	At what time? At 9:30? I saw her on 3 East. She was already there?	16 Q 17 A 18 Q 19	Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah.
8 A 9 Q 20 A	At what time? At 9:30? I saw her on 3 East. She was already there? Correct.	16 Q 17 A 18 Q 19 20 Q	Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah. Are you saying page 180 is the EKG that was taken
8 A 9 Q 9 A 1 Q	At what time? At 9:30? I saw her on 3 East. She was already there? Correct. Is that the location where the scans are done, or	16 Q 17 A 18 Q 19	Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah. Are you saying page 180 is the EKG that was taken after the administration of the adenosine?
8 A 9 Q 20 A 21 Q 22	At what time? At 9:30? I saw her on 3 East. She was already there? Correct. Is that the location where the scans are done, or was that a room?	 16 Q 17 A 18 Q 19 20 Q 21 22 A 	Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah. Are you saying page 180 is the EKG that was taken after the administration of the adenosine? During and after.
8 A 9 Q 10 A 11 Q 12 13 A	At what time? At 9:30? I saw her on 3 East. She was already there? Correct. Is that the location where the scans are done, or was that a room? That is where they were done that day.	 16 Q 17 A 18 Q 19 20 Q 21 22 A 23 Q 	 Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah. Are you saying page 180 is the EKG that was taken after the administration of the adenosine? During and after. So how do I tell, are these the times up here at
8 A 9 Q 20 A 21 Q 22	At what time? At 9:30? I saw her on 3 East. She was already there? Correct. Is that the location where the scans are done, or was that a room?	 16 Q 17 A 18 Q 19 20 Q 21 22 A 	 Yes. Mine is number 180, yours is whited out? MR. STRONG: Yeah. Are you saying page 180 is the EKG that was taken after the administration of the adenosine? During and after. So how do I tell, are these the times up here at the top?

	Page 17			Page 19
1 Q W	What time was the test in fact done, sir, 9:32?	1		don't use the same lead system for stress tests we
2 A 9	:32.	2		use for baseline record.
3 Q T	These times up here?	3	Q	Did you ever look at any old EKG on Connie
4 A T	Time infusion started.	4		Germanoff before doing this stress test?
5 Q Y	You are going to have to explain the times to me	5	А	I looked through her chart. I'm sure I looked at
6 th	hen. Across the top it says starts with 0000,	6		the records. I have to find the baseline EKG to
7 w	vould that be the time the test started?	7		tell you if it's different.
8 A It	t would be the time it would be the	8	Q	Go ahead.
9 c	omputerized baseline record, could be three	9	A	It's meaningless.
10 m	ninutes, five minutes, 10 minutes before. It	10	Q	It's meaningless that there is an inverted T wave
11 p	robably would be very similar to the time the	11	А	Yes, meaningless.
12 b	aseline EKG was taken.	12	Q	It's meaningless that it wasn't there before?
13	It depends between the time we take the	13	A	Yes.
14 b	aseline and the time we start the test. I would	14	Q	How many EKGs did you look at before doing the
15 sa	ay it would be taken very close to the 9:32 clock.	15		stress test, sir?
16 Q V	Vell, the next time I saw says 1733, which in	16	А	Whatever was in the chart.
17 m	nilitary time is 5:33 I guess?	17	Q	How much of her chart did you have?
	Where is that at? I'm sorry, I don't see it.	18	А	The whole chart.
× ×	Yours is cut off, Doctor. Do you have one he can	19	Q	How long did you spend with it before doing the
20 lo	ook at?	20		stress test?
21	MS. PETRELLO: Yes.	21	А	The chart was with me for 10 minutes.
	can tell you that I have no clue. It's got to be	22	Q	Before seeing the patient, or while you were with
	omething that they must have reset the computer or	23		the patient?
	omething. It's just a time clock. I don't know.	24		While I was with the patient.
25 Q W	Vell, okay, the next one says?	25	Q	Were you doing a physical examination while you
	Page 18			Page 20
	One minute after the infusion started.	1		were with the patient?
	So that is referring to a minute?		А	I talk to the patient, listen to their chest,
	Right. One minute to the adenosine infusion.	3		whatever is required at that point, yeah.
· ·	Next one would be two, three, four, five minutes?		Q	You had the nurse or you supervised the EKG
	Correct.	5		itself, or did you do it?
-	f we <i>go</i> to page 181, six minutes, and six minutes		А	I supervised it. I'm the interpreter.
	nd six seconds if I an reading it the way you told		Q	Then did you do the stress test, or did you
	ne is the correct way to read it?	8		supervised it?
	Right,	9		I supervised it.
•	Doctor, if you go to the pretest for one second,	10	Q	Who actually did the injection of the contrast
-	age 178. In the aVL lead is there an inverted T	11		material?
	vave?	12		There is no contrast.
	les.	13	•	The adenosine, I'm sorry?
× ×	What does that mean?	14		A nurse.
	Aleans the electric forces were going away from that	15	•	You supervised that?
	ead.	16		Yes.
•	Vhat does that mean in terms of analyzing the	17	•	Were you there the whole time?
-	the question described by the substitution description descripti description description d	18		Yes.
	t means that there was the question doesn't	19 m	•	How long did the test take?
	nake sense medically.	20	A	It's a four minute infusion. We watch it for
· ·	s that new for Connie Germanoff, inverted T wave,	21	0	another four minutes.
	ir? This is not a standardized EKG lead number one	22	Q	Am I correct then you spent two minutes with her before the test, you told me you spent 10 minutes
23 A T	This is not a standardized EKG lead, number one.	23 24		before the test, you told me you spent 10 minutes with her?
24 T4				
	f it's new, I have to look at her baseline. It vouldn't surprise if it would look different. We	25	۸	Well, I didn't have a time clock, I'm sorry.

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	Page 21		Page 23
1 Q	I wasn't there, Connie is dead, so I'm asking you?	1 A	I would have to look through the record now.
2 A	I understand. I don't have a time clock.	2 Q	Go ahead.
3 Q	So is it your best estimate you spent two minutes	3	MR. STRONG: The question is which
4	with her prior to the test?	4	would you have reviewed at the time of her
5 A	No.	5	admission.
6 Q	What is your best estimate?	6 A	The ones in the hospital.
7 A	My best estimate is I'm not sure.		You mean for that particular admission?
8 Q	You reviewed the record carefully before conducting	7 Q 8 A	Yes.
9	the test?	9	
	I reviewed the record.	-	MR. STRONG: This begins with the ER
10 A		10	chart.
11 Q	That wasn't my question.	11 A	There is one on the 16th.
12	Did you review the records carefully,	12 Q	Where was that done?
13	Doctor?	13 A	Done at 1050 in the ER.
14 A	Yes.	14 Q	You're saying the lead system on this EKG would be
15 Q	If in fact there was a change on this EKG from a	15	different than the lead system on the adenosine
16	prior one, to you that was not meaningful?	16	pretest?
17 A	It's not the same lead system.	17 A	Um-hum.
18 Q	What can an inverted T wave that didn't exist	18 Q	What would be different about it, Doctor?
19	before mean?	19 A	The electrodes are placed in different areas,
20 A	It could mean something, could mean nothing,	10	slightly different areas.
21	depends on which lead.	21 Q	So the EKG done in the emergency room, does it have
22 Q	Well	12	an avL lead?
23	MR. STRONG: Let him finish his	23 A	Yes.
24	answer.	24 Q	Where would that have been placed, as opposed to
25	MR. KAMPINSKI: I'm sorry, you are	15	where the one was placed in the area where she had
	Page 22		Page 24
1	right.	1	the adenosine pretest?
2 A	It's a whole gamut of things from something to	2 A	There was no aVL lead.
3	nothing.	3 Q	Where?
4 Q	The something, can the something be ischemia?	3 Q 4 A	There is none.
4 Q 5 A	That is one of 50 things.	5 Q	In the emergency room?
6 Q	What is the purpose for doing this stress test,		You asked for the lead. There is no lead called
7	sir?	7	
8 A	To evaluate the ischemic burden of the patient.	'	= 3VI I hat is the lead on the EK() and there is a -1
		8	aVL. That is the lead on the EKG, and there is a
$10 \cap$	-	8	lead where the electrode is; which one do you
9 Q	Was this patient admitted for the purpose of ruling	9	lead where the electrode is; which one do you mean?
10	Was this patient admitted for the purpose of ruling out an MI?	9 10 Q	lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the
10 11 A	Was this patient admitted for the purpose of ruling out an MI? Yes.	9 10 Q 11	lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room?
10 11 A 12 Q	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of	9 10 Q 11 12 A	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.
10 11 A 12 Q 13	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially	9 10 Q 11 12 A 13 Q	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.Where would the electrode be placed in the
10 11 A 12 Q 13 14	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this	9 10 Q 11 12 A 13 Q 14	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.Where would the electrode be placed in the emergency room, as opposed to the electrode tha
10 11 A 12 Q 13 14 15	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct?	9 10 Q 11 12 A 13 Q 14 15	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest?
10 11 A 12 Q 13 14 15 16 A	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct.	9 10 Q 11 12 A 13 Q 14 15 16 A	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest?There are four electrodes placed on the arm two
10 11 A 12 Q 13 14 15 16 A 17 Q	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char	9 10 Q 11 12 A 13 Q 14 15 16 A 17	lead where the electrode is; which one do you mean?Whenever one you are claiming was different in the emergency room?The electrodes are placed in different places.Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest?There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The
10 11 A 12 Q 13 14 15 16 A 17 Q 18	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition?	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different
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10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking abou
10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q 11	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the chart for you to review at the time you saw Connie	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q 21	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking abou the emergency room?
10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q 11 22	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the chart for you to review at the time you saw Connie on the 18th?	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q 21 22 A	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking abou the emergency room? The emergency room is done in a standardized
10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q 11	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the chart for you to review at the time you saw Connie on the 18th? The hospital charts?	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q 21	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking about the emergency room? The emergency room is done in a standardized fashion.
10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q 11 22 13 A 24 Q	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the chart for you to review at the time you saw Connie on the 18th? The hospital charts? Yes, sir, how many EKGs there were for you to	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q 21 22 A	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking abou the emergency room? The emergency room is done in a standardized fashion. How is that different, sir, than what is done in
10 11 A 12 Q 13 14 15 16 A 17 Q 18 19 A 10 Q 11 22 13 A	Was this patient admitted for the purpose of ruling out an MI? Yes. So that a finding, or potential finding of ischemia, would be something worrisome potentially to you as a cardiologist trying to evaluate this patient, trying to rule out an MI, correct? Correct. As you sit here today did you review this char before coming in here today for your deposition? Yes. Do you know how many prior EKGs there were in the chart for you to review at the time you saw Connie on the 18th? The hospital charts?	9 10 Q 11 12 A 13 Q 14 15 16 A 17 18 19 20 Q 21 22 A 23	 lead where the electrode is; which one do you mean? Whenever one you are claiming was different in the emergency room? The electrodes are placed in different places. Where would the electrode be placed in the emergency room, as opposed to the electrode tha were placed in the area where you did the pretest? There are four electrodes placed on the arm two on the arm, two on the legs, six on the chest. The ones on the chest are placed in different locations. Are you talking about the pretest or talking about the emergency room? The emergency room is done in a standardized fashion.

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	Page 25		Page 27
1 A	The difference is the chest leads are different.	1	Would you expect there to be an inverted
2 Q	Where would the chest leads be placed differently?	2	T wave in the EKG that was done in the emergency
3 A	They would be placed in a different location so the	3	room if in fact the leads were placed appropriately
4	gamma camera doesn't interfere, the gamma camera	4	let me finish the question in light of the
5	information is not interfered with the electrode	5	fact there is an inverted T wave in the EKG done on
6	being over it.	6	the 18th that you were supervising?
7 Q	Are you saying then that had the leads in the	7 A	Again, I can answer the question but the question
8	emergency room been placed in a different area of	8	doesn't make medical sense.
9	the chest, they may have had this T wave that is	9 Q	Then answer it.
10	reflected on the 18th?	LO A	The QRS and T waves are supposed to have concordant
11 A	It could make a difference. Sometimes they put the	11	axis in the normal patient. That means that
12	leads, they are supposed to put the leads on the	12	whatever the axis is on that EKG at that time
13	lower extremities, on the upper part of the	13	should be plus or minus 60 degrees of each other,
14	extremities. We often use a closer lead system in	14	and they both are, in both records. Doesn't matter
15	the stress room where we put them on the thighs and	15	if it is inverted or not inverted, inversion is not
16	forearms. We may use a little different system.	16	a pathology.
17	It does change the EKGs occasionally.	17 Q	The fact that there is a change though, that there
18 Q	You don't know if in fact the leads that were put	L8	isn't one in the emergency room EKG and there is
19	on in the emergency room were put on in any	19	one in the EKG that was supervised by you on the
20	different place, you weren't there I take it for	20	18th is of no significance to you?
21	the placement of the leads in the emergency room;	21 A	That statement is wrong on your part.
22	would that be a fair statement?	22 Q	What is wrong about it?
23 A	It's a fair statement that they were put on	23 A	There is an inverted T wave in the one in the ER.
24	correctly.	24	If you look right under aVL, the T wave is
25 Q	That what?	25	inverted.
	Page 26		Page 28
1 A	They were put on correctly, that is a fair	1 Q	Point it out to me, if you would, sir.
2	statement.	2 A	aVL, that is the T wave that is inverted.
3 Q	If they were put on correctly, would you expect	3 Q	Do you need serial EKGs to rule out MI, Doctor?
4	them to find a T wave if in fact it existed,	4 A	Not necessarily.
5	inverted T wave, I'm sorry?	5 Q	Can you rule them out with one EKG? Let me
6 A	Inverted T wave?	6	withdraw that.
7 Q	Yes.	7	Can you rule them out with EKG at all?
8 A	I'm sorry, it doesn't make sense to me as a	8 A	What?
9	cardiologist what you are asking. It's hard for me	9 Q	An MI?
10	to answer.	10 A	Rule it out?
11 Q	What doesn't make sense, Doctor?	11 0	Yes, sir.
12 A	I don't look at T waves. I look at vectors. I	12 A	No, you can't.
13	look at vectors of the complexes. You put the	13 0	If a patient has a suboptimal stress test, and
14	whole thing together, you are supposed to have a	14	complains of chest pain and fast palpitations with
15	concordant the electric depolarization and	15	exertion, does that require further evaluation?
16	electric repolarization are supposed to be	16 A	Is this a hypothetical question?
17	concordant.	17 Q	Sure.
18 Q	Humor me because I'm not a cardiologist, you are.	18 A	Repeat it please.
19 A	You are asking questions like you are.	19 0	If someone has a suboptimal stress test and
20 Q	No, I'm just asking questions, I would like answers	20	continues to complain of chest pain and fast
21	to them.	21	palpations with exertion, does that require further
22	MR. STRONG: He's giving you	22	evaluation?
23	answers, he's trying to steer you so you and he can	23 A	Yes.
24	communicate in a rational way here.	24 Q	Would the next step in the evaluation process be a
25 0	Let's trv again.	25	Holter monitor?
		1	

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	Page 29		Page 31
1 A	That would be one of the tests.	1	prevent you as a cardiologist from doing a
2 Q	What else could you do, or is that what you would	2	catheterization if you felt it was warranted?
3	do?	3 A	
4 A	Well, that there is more to it than it's not	4	concern would be higher and the patient would be
5	a simplistic answer. One would be if you want to	5	aware of it.
6	do invasive testing, you would do an optimal stress	6 Q	
7	test.	7	felt it was necessary and warranted?
8 Q	By invasive testing you are talking	, 8 A	-
9	Catheterization?	9 Q	
O A	Correct.	10	asked you about suboptimal stress test with the
	It's my understanding we were delayed here today		patient continuing to complain of chest pain, fast
	because you had a number of catheterizations you	12	palpations with exertion, would a cardiology
2 3	did?	12	
	Correct.		consult be appropriate in such a patient?
4 A		14 A	
5 Q	How long did they take you, each one, roughly?	15	appropriate.
6	MR. STRONG: Objection. That is not	16 Q	
7	pertinent, he doesn't have to answer that.	17	Connie Germanoff, or did you just speak with her?
8 Q	How long does a catheterization take you to do?	18 A	e .
9 A	Uncomplicated catheterization?	19 Q	
10 Q	Sure.	20 A	e
21 A	Patient time, doctor time, or time from start to	21 Q	
'2	finish?	22 A	1 · C
!3 Q	Give me all three.	23	listened to her heart. Measured made sure vital
24 A	Come down from the floor, that takes a half an	24	signs were satisfactory.
!5	hour. Then the nurses prep them for 35, 45 minutes	25 Q	How is it you knew you were doing a test on Connie
	Page 30		Page 32
1	to make sure the patient is explained and	1	that particular day?
2	understands and everything, the lab work is	2 A	It was scheduled for me.
3	correct. It takes about 20 minutes in the room to	3 Q	Have you read Dr. Lee's deposition?
4	get the patient ready. It takes about, in an	4 A	Yes, I read it a while ago. Not recently.
5	uncomplicated, simple patient, 20, 25 minutes to do	5 Q	He apparently was going on vacation?
6	a heart catheterization. Then the patient is	6 A	
7	recovered like an hour. Then they go back up to	7 Q	The day before?
8	the floor, are monitored.	8 A	
9 Q	So doctor time is roughly 20 minutes you said?	9 Q	Had he arranged with you to cover for his patients
0 A	20 minutes in the room. Obviously there is more to	10	before going on vacation?
1	it than that.	11 A	~ ~ ~
2 Q	Patient time roughly a couple hours?	12 0	
3 A	Correct, yeah.	13	going away?
4 Q	Do you do catheterizations on patients with dye	14 A	
5	contrast allergies?	15 Q	0
6 A	Not infrequently.	16 A	e e
7 Q	Not infrequently?	17	problems.
8 A	Yes, we do it when it's necessary.	18 Q	-
9 Q	What do you do to protect the patient under those	10 Q	-
20	circumstances?	20	having someone cover for us, the name of the
!1 A	Prepare, if it's an elective one, we prepare them	21	patient, location, diagnosis and problems.
12	for several days on steroids, anti-histamines,	52 Q	
!3	serotonin blocking agents.	22 Q	
!4 Q	The fact that somebody had potentially a dye	24 Q	-
15	contrast allergy is not something that would	55	You know who it is you are going to see for whoever
1.0	contrast anongy is not something that would	w	TOO KHOW WHO IT IS TOO ALC BOTTHE TO SEE TOT WHOEVER

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Page 33Page 331you are covering for?1they are ready, tells you you have a stress test.2ARight.2Would you have been the representative from your3QWas that a Suturday you saw her, the 18th?3goup that would have been doing areas tests that4Yest, 1 think so.44445QYour communication would have consisted of whatever5A6he put on that sheet, right?7ACorrect.7AUm-hum.9So, regardless of whether it was Dr. Lec's putient9MR. STRONG:He also mentioned the9somebody else from your group, there would have10consult.10heen a number of people needing proceedures, you11MR. KAMPNSK1:Tm going to get to11heing the one or call, you would have administered12A that it was?13V hut it was?14QYour first knowledge of doing it on Connie13What it was?13Correct.14QSorrect.14ACorrect.15Correct.16Saying it's time to do Mrs. Germanoff's stress19QThe other form of communication would have been my major thrust of looking at the yeal was in the chart at that20X2What you were doing here?20Your first knowledge of other coron where2What you were doing here progress sheets.10Correct.2What modul have consult note, tell me wha	Germ	anoff -v- Aultman Hospital		
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 3 Q Was that a Saturday you saw her, the 18th? 4 A Yes, I think so. 5 Q Yoar communication would have consisted of whatever 6 he put on that sheet, right? 7 A Um-hum. 8 Q Do you recall what that was? 9 MR. STRONG: He also mentioned the consult. 10 MR. KAMPINSKI: I'm going to get to 11 that. 13 A What it was? 14 Q Yeah, what was said on that rounding sheet? 14 Correct. 15 A I can't give you a for certain answer. 16 Q In other words, you can't remember as you sither to day? 13 A Correct. 14 Q Orrect. 15 A Correct. 16 Q The other form of communication would have bace as an unber of people needing procedures. you this doaly? 16 A Correct. 17 A Correct. 18 A Correct. 19 Q The other form of communication would have bace at the chart? 20 What part of the chart would you have looked at to the chart? 21 A Correct. 22 Q What part of the chart would you bave looked at to the chart? 23 A Correct. 24 A I would look at the	1	you are covering for?	1	
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	23	in with medical problems might have it elevated.	3	the lab values, at the time that the test was being
25 it you look at it, say okay, see what else is 5 A Correct.				
	24			

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1 Q	So you didn't look at them beforehand?	1	other. I can only tell you what he says.
2	MR. STRONG: I think we're dealing	2 Q	In other words, if you look at the CK-MB you would
3	with semantics.	3	necessarily look at the myoglobin and troponin?
4	MR. KAMPINSKI: Listen to me, please,	4 A	That would be the usual way of doing things.
5	if you want to object, go ahead and object.	5 Q	Of course to the extent he ordered the enzyme, it
6	Talking objections are not appropriate. We don't	6	would be appropriate for them to look at them,
7	do it with our clients, you shouldn't do it with	7	right?
8	yours.	8 A	Correct.
9	MR. STRONG: You'll have to check	9 Q	Just hypothetically, if he failed to do so, would
10	the record from the deposition a few days ago on	10	that be below the standard of care required of him?
11	that one. I'm not trying to interfere with your	11	MR. STRONG: Objection. Go ahead.
12	deposition, on the other hand I'm trying to	12 A	What do you mean by standard of care?
13	expedite getting things done.	13 Q	The usual and ordinary thing that physicians would
14	MR. KAMPINSKI: There is no question of	14	do under the same or similar circumstances?
15	expedition here. We accommodated the doctor	15 A	He was away that day, how could he look at them?
16	because he was busy today, as long as it takes is	16 0	No, he wasn't the day the results back came, sir.
17	how long this is going to take. If you would allow	17	MR. STRONG: Which results are you
18	me to, I would like to proceed.	18	talking about?
19	MR. STRONG: You are welcome to	19 Q	The ones done on the 16th and the ones done on the
20	proceed. You are the one that brought up the	20	17th.
21	subject, this is a trail you've gone done. We can	21 A	The enzymes I can see from the 17th that were done
22	sit here and argue about it or you can go on. I	22	was before he left, would be the myoglobin and
23	suggestion you go on.	23	troponin, which it says 8:00 a.m. were drawn.
24	MR. KAMPINSKI: What was my last	24 Q	Would you expect that he had looked at those before
25	question?	25	he left?
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1	(Question read.)	1 A	Yes.
2 A	I can't tell you exactly the minute I looked all	2 Q	Again, if he had not looked at those, would that be
3	them.	3	below the standard of care required of Dr. Lee?
4 Q	I'm confused here, sir. You are telling me Dr. Lee	4 A	That is a legal term. I'm scared to give legal
5	looked at them, you were relying on Dr. Lee having	5	terms. I don't know the significance of the
6	looked at them to proceed with the test?	6	question.
7	MR. STRONG: Objection.	7 Q	Don't be scared, Doctor.
8 A	I said I looked at the chart.	8 A	I am. I don't know the innuendoes of standard of
9 Q	I know.	9	care.
10 A	I also said I looked at Dr. Lee's notes.	10 Q	You've been sued three times, certainly you are
11 Q	It's your testimony that Dr. Lee looked at the	11	aware of the innuendoes of standard of care,
12	laboratory values?	12	Doctor.
13 A	He did look at the laboratory values.	13	MR. STRONG: That is not a question,
14 Q	Did he tell you that?	14	that is his comment.
15 A	It's in his notes.	15 Q	Is it appropriate?
16 Q	Point that out to me, please.	16 A	Yes, he should look at his tests. There is no
17	MR. STRONG: You want the consult or	17	question about that.
18	progress note?	18 Q	That would be part of his doing his job correctly
19 A	His dictation probably. It says in the end of the	19	correct, to look at the test results?
20	first paragraph, full paragraph, since admission	20 A	Yes. What are available when he's there, sure.
21	she had a CK-MB done which was unremarkable. So he	· ·	If he didn't, then he wouldn't have done his job
22	did look at them.	22	correctly; wouldn't that be a fair statement,
23 Q	You're interpreting that to mean he looked at	23	Doctor?
24 25 A	myoglobin and troponin as well? I don't see how he would look at one without the	24 A	That is an open-ended question. That is something someone else can decide. I'm not going to make a

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1	comment about that.	1	Q	Is there any confusion about that question, Doctor,
2 Q	Well, the tests that were available to him	2		I'm talking about this patient?
3	reflected that both the myoglobin and troponin were	3	А	This patient, okay, correct.
4	rising; isn't that true?	4	Q	Yes. The laboratory values we're talking about are
5 A	That what were rising?	5		this patient, correct?
6 Q	The myoglobin and troponin?		А	
7	MR. STRONG: Which tests are you	7	Q	You just told me that these test results on this
8	referring to?	8	×	patient would require further follow-up?
9 Q	Myoglobin and troponin done on December 16, 1999 at		A	
0	2349, correct, you see those?		Q	
1 A	Um-hum.		A	-
2 Q	That is a yes, right?	2		I would do a nuclear scan.
2 Q 3 A	Yes.		Q	
	The troponin	4	Q	adenosine scan if the enzymes were negative?
4 Q 5 A	I would say the numbers are higher, I don't know if		А	
5 A 6	it's a significant rise.		А	duplication of let me say what I would do. I
	-	6		duplication of let me say what I would do. I don't know what he would do because what I would
7 Q	Well, they went up is my only question? They did go up.	7		do is if there was clear-cut enzyme elevation and
8 A	• • •	8		-
9 Q	And the one done on December 16th by the way,	9		EKG change, then I would think that if there was no
0	troponin is specific for cardiac, is it not?	20		contraindication to it, I would do more definitive
.1 A	Troponin-I is specific for, yes, gives you a long	!1	~	tests, nuclear scan.
.2	list below there, long list there of other things	!2		-
,3	that can do it.	!3		e
,4 Q	They are all cardiac-related, are they not, Doctor?	24		
:5 A	Yeah, sure.	25	A	They were inconclusive.
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1 Q	The gestalt by the way would be to look at both the	1	Q	Please, sir, you want me to be specific, I would
2	troponin and myoglobin, right?	2		like you to be specific in terms of responding.
3 A	And CPK and SGOT.	3		MR. STRONG: Objection.
4 Q	CPK, is that specific for heart?	4	А	I am.
5 A	CK-MB is, yes.	5	Q	My question was were they negative, that is the
6 Q	If you have a rising myoglobin and troponin, is	6		only question?
7	that worrisome to you as a cardiologist, sir?	7	A	They were above the normal levels, put it that way.
8 A	It's enough concern that I would follow it up.		Q	
9 Q	By doing what?	9		myoglobin was in excess of twice the normal level?
0 A	By doing more testing.	10	А	-
1 Q	Like what?	1		
2 A	It depends on the clinical situation with the	12	×	gone from less than .03 to .05, then to .08?
3	patient.	:3	A	-
4 Q	I don't understand. The patient is there to rule	[4		
4 Q 5	out MI you told me, correct?	15		•
6 A	Well, some of your questions are hypothetical, some	16		• •
7	are not. I'm not sure. If you would be clear when	17		that mean anything?
8	you make a statement. I don't know if you are	17		
9	talking any patient that walks in the door, or this	10		
!0	patient. If you would be specific about whether	20		the troponin level is rising?
.0 !1	you are talking about this patient or hypothetical,			MR. STRONG: I'm going to object.
!2	it would make a lot of help to me.	22		He answered your question with a very specific
.2 !3	MR. KAMPINSKI: Can you read back my	23		answer.
.5 '4	last question.	24	Δ	
4 !5	(Question read.)	25		
	(Question reau.)	ີພາ	V	

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	Page 49		Page 51
1 A	Is there pathology there? Could be, you would have	1	MR. KAMPINSKI: No, he made it him.
2	to investigate for further pathology. I don't	2 A	Because we don't treat tests, we treat patients.
3	think illnesses are good or bad. That is what you	3 Q	So your treatment of this patient was to determine
4	have.	4	that she had a 10 percent chance of cardiac
5 Q	Is it worrisome to you as a cardiologist that the	5	involvement, say it was okay for her to go home?
6	troponin level had gone from less taken .03 to .05	6 A	I didn't say that at all. You said that.
7	to .08, assuming you knew about it, sir?	7 Q	That is what are you saying now.
8 A	As a cardiologist I think they are inconclusive.	8 A	No, I didn't say that. You are distorting the
9 Q	Again my question is, is it worrisome to you as the	9	information, sir.
0	cardiologist in terms of this rising level of an	10 Q	What am I distorting? Did I mislead you as to the
1	enzyme that is specific for the heart?	11	troponin or myoglobin levels, or did I read those
2 A	It raises questions about whether something else	12	from the chart?
3	should be done, yes.	13	MR. STRONG: Is the question whether
4 Q	When you say something else, again, what are you	14	or not you read those from the chart? This is
5	referring to?	15	getting argumentative. You can ask questions, you
6 A	More testing, to see if this is cardiac or not.	16	are not here to argue with the doctor.
7 Q	What tests, sir?	17	MR. KAMPINSKI: I have no interest in
8 A	In this patient, nuclear scan.	18	arguing with him.
9 Q	Is nuclear scan definitive in determining in	19	MR. STRONG: Good, because if you
:0	ruling out MI?	20	do, we might be done. You can ask your questions.
11 A	Significant size, yes.	21	MR. KAMPINSKI: I'm trying to. '
2 Q	I'm sorry?	22 Q	You want to answer the question?
3 A	If it's a significant size, yes.	23	MR. STRONG: Rephrase the question.
14 Q	If what is a significant size?	24 A	I did not say the patient had a 10 percent chance
5 A	The heart attack, myocardial infarction is a	25	of having a heart attack. I said the test is
	Page 50		Page 52
1	significant size it will tell you if there is scar	1	90 percent specific for heart trouble. That is all
2	there.	2	I said.
	What if you are dealing with ischemia, that isn't	3 Q	That means 10 percent of the people are not going
3 Q 4	necessarily an MI yet?	4	to have ischemia show up on this test, right?
5 A	It should be 90 percent. It should be 90 percent	5 A	Not necessarily so.
6	specific for ischemia with a perfusion scan, yes.	6 Q	Well then, how many of them, 20, 30 percent?
	Who takes the risk of the other 10 percent when you	7 A	Depends on Bayes' theory and pretest likelihood of
7 Q 8	have an elevated myoglobin and troponin, the	8	someone having I'm giving you a global number
9	patient?	9	that could take care of a whole population in the
0	You look puzzled; do you understand the	10	world. If the pretest likelihood is low, then the
1	question?	11	sensitivity of the test goes up.
2 A	The question seems like an inappropriate question	12 0	When you say pretest likelihood, are you talking
2 A 3	basically.	12 Q 13	about people that you do the test on that don't
4 Q	Why is that? Mrs. Germanoff is dead, why is it	13	have chest pain for example, that don't have risk
4 Q 5	inappropriate, Doctor?	15	factors; what do you mean pretest likelihood?
6 A	Because you are asking me who is taking a chance,	16 A	Pretest likelihood, the population base you are
7	it's not gambling.	17	dealing with, what are the chances of them, before
8 Q	Sure it is. You are giving me percentages. You		you do the test, of them having trouble.
9	are the one that brought up 90 percent.	19 Q	What was the pretest likelihood of Mrs. Germanoff
20 A	Correct.	$\begin{vmatrix} 1 \rangle \\ 20 \end{vmatrix}$	having a cardiac related complaint, or problem
!1 Q	If there is a 10 percent chance of you being wrong,	20	rather?
11 Q 12	who is taking the chance, you or her?	22 A	50, 60 percent.
1.3	MR. STRONG: I'm going to object.	22 A 23 0	What level of comfort did you have after a negative
!4	It's an inappropriate question. It's not him, it's	24	adenosine stress test, with a rising troponin, and
!5	the test.	25	an elevated myoglobin?

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1 A	I think the patient had no evidence of myocardial	1	giving a few sound bytes about what complaints she
2	infarction.	2	had,
3 Q	What about unstable angina, sir?	3	If she was having more chest pain, then it
4 A	That was more that was really the issue when she	4	would require, yes, it would be something I would
5	came in, was she having unstable angina.	5	like to see.
6 Q	Are you saying that is not an issue you addressed	6 Q	Well, Doctor, you're telling me that you left it up
7	at the time you saw her?	7	to her attending for her to be followed up, but
SA	No, I addressed it.	8	that was from a GI standpoint.
9 Q	Tell me, what was the likelihood of her having	9	My question is, did you make any
10	unstable angina with an elevated myoglobin, an	10	arrangement for her to be followed up from the
11	elevated troponin, which was rising, and a negative	11	cardiac standpoint, which I take it is what you
12	adenosine stress test?	12	were telling me a few minutes ago, to eliminate the
13 A	I would say 90, 95 percent chance. I would say it	13	additional 5 to 10 percent you would have liked to
14	was a high likelihood, 90, 95 percent chance she		have seen?
15	did not have it.	15 A	Correct.
16 Q	How do you get rid of the other 5 to 10 percent?	16 Q	Did you make any arrangements for her to be
17 A	Depends on the situation. The clinical situation.	17	followed up from a cardiac standpoint?
18	In her case, probably follow her as an outpatient,	18 A	The communication to the patient was that if she
19	see how she does.	19	has more problems, she should get she should see
20 Q	If she came back with additional complaints of	2.0	her doctor, or call us.
21	chest pain, what would you do?	21 Q	She did have more problems, she did see her doctor?
22 A	Then I would investigate her.	22 A	Yes,
23 Q	By doing what?	23 Q	She was seen here in the emergency room again,
24 A	I would see what the next EKG looked like, talk to	2.4	wasn't she?
25	her, see what the symptoms were, make sure she	25 A	That is what I understand.
1	Page 54		Page 56
1	didn't have some noncardiac cause,	1 Q	See the doctors that I talked to from the emergency
2	gastrointestinal, gallbladder or whatever. If	2	room have you read any of their depositions by
3	those or if it seemed more likely cardiac pain,	3	the way?
4	I would do a cardiac catheterization on her after	4 A	I think I did. Six months ago, I don't know how
5	preparing her.	5	long.
6 Q	Did you make arrangements for her to be followed as	6	MR. STRONG: I don't know if I sent
7	an outpatient?	7	you those or not.
S A	Her primary care doctor did. I'm sure we made it	S A	Maybe I didn't, I don't know.
9	clear to her if she had more pain, she should get	9 Q	Let me paraphrase, I'll try not to misconstrue what
0	medical attention promptly.	0	they are saying.
1 Q	Have you reviewed the chart in terms of her being	1	That is, once they reviewed the fact you
2	seen subsequent to you doing this test?	2	did a negative stress test, they were reassured
3 A	I scanned that part. I basically looked at the	3	there was no cardiac problem. You see, so I've got
4	part I knew about at the time of the hospital	4	this difficulty in trying to analyze this, Doctor.
5	stay. I did look at the rest of the chart.	5	You are telling me they should have
6 Q	She came back to the emergency room complaining of	6	referred her back to you if she had additional
7	chest pain and crying, was radiating into her arm?	7	chest complaints, they are saying well, we already
8 A	Urn-hum.	8	sent her to a cardiologist, he cleared her, said
9 Q	Does that sound like it's cardiac to you, sir?	9	there were no cardiac problems. Help me out. What
O A	Yes, I would be very concerned about it.	20	should have happened in terms of communication so
1 Q	Should she have been referred to a cardiologist on	'1	she could have then been followed-up by your group
	those occasions?	!2	or another cardiologist?
.2	T. 111 1		
3 A	It would have been a good idea. Should she be,	!3	MR. STRONG: I am going to object,
	It would have been a good idea. Should she be, yes. I wasn't there. I can't say exactly the situation. Patients are more complicated than just	23 24 25	MR. STRONG: I am going to object, ask you to restate the question. You gave a lot of preliminary information.

$\textbf{Multi-Page}^{^{TM}}$

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1 Q	Do you understand the question, Doctor?	1		that would have caused her myoglobin to be
2 A	Now that he interrupted, I need to hear it again.	2		elevated?
3	Sorry.		А	I don't have any information that she did.
4 Q	In other words, you understood it, until Mr. Strong		Q	You had no other explanation for the elevated
5	interjected?	5	Q	myoglobin; is that correct?
6 A	Correct.		А	That's correct.
7	MR. KAMPINSKI: Read it back, Connie.		Q	Is there anything on the list for an elevated
8	(Question read.)	8	Q	troponin other than cardiac?
9	MR. KREMER: Objection.		А	Yeah, it goes up in renal failure.
	MR. SWITZER: Can I have a continuing			Is there any evidence of renal failure with her?
110	÷	11	Q	No.
11	objection to this so I don't interrupt?			
112	MR. KAMPINSKI: I will tell you what,	12	Q	Is there anything that would be on the list for
113	you can have a continuing object to the entire	13		elevated troponin that is not pathologic?
114	deposition.	14		I don't think so.
115	MR. SWITZER: Thanks. Go ahead.	15	Q	Now, Doctor, would it be fair to say then based
116	MS. PETRELLO: Same here.	16		upon what you are telling me so far, that you could
117	MR. KAMPINSKI: You can all have a	:17		not rule out unstable angina in Connie Germanoff
118	continuing object to the entire deposition.	18		based upon your testing and the test results that
19	MR. STRONG: We'll take it.	19		were in the chart; would that be a fair statement?
20 A	First of all, I don't think I can tell any patient,	20	А	I could say with a high level of certainty she did
21	no matter how many tests, including a heart cath	21		not have large areas of ischemia, or signi'ficant
22	that they definitively don't have something wrong	22		areas of ischemia at the time of that test.
23	with their heart. That is an impossible thing,		Q	I don't mean to be glib with you, is that
24	number one. It's impossible, unless you've cut	24		THE WITNESS: I wasn't expecting this
25	their heart and chopped it in postmortem. Even	25		to go on this long. I'm on call for 12 people
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1	then you can't be sure, because people die with	1		tonight. I have to tell my answering service to
2	totally normal hearts, no other cause. That	2		hold things.
3	happens. That is unfortunate, but it does.	3		(Recess taken.)
4	In this case I didn't say the patient had	4	By	Mr. Kampinski:
5	no heart trouble. I said I don't know what the		Q	Doctor, assuming for the <i>sake</i> of argument you were
6	cause of pain is, it needs further evaluation and	6	×	aware of the laboratory values for the myoglobin
7	follow-up. That is it.	7		and troponin; what was your explanation for the
8 Q	What were your discharge instructions for her?	8		elevation?
9	Did you have any written discharge instructions?		А	Of these enzymes?
10 A	No, I didn't because the attending physician is	10		Yes, sir.
11	supposed to do that.		Ч А	The troponin is insignificant in our lab, based on
	What were his discharge instructions, sir?	12		my clinical experience with this test literally
12 Q 13 A	I don't have them.	12		thousands of times. And the same with myoglobin,
	Take a look.	13		very nonspecific test. It's almost to the point we
14 Q	The attending physician said in two to three weeks	14		shouldn't even do it. Personally I don't order
15 A	see Dr. Korkor, diet, salt restricted, low	15		them.
16	cholesterol.			So, you just ignored them then, you didn't feel
17		17 18	· ·	they were significant?
18 Q	Was she supposed to follow-up with GI?	10		MR. STRONG: Which question is it?
19 A	Yes.			-
20 Q	Was there any follow-up with a cardiologist?	20	Ų	Both.
11 A	No.	21	٨	MR. STRONG: Take one at a time.
12 Q	In your history you said you took a history of		А	I didn't ignore them because I looked at them. I
13	Connie when you met with her; is that correct?	23		did not think unless something else correlated
14 A	I did a supplemental history.	24	0	with it, I wasn't going to use it.
15 Q	Had she fallen down, or exercised, or done anything	25	Q	So then Dr. Lee was just wasting the insurance

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	.		Germanon Autunan Hospitar
	Page 61		Page 6:
1	company's money by ordering these tests?	1 A	33 years.
2 A	It was ordered in the emergency department, he	2 Q	Have you had any input into these reference ranges?
3	didn't order it.	3 A	Yes.
4 Q	They were just wasting the insurance company's	4 Q	What was your input into them?
5	money by ordering those tests?	S A	The input is that at these low levels it's
6	MR. HOWES: Objection.	6	extremely difficult to make any clear diagnosis out
7 A	I don't know what they are doing in the emergency	7	of them.
8	room, I don't I'm not talking about what is	8 Q	What positions have you held here at the hospital,
9	wasting insurance company's money. That is not my	9	Doctor?
0	business.	10 A	Chairman of the Department of Internal Medicine,
1 Q	Well, is it your business to stay knowledgeable	11	Chairman of the Cardiac Cath Lab, Chairman of the
2	about the literature?	12	Coronary Care Unit, President of the Medical Staff.
3 A	Yes, it is.	13	Let's see what else. A number of others. Critical
4 Q	Isn't it true, sir, that there are a number of well	14	Care Unit Committee, Credentialing Committee. A
5	controlled studies that indicate that an elevated	15	lot of the committees.
6	troponin, even in what has been referred to as a	16 Q	Do you have a cv?
7	gray zone, correlates to increased cardiac	17 A	Not here.
8	mortality?	18 Q	You do have one?
9 A	Above one.	19 A	Yeah.
0 Q	I'm sorry?	20	MR. KAMPINSKI: Could you provide that
1 A	Above a level of 1.0, which is about 20 times	21	to us, Mr. Strong?
2	higher than this area.	22	MR. STRONG: Yes.
3 Q	20 times higher than what number?	23 Q	Tell me again what was your involvement in
4 A	The highest number recorded in the chart.	24	establishing the reference ranges that are on this
5 Q	Is it the number that is significant, or the fact	25	chart on pages 191 and 192 for both troponin an
	Page 62		Page 6 ²
1	that the level is rising?	1	
2 A			myoglobin?
<i></i>	I'm not sure the level is significantly rising	2	MR, STRONG: I object. He didn't
2 A 3	I'm not sure the level is significantly rising because I'm not sure that the variation from taking	2 3	• •
			MR. STRONG: I object. He didn't
3	because I'm not sure that the variation from taking	3	MR. STRONG: I object. He didn't say he established them.
3 4	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two	3 4 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them.
3 4 5	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers.	3 4 A 5 Q	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them?
3 4 5 6 Q	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially.	3 4 A 5 Q 6 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct.
3 4 5 6 Q 7 A	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers.It was done three times serially.The same test done at the same time, taking the	3 4 A 5 Q 6 A 7 Q	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input?
3 4 5 6 Q 7 A 8	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers.It was done three times serially.The same test done at the same time, taking the specimen, use it putting it in two separate things,	3 4 A 5 Q 6 A 7 Q 8 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input?
3 4 5 6 Q 7 A 8 9	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's	3 4 A 5 Q 6 A 7 Q 8 A 9 Q	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges?
3 4 5 6 Q 7 A 8 9 0	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers.It was done three times serially.The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no.
3 4 5 6 Q 7 A 8 9 0 1	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years?
3 4 5 6 Q 7 A 8 9 0 1 2	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were
3 4 5 6 Q 7 A 8 9 0 1 2 3	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a
3 4 5 6 Q 7 A 8 9 0 1 2 3 4	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise.	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 7 7 A	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing when they put the reference ranges down here?	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 Q 7 A 8 9 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 8 9 0 0 1 1 2 3 4 5 8 9 0 0 1 1 2 3 4 5 8 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17 18	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the numbers they were using were not correct for this
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 9 0 1 2 3 4 5 Q 7 A 8 9 0 1 2 3 4 5 9 9 0 1 4 5 9 0 1 5 9 0 1 5 1 5 1	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing when they put the reference ranges down here?	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17 18 19	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the numbers they were using were not correct for this institution.
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3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 Q 9 0 1 2 3 4 5 Q 7 A 8 9 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 6 0 0 1 2 0 0 0 0 1 1 2 3 4 5 Q 6 0 0 0 1 1 2 3 4 5 Q 6 0 0 0 0 0 0 0 1 1 2 3 4 5 Q 6 0 0 0 0 0 0 0 0 0 0 0 0 0	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing when they put the reference ranges down here? I'm saying first of all the reference ranges are incorrect. They are incorrect? Correct, they are incorrect. The top off should	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17 18 19 20 Q 21 A	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the numbers they were using were not correct for this institution. Did they change them? I think they changed they worked on the technique, I don't know the specifics. Have the reference ranges changed
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 Q 9 0 1 2 3 4 5 Q 6 7 A 8 9 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 2 3 4 5 Q 7 A 8 9 0 0 1 2 2 3 4 5 Q 6 0 0 1 2 2 3 4 5 Q 6 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 9 0 0 7 A 8 9 9 0 0 0 0 1 2 2 2 2 2 0 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing when they put the reference ranges down here? I'm saying first of all the reference ranges are incorrect. They are incorrect? Correct, they are incorrect. The top off should be .15.	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17 18 19 20 Q 21 A 22	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the numbers they were using were not correct for this institution. Did they change them? I think they changed they worked on the technique, I don't know the specifics. Have the reference ranges changed First of all
3 4 5 6 Q 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 9 0 1 2 3 4 5 Q 6 7 A 8 9 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 7 A 8 9 0 0 1 2 3 4 5 Q 6 7 A 8 9 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 0 0 0 1 2 2 3 4 5 Q 6 7 A 8 9 0 0 0 1 2 2 3 4 5 Q 9 0 0 A 8 Q 9 0 0 A 8 Q 9 0 0 A 8 2 9 0 0 A 8 2 9 0 0 A 8 2 9 0 0 A 1 2 2 3 A 8 2 9 0 0 A 1 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	because I'm not sure that the variation from taking that sample and doing it twice wouldn't give two different answers. It was done three times serially. The same test done at the same time, taking the specimen, use it putting it in two separate things, it wouldn't come out with a different number in that range, because I think the plus or minus of these tests are such that, and knowing the way it's done in our laboratory, in this hospital, what the clinical experience is, is that this is not a significant rise. Doctor, I'm confused. This hospital, you're referring to Aultman Hospital? Correct. Are you saying they don't know what they are doing when they put the reference ranges down here? I'm saying first of all the reference ranges are incorrect. They are incorrect? Correct, they are incorrect. The top off should	3 4 A 5 Q 6 A 7 Q 8 A 9 Q 10 A 11 Q 12 A 13 14 15 16 17 18 19 20 Q 21 A 22 23 Q	MR. STRONG: I object. He didn't say he established them. I didn't establish them. You said you had input into them? Correct. What was your input? My input? Your input into the reference ranges? None. At this point, no. At any point in your last 35 years? They had concerns that these low numbers were extremely misleading, they were resulting in a number of patients having inappropriate hospitalizations. I don't know if I don't know the time frame, before or after this period of time, they reanalyzed it, they found out that the numbers they were using were not correct for this institution. Did they change them? I think they changed they worked on the technique, I don't know the specifics. Have the reference ranges changed

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Multi-PageTM

Jerm	anoff -v- Aultrnan Hospital		
	Page 65		Page 6'
1 A	I don't really know if they are using the same	1 A	Yes, you want to rule out but there is a
2	company's reagents right now, I don't know.	2	gradation of everything, it's not yes, no.
3 Q	The question is have the reference ranges changed	3 Q	In this case it was yes, no, because you said no.
4	since December of 1999?	4 A	
5 A	I don't know when they changed, they did change. I	5 Q	Unstable angina, didn't you?
6	don't know the date. They did change from when	6 A	
7	they started using it.	7 Q	You didn't?
8 Q	Are you saying they may have changed before	8 A	·
9	December, '99, we're seeing a result of the change	9	that, no.
LO	on pages 191 and 192?	10 Q	
[1 A	I don't know.	11	angina in Mrs. Germanoff?
12 Q	Doctor, are you the one that has to deal with these	12 A	
13	numbers?	13	angina. The way we rule it out is finding out the
14 A	That's correct, I am.	14	ischemic burden.
15 Q	You don't know whether the numbers are meaningful?		
16 A	I didn't say that. I said these levels are not	16 16	excess of the reference range, and myoglobin twice
17	meaningful.	17	as much as the reference range, evidence of
18 Q	They were with Connie.	18	unstable angina?
10 Q 19 A	No, they weren't.	19 A	
20 Q	Is it your testimony that these elevations, Doctor	20 Q	
21	were not cardiac-related; is that your testimony?	21	both troponin and myoglobin were not cardiac-
22 A	I'm saying they are not significantly elevated.	22	related; is that your testimony?
23 Q	Are you saying they are not cardiac-related is my	23 A	· ·
24	question. She died less than two weeks later.	24	abnormalities.
25 A	What I'm saying is that everybody has a troponir	25 Q	
		~~ Q	
	Page 66		Page Æ
1	level in their blood. You have it, everybody in	1	that these elevations were not cardiac-related?
2	this room has it. What the range of normal is,	2	You can use hindsight if you want, because we know
3	everybody has troponin in their blood, period.	3	she died of a cardiac incident in two weeks. My
4 Q	That is why there is a reference range on these	4	question to you now, even looking at it backwards,
5	tests, sir, that is what I'm saying.	5	okay, were these elevations cardiac-related,
6 A	I'm saying the reference range that we've learned		Doctor?
7	to use is usually above usually so obvious it's	7 A	
8	not even an argument. But usually a reference	8	practice medicine?
9	range at least over .2 or .25 is something to be	9 Q	
.0	concerned about any muscle damage.	10 A	
1 Q	Is that the same as cell damage? Are you using	1	MR. STRONG: Wait a minute.
2	the term muscle damage synonymous with cell damage?	12 A	I.
3 A	Yes, muscle tissue is cells. Yes.	3	MR. STRONG: Wait, I have to make an
4 Q	That is the same as unstable angina?	4	objection here. Ask a question, not a repartee
5 A	What?	5	MR. KAMPINSKI: He started the
6 Q	Muscle damage?	6	repartee. If he wants to answer my question, I
7 A	No.	7	would be happy to hear it.
8 Q	Isn't that what it is that you are trying to rule	8	MR. STRONG: You changed your
9	in or out in Mrs. Germanoff is unstable angina?	9	question.
1.0	Unstable angina is no longer unstable angina if	20	MR. KAMPINSKI: No, I didn't.
10 A	• • •		MD CTDONC. $A = 1 = \frac{1}{2} + \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} = \frac{1}{2} + \frac{1}{$
21	there is muscle damage.	21	MR. STRONG: Ask it again, or have
!1 !2 Q	there is muscle damage. Fine. Don't you want to catch it before it becomes	!2	it read back, one or the order.
!1 !2 Q !3	there is muscle damage. Fine. Don't you want to catch it before it becomes muscle damage; isn't that the point?	!2 !3 Q	it read back, one or the order. Were these elevations, sir, cardiac-related, the
!1 !2 Q	there is muscle damage. Fine. Don't you want to catch it before it becomes	!2	it read back, one or the order.

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p			Germanon -v- Autrnan Hospital
	Page 69		Page 71
1	already as to that point in time. Are you asking	1	these numbers could have in fact been significantly
2	him in retrospect? I don't want to ask your	2	higher in this particular lab, even though these
3	questions for you. You asked it two-ways, you just	3	numbers are reported as what they are, if you are
4	asked it what I consider to be ambiguous.	4	not trusting the numbers?
5 Q	Go ahead, Doctor, answer the question.	5	MR. HOWES: Objection.
* 6 A	At the time I saw the patient, I evaluated this	6	MR. KREMER: Objection.
7	information, I did not think it was a significant	7	MR. KAMPINSKI: Anybody else?
8	clinical abnormality when taken in the global	8	MS. PETRELLO: I thought we had a
9	situation she was in. Retrospectively, I still	9	continuing.
10	doubt it.	10	MR. KAMPINSKI: I thought you did too.
11 Q	So what do you attribute the elevated myoglobin and	11 Q	Go ahead.
12	troponin to, or don't you attribute it to anything?		That's your interpretation of it, that's not mine.
13 A	I attribute it to the plus/minus evaluation our lab	13 Q	Isn't that what labs do, test little numbers? You
14	has.	13 Q	are making it seem as though little numbers are
15 Q	Correct me if I'm wrong, isn't the plus/minus the	1	somehow not to be trusted, isn't that precisely
15 Q 16	reference range?	110	why we have laboratories?
17 A	No, the plus/minus is if I can use an analogy	117 A	Well, that is because you don't know what goes on
18	maybe. If you have a cholesterol level of 200, the	118	in a lab, to know that labs are all gradations of
9	FDA approves a lab work that will have a number		information. Measuring things and biologic systems
20	between 180 and 220. If the test comes out to 200,	10	are not yes/no, this/that, it's always there are
1:1	they say that is still within the range.	11	always subtleties to these tests.
12	There is a range this test has. As you can	12 Q	Did you pick up the phone and call the laboratory
1:2	see, the numbers are tiny, minuscule numbers.	13	when you looked at these results, to determine the
!4	Imperceptible measurements and you are talking .04,	24	subtleties in this particular test, or did you
25	.08, minuscule amount. This is a tiny little	25	order another test for example?
	· ·		X
1	Page 70		Page 72
	difference. In absolute numbers it's tiny. You can use statistics to make it sound like it's	1 A 2 Q	Yes, SGOT. When did you order that?
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	double or triple. You know, if you have one ant,	2 Q 3 A	It's on the chart there.
4	that is small; two ants, that is huge because it's		How will that tell you if
5	double. That is about what it amounts to. It's	4 Q 5 A	That goes up in cardiac damage.
6	nothing.	6 Q	How does that tell you whether the myoglobin and
	Well, are you saying that the plus/minus can be	7	troponin is rising, if it's accurate?
7 Q 8	double the actual numbers that are recorded here?	8 A	My base of information comes from the medical
9 A	I don't know. I know from clinical experience of	9	literature and taking care of thousands of
	seeing this in hundreds, hundreds of patients in	10	patients, including taking care of dozens of
1	this hospital, that these numbers are not enough to	10	patients, metading taking cure of dozens of patients every week with chest pain syndromes.
2	make a diagnosis with.	12	I know from experience and from doing
2 3 Q	Based upon your vast experience then, what would	12	cardiac caths, and from getting consults on
14 S Q	you say the plus/minus is on these laboratory	13	patients with these low levels, knowing that we
5	results?	15	find nothing in most of these patients. I have a
16	MR. STRONG: He already answered the	16	vast personal experience in taking care of patients
17	question.	17	and dealing with it. Having done heart caths in
18	MR. KAMPINSKI: No, that he hasn't	18	patients with these minuscule numbers, 99 percent
19	said.	19	of the time it's meaningless in those levels.
20 A	If the number is over .2, .25, I would say that it	20 Q	Are you saying that you do do heart caths on
21	is significant. Unless I ran a series of tests,	21	patients with numbers such as Mrs. Germanoff?
22	with 20 or 30 of them, I wouldn't be able to tell	22 A	I stopped because in those levels we got very
23	you. I don't think that I could answer that	23	limited information. Limited information and we
24	question without running a scientific test.	24	felt it was not appropriate, so that was my
25 Q	So am I correct that what you are saying is that	25	clinical experience in this institution.

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1	Page 73		Page 75
1 Q	Why did you order the SGOT?	1	MR. HOWES: Want to take a vote on
	Because it's another cardiac enzyme. It's a	2	that?
2 A	•		
3	nonspecific enzyme, it is a cardiac marker.	3	MR. KAMPINSKI: I'm sorry, I didn't
4 Q	Is that more specific than troponin or myoglobin?		hear that.
5 A	Yes, more specific than myoglobin.	5	MR. HOWES: I said maybe we should
6 Q	How about troponin?	6	take a vote on that.
7 A	No.	7	MR. KAMPINSKI: I'm not sure I
8 Q	Isn't it a fact that is a liver enzyme, Doctor?	8	understand it.
9 A	It also goes up in cardiac damage.	9	MR. HOWES: Do you think he was
10 Q	If we're talking about unstable angina, which I	10	going to say it was better for her to die?
11	thought we were talking about, then would you have	11	MR. KAMPINSKI: Is that your vote?
12	expected to see an increase in SGOT?	12	MR. HOWES: No, that is not my
13 A	I wouldn't expect to see any elevation of enzymes	13	vote. That is why I don't understand question.
14	with unstable angina.	14 Q	How do you get an elevation in troponin, Doctor,
15 Q	Including myoglobin and troponin?	15	how does that happen within the body, what causes
16 A	I don't think they should go up. Once you have	16	it to happen?
17	muscle damage, it's no longer unstable angina. My	17 A	Well, the most common cause is muscle damage to the
18	definition of unstable angina means there is	18	heart. Heart muscle damage.
19	ischemia. We may be talking about different	19 Q	Is there leakage from the cells that causes that?
20	things.	20 A	Yes.
1 Q	Give me your definition?	:1 Q	Does unstable angina cause leakage from the Cells?
12 A	My definition of unstable angina is transient	$\begin{vmatrix} n & Q \\ 2 & A \end{vmatrix}$	Not usually to a significant degree. I wouldn't
.2 A	ischemia to the heart, without muscle damage.	3	say that I don't know how you would
	Something is causing a limit of blood supply to the		differentiate on clinical grounds between muscle
4 Q	heart?	5	damage and unstable angina. I'm sorry, I don't
.5	neart?	<i></i>	damage and unstable angina. Thi sorry, I don't
	Page 74		Page 76
1 A	Um-hum.	1	know how would you separate the two.
	Um-hum. A stricture in one of the arteries perhaps?	1 2 Q	know how would you separate the two. Maybe by virtue of the troponin being in the gray
1 A	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient.		know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but
1 A 2 Q	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that	2 Q 3 4	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range?
1 A 2 Q 3 A	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient.	2 Q 3	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation.
1 A 2 Q 3 A 4 Q	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that	2 Q 3 4	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range?
1 A 2 Q 3 A 4 Q 5	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage,	2 Q 3 4 5 A	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation.
1 A 2 Q 3 A 4 Q 5 6	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it?	2 Q 3 4 5 A 6 Q	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are
1 A 2 Q 3 A 4 Q 5 6 7 A	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it? Yes.	2 Q 3 4 5 A 6 Q 7 A	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are There is always gradation between muscle that it
1 A 2 Q 3 A 4 Q 5 6 7 A 8 Q	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it? Yes. Because that would be the optimal time to have	2 Q 3 4 5 A 6 Q 7 A 8	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are There is always gradation between muscle that it ischemic and muscle that is totally necrotic, or
1 A 2 Q 3 A 4 Q 5 6 7 A 8 Q 9	 Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it? Yes. Because that would be the optimal time to have intervention, bypass or stent or something, to prevent a heart attack and prevent somebody from 	2 Q 3 4 5 A 6 Q 7 A 8 9	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are There is always gradation between muscle that it ischemic and muscle that is totally necrotic, or dead. So I would say there is a gradation going
1 A 2 Q 3 A 4 Q 5 6 7 A 8 Q 9 0	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it? Yes. Because that would be the optimal time to have intervention, bypass or stent or something, to	2 Q 3 4 5 A 6 Q 7 A 8 9 0	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are There is always gradation between muscle that it ischemic and muscle that is totally necrotic, or dead. So I would say there is a gradation going from one to another, yes. There might be a little
1 A 2 Q 3 A 4 Q 5 6 7 A 8 Q 9 0 1	Um-hum. A stricture in one of the arteries perhaps? Um-hum, and it's transient. That would be a good time of course to catch that problem, before in fact it caused muscle damage, wouldn't it? Yes. Because that would be the optimal time to have intervention, bypass or stent or something, to prevent a heart attack and prevent somebody from dying?	2 Q 3 4 5 A 6 Q 7 A 8 9 0 1	know how would you separate the two. Maybe by virtue of the troponin being in the gray range, something above the reference range, but below the muscle damage range? There is always a gradation. I don't understand what you are There is always gradation between muscle that it ischemic and muscle that is totally necrotic, or dead. So I would say there is a gradation going from one to another, yes. There might be a little bit of an elevation, sure.
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Page 771MR. KAMPINSKI:It's a question.2MR. STRONG:I didn't hear a3question.24 ATypically if you have enzyme elevation, I no longer35call it unstable angina.1'm not saying for sure6that unstable angina may cause a leak in67transiently in troponin, if I see an elevation in78troponin, I no longer call it unstable angina, then99it's myocardial infarction.99What levels of troponin elevation do you call it11unstable angina?112I don't.3QEver?4AI don't.3QEver?4AI don't.3QEver?4AI don't.5unstable angina.6you thave an elevation in troponin in the gray7zone, that can be unstable angina?8A You can also have it in the normal range.9Q9So the answer to my question is yes, you can?10Q11That is a yes?12A13Q14Q15Can you have an elevation of troponin in the gray16A17Zone that can be reflective of unstable angina?18Or you want me to speculate?9Q9So the answer to my question again.13Q14<	ave seen is a he wall aque t and an a plaque t ues that don't ones her nswer, one a
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25 A You could speculate that, sure. 25 definitive answer? A ruptured plaque oc	ou want
	ve you ¿
Page 78	curs
	Page 80
1 Q I'm not asking you to speculate. I'm saying as a 1 abruptly.	1 450 00
2 matter of medical fact, can you have an elevation 20 I'm not talking about the plaque that con	es off
3 of troponin in the gray zone, that is reflective of 3 I'm asking the degree of blockage noted on a	
4 unstable angina? 4 Doctor?	nopsy,
5 A Let's put it in two senses. Can you have it in 5 A Do you want me to draw you a picture o	what
6 theory, yes. Can you in practical terms figure 6 happens, because you are asking a questi	
7 that out, no. 7 answering honestly, you are not understa	
	-
	see II,
0 Q You can't? 10 ultimately we can't keep that.	
1 A No. 2 O What would a astheterization on Connia Commonff 12 another a good artist. I say you can only What	
2 Q What would a catheterization on Connie Germanoff 12 speculate. This circle is an artery. Whe	
3 have shown? You looked at the autopsy, correct? 13 artery builds up with atherosclerosis, it of the short and a short at the short at	-
4 A When we saw her or when she died? 14 a cholesterol plaque, which is like a hard	
5 Q You saw the autopsy when she died. If you had done 15 can be on a wall, like this, which is th	
6 a catheterization when you saw her, what would it 16 the plaque. That has narrowed it maybe	
7 have shown in light of the autopsy? 17 40 percent, 20 percent, I don't know what th	
8 MR. KREMER: Objection. 18 is, maybe 15, 20 percent. Nothing there	
9 A That would be speculation. 19 Then, a blood clot forms here. It pu	
20 Q Why? 20 this plaque out across there. Then this whole	
P.1 A Because I don't know what it would look like then, 21 is blocked. This happens like a volcano,	
¹² E didn't look at it then. It's changed obviously ²² abruptly. A clot forms inside there, that	blocks
between the time I saw her and the time she died. 23 off the artery.	
24 Q She had blockage at the time of the autopsy? 24 You are telling me I don't know e	
25 A Right. 25 what it would look like. I could specular	-

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	Page 81		Page 83
1	tell you what I think. I can't tell you for sure,	Ι	myocardial infarction."
2	if you want a 100 percent answer, I can't.	2	Do you agree or disagree with that, sir?
3 Q	The reason I ask the question is your partner,	3 A	I do not think that statement you read fulfills the
4	Dr. Lee, testified had a catheterization been done	4	the evidence based medicine practice which we do.
5	at the time she was seen, it would reflect the	5	That falls below the that falls to
6	blockage; you disagree with him?	6	they are using a different method. We use an
7 A	No, I said I could speculate that. I can't give	7	evidence based medicine, which is designed from I
8	you 100 percent assurance, knowing the mechanism of	8	think the National Institute of Health, American
9	action. Since you want an answer that is all or	9	College of Cardiology, American Heart Association.
10	nothing, I can't give you that.	10	We use evidence based medicine.
11 Q	I want an answer to a reasonable degree of medical	11	His statement is his statement of having
12	certainty. Do you agree or disagree with Dr. Lee	12	two negative stress tests, going eight and a half
13	in terms of what his statement was?	13	minutes on a stress test, all other criteria we
14 A	I would have to read his statement you are quoting.	14	use, it does not fall within evidence based
15 0	You said you read his deposition?	15	medicine at that time.
16 V	MR. STRONG: Isn't it 100 some	16	I would agree if a patient had recurrent
17	pages?	17	pain, beyond one hospitalization, then that is a
17 18 A	I read it a month ago. Anyway, she could have had	18	different story.
18 A 19	a plaque this severe, it clotted off. I can't say		Well, tell me what you mean by evidence based
20	she didn't, I can't say she did. That's the	19 Q 20	medicine, I'm not sure I understand the term?
20 21	mechanism. Heart attacks do occur abruptly, that	20 21 A	One of the most common admissions to the hdspital
22	is why you can have a normal stress test one day,	22	is chest pain. We have chest pain units, we take
23	die from a massive heart attack the next day.	23	care of tens of thousands, millions of patients a
24 Q	Have you read any of the expert reports, sir?	24	year. Because of that there is a tremendous amount
25 A	I think I read some of them. I'm sure I didn't	25	of medical literature, because of that there are
	Page 82		Page 84
1	read all of them.	1	published guidelines, they tell you based on
2 Q	Do you recall which ones you did read?	2	literature and medicine what is a reasonable
3 A	No.	3	approach to handling these tremendous millions of
4 Q	Is it your testimony that an emergency room doctor	4	patients. Everybody in this room has had chest
5	cannot rely on a negative stress test to rule out	5	pain at some time, I'm sure. There are guidelines
6	unstable angina?	6	how to manage that.
7 A	I think no physician should rely on any one test.	7	Basically I don't use guidelines as a
8	You take a lot of information, put it together,	8	cookbook. I use evidence based medicine. I think
9	including age, risk factors, all sorts of things.	9	the standards that I used and Dr. Lee used was
10 Q	Dr. Waller is an expert that was retained by	10	based on that criteria.
11	Dr. Hamrick.	11 Q	Where do I find the guideline that you are
12 A	Okay.	12	referring to?
13 Q	In his report he said, I'll quote this, "The	13 A	Where do you find it?
14	presence of continued chest pain and suspicious	14 Q	What is the name of it, tell me what you are
15	enzymes made it mandatory to perform a cardiac	15	talking about?
16	catheterization prior to release." He was	16 A	American Heart Association.
17	referring to Dr. Lee.	17 Q	That is an association, what is it that they
18 A	Um-hum.	18	publish where would I go to find what you are
19 Q	Do you agree or disagree with that?	19	talking about that sets forth the guideline that
20 A	I disagree with the statement she was having	20	says what you and Dr. Lee did was okay?
20 11 21	continuous chest pain.	20 21 A	I don't know. I looked it up in a journal.
22 Q	Dr. Waller said, I'll quote, "The failure to	22 Q	What journal?
23 Q	perform the diagnostic catheterization by Dr. Lee		American Heart Association journal.
23 24	fell below the standard of care for a cardiologist,		Which journal?
2 4 25	and led directly to Connie Germanoff's fatal acute	24 Q 25 A	Circulation.
20			

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	Page 85			Page 87
1 Q	Which publication?	1	A	Can you repeat the question.
2 A	I just know it from medical you are asking me	2		(Question read.)
3	like I looked it up. I just know it. That is what	3	A	Based on the information in the chart at this time,
4	I deal with every day of the week, so I know	4		knowing what the previous stress test said, I'm not
5	basically what I'm dealing with. You are asking	5		sure exactly what you are saying from before, I
6	me, I can't tell you anything other than probably	6		would be very concerned and make sure she had
7	in Circulation because that is where they publish	7		further workup.
8	the guidelines.	8	Q	Further workup being what, at this point, Doctor?
9 Q	Are those guidelines we can rely on by the American	9	A	She probably should be hospitalized, observed, get
10	Heart Association, is that what you are telling me?	10		enzymes, maybe another heart cath a heart cath
111 A	That is generally the way I practice, yeah.	11		at that time.
12 Q	Doctor, you said you looked at the other emergency	12	0	You don't mean another heart cart, a heart cath?
113	room visits?	13		A heart cath, right.
114 A	Yes, casually I looked through them. I didn't	14		She then comes back, Doctor, to the emergency room
:15	study every	15	Q	on December 24th, by ambulance. Her complaint is
16 Q	Help me out here for a second, turn to the	16		chest pain. Reason for treatment is chest pain.
10 Q	December 20th visit. I'm looking at page 35, which	17		Should she have been referred to a cardiologist on
.17	is the emergency department nursing assessment	18		that occasion?
19	notes, which was the complaint when she came in. I	9	٨	What were her complaints at that time?
	think you've got 34 there.			Chest pain, chest pain, same chest pain she had
20		10	Q	· · · ·
21	Connie Germanoff came in clenching her	1:1		been having. Of course it does say patient states
22	chest and breathing heavy, complaining of chest	12		cardiac ruled out on two prior trips.
23	pain, radiating left arm. Then later she had an	13	A	Says she is having epigastric is that epigastric
24	emesis, clutching of chest, patient continues to	'4	_	pain?
	complain of chest pain and one more emesis.	25	()	Where are you reading from, Doctor?
25	complain of chest pain and one more chiesis.		×	There are you reading from, 2 octor.
	Page 86		×	Page 88
2	· · ·			
	Page 86		A	Page 88
1 2 A	Page 86 You had seen her two days earlier, Doctor?	1	A	Page 88
1	Page 86 You had seen her two days earlier, Doctor? Um-hum.	1 2	A	Page 88 29. Let's start with rural Metro ambulance, which she
1 2 A 3 Q	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist	1 2 3	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was
1 2 A 3 Q 4	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on	1 2 3 4	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at
1 2 A 3 Q 4 5 A 6	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes.	1 2 3 4 5	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain.
1 2 A 3 Q 4 5 A 6 7 Q	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes. This is her telling	1 2 3 4 5 6	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told
1 2 A 3 Q 4 5 A 6 7 Q 8 A	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes.	1 2 3 4 5 6 7	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told them. History, two episodes in the past week. So
1 2 A 3 Q 4 5 A 6 7 Q 8 A 9 Q	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes. This is her telling That is not her whole chart. I understand.	1 2 3 4 5 6 7 8	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told them. History, two episodes in the past week. So I mean the lady is still coming back to the
1 2 A 3 Q 4 5 A 6 7 Q 8 A 9 Q 10 A	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes. This is her telling That is not her whole chart. I understand. You are basing it on this piece of information	1 2 3 4 5 6 7 8 9 0	A	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told them. History, two episodes in the past week. So I mean the lady is still coming back to the hospital complaining of chest pain, should she have
1 2 A 3 Q 4 5 A 6 7 Q 8 A 9 Q 10 A 11	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes. This is her telling That is not her whole chart. I understand. You are basing it on this piece of information without knowing anything else, yes. I would, yes,	1 2 3 4 5 6 7 8 9 0 1	A Q	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told them. History, two episodes in the past week. So I mean the lady is still coming back to the hospital complaining of chest pain, should she have been seen by a cardiologist?
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1 2 A 3 Q 4 5 A 6 7 Q 8 A 9 Q 10 A 11 12 13 Q 14 15 16 17 A 18 Q 19 20 21 22	Page 86 You had seen her two days earlier, Doctor? Um-hum. Should she have been referred to a cardiologist with additional workup in your opinion? That would concern me a great deal, yes. Based on that limited piece of information there, yes. This is her telling That is not her whole chart. I understand. You are basing it on this piece of information without knowing anything else, yes. I would, yes, based on that limited information there. The doctor, this Dr. Hatcher said that he reviewed her old record, she had a normal cardiolite stress test in the last month. He said that that is what he relied on. Um-hum. Based on our earlier discussion, I take it it was inappropriate for him to rely on the stress test you did two days earlier to rule out unstable angina in this patient? MS. PETRELLO: We still have a	1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 2 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 4 5 7 8 9 0 1 2 3 1 2 3 4 5 5 7 8 9 0 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 3 4 5 7 8 9 0 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 2 3	A Q Q A Q	Page 88 29. Let's start with rural Metro ambulance, which she is the one that made the complaints of what was bothering her, that is page 225. You can look at this if you don't have it. Reason for treatment, chest pain. Complaints, chest pain. That is what she told them. History, two episodes in the past week. So I mean the lady is still coming back to the hospital complaining of chest pain, should she have been seen by a cardiologist? I think we should have been called to assess that recurrence. Again I take it at that point had you been notified, I think Dr. Lee addressed this issue also, she would probably have been catheterized': Probably at that time, yes. Again, it would not have been appropriate for the emergency room physicians at that time to have relied on a negative stress test to rule out unstable angina when she comes in with continuing complaints of chest pain?

Multi-PageTM

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1 Q	That dovetails into your explanation to me how	1 Q	When you reviewed the ER records for December 24,
2	these heart attacks happen?	2	1999, did you note that according to those ER
3 A	Right.	3	records the complaints to the physician and ER
4 Q	I'm almost done.	4	nurses, Mrs. Germanoff was complaining of
5 À	That's okay.	5	epigastric pain?
6 Q	Did you at any time, Doctor, have any discussions	6 A	Yes, I think I said that.
7	with either the emergency room physicians, or any	7 Q	That is different than chest pain, isn't it?
8	of the primary care physicians regarding Connie	8 A	Correct.
9	Germanoff!	9 Q	I apologize if you already answered this question,
10 A	I don't think I ever have. I don't remember if I	IO	Rick, just tell him it's already been answered, you
11	did.	11	don't have to answer it again.
12	MR. STRONG: You need to check?	12	Did you rule out MI in that admission on
13	(Recess taken.)	13	December 16th through December 18, '99?
14	(Plaintiff's Exhibit 1	14 A	Yes, there was no evidence there was no evidence
15	marked for identification.)	15	of significant amount of heart damage.
16	MR. KAMPINSKI: Without trying to	16	Do you have to take that?
17	characterize it at all, Doctor, that diagram that	17	MR. STRONG: Possibly. Hang on.
18	you drew reflecting the blockage of an artery, it's	18	THE WITNESS: I'm sorry. This is
19	now been marked as Plaintiff's Exhibit 1, correct?	19	ridiculous.
20	THE WITNESS: Okay.	10	(Recess taken.)
21	MR. KAMPINSKI: Attach that to the	21	MR. STRONG: Don, the Doctor is'
22	transcript.	22	back.
23	I really want to put something on the	•	Mr. Switzer:
24	record as to Miss Petrello's client. Basically we	24 Q	My question, I don't think I heard this, did you
25	are done. We sent your office a letter a couple	25	say they no longer use the troponin levels at
	Page 90		Page 92
1	days ago asking for answers to interrogatories that	1	Aultman Hospital?
2	we filed with the case initially, which we never	2 A	I did not say that. They use them, it's a good
3	received answers. If you could look into that, see	3	test if it's used properly.
4	that we get the answers, I would appreciate it. Do	4 Q	You may recall that the troponin level on
5	we need it from anybody else?	5	December 24th was I believe .04?
6	MR. MELLINO: You never answered on	6 A	Correct. I don't know that.
7	behalf of the group, only the one with Dr. Lee.	7 Q	I think I'm correct on that, I believe .08 for the
8	MR. STRONG: Is that right?	8	second test on the 17th.
9	MR. KAMPINSKI: That was referring to	9	Do you have any opinion as to whether the
10	Mr. Strong. If we could get answers, we would	10	troponin level at what period of time what
11	appreciate it. I think that's all we have. I	11	the level was when it peaked?
12	don't know if you guys have any questions of the		MR. KAMPINSKI: Don, wait a second.
13	doctor. Don, any questions? MR. SWITZER: Just a few questions.	13	Are you telling the doctor on the 24th there was a troponin done?
14 15		14	I'm sorry, the 20th. Thank you. Let me withdraw
	You want to go ahead? MR. KAMPINSKI: I quite frankly forgot	15 Q 16	the question, start again.
16 17	you were there, Don.	10	On the 20th I believe the troponin is .04?
17	MR. SWITZER: Not the first time.	17 18 A	Correct.
10	Doctor, can you hear me?	19 Q	On the 17th, I think in the afternoon it was .08?
20	THE WITNESS: Yes, I can.	20 A	Correct.
20	MR. SWITZER: Just a few questions	20 A 21 0	Do you have any opinion as to whether the troponin
21	for you. I represent Dr. Hamrick.	22	level ever peaked to a level higher than .08, if so
23	THE WITNESS: Okay.	23	what that number was?
24	CROSS-EXAMINATION	24 A	That would be speculation. I could tell you with
	Mr. Switzer:	25	myocardial infarction the enzyme troponin goes up
125 By			

	Page 93		Page 95
1	and stays up.	1	MS. PETRELLO: 40.
2 Q	How long does it stay up with an MI?	2 A	I saw that when I saw the troponin.
2 Q 3 A	I can't tell you an exact answer. In terms of	3 Q	Couldn't do a CK because it was too low. They did
4	weeks.	4	the troponin and myoglobin, those two levels were
5	MR. SWITZER: Thank you verY much,	5	lower than what it was in the hospital, correct?
6	Doctor.	6 A	The troponin is. I think the myoglobin is. I
7	MS. PETRELLO: I have some questions.	7	don't remember. The CPK by itself without is
8	My name is Colleen Petrello, I represent	8	too small to fractionate.
9	Dr. Hatcher, who is the emergency room physician	9 Q	We will take them one by one.
0	who saw Mrs. Germanoff on the 20th.	0	MR. STRONG: Why don't you ask him
1	MR. KAMPINSKI: You also represent the	1	something so we don't have to go back through all
2	group as I understand. You also represent	2	these things that have been asked.
3	Dr. Hatcher, as I understand by virtue of	3	MS. PETRELLO: I don't think it's been
4	representing the group, and therefore I object to	4	asked.
5	both of you asking questions, but go ahead.	5 Q	I want you to acknowledge the myoglobin, let's
6	MS. PETRELLO: Did you want to take	16	start with that 125.8, don't you agree that is
7	your page?	7	lower than what it was in the hospital?
8	THE WITNESS: Go ahead.	8 A	Yes.
9	MR. STRONG: If she is quick. If	9 Q	How about the troponin, don't you agree it's lower
20	she gets to a point you need to go, say so.	20	than what it was in the hospital?
!1	THE WITNESS: I don't know if it is	21 A	Yeah.
!2	an emergency or it is from the emergency room. The	22 Q	Did you note that there was an EKG done by
23	answering service doesn't know the difference.	23	Dr. Hatcher, it was normal?
24	There are doctors there, if it's an emergency they	24 A	I will be glad to look at it.
25	can usually handle the situation.	25 Q	Page 38, interpreted as normal compared to the
	Page 94		Page 96
1	MS. PETRELLO: I would like to think	1	previous one on 12-16?
2	so, Doctor.	2 A	Yes, okay.
3	CROSS-EXAMINATION	3 Q	So, Doctor, at least based on some of the things
4 By	Ms. Petrello:	4	I've shown you, Dr. Hatcher didn't simply rely on a
5 Q	Doctor, you did review the emergency room records,	5	negative stress test in evaluating Mrs. Germanoff
6	including the emergency room visits after the	6	on the 20th; do you agree with that?
7	admission?	7 A	Yes.
8 A	Yes, just in a very casual fashion. I would not	8 Q	Are you aware that it was Dr. Hatcher's impression
9	want to comment without looking at a very specific	9	that it could have possibly her complaints could
10	piece of information.	10	have been due to a GI problem, and in fact he gave
11 Q	Doctor, you did comment and testify that you felt	11	her a GI cocktail, and she got relief from her
12	that perhaps the emergency room physician should	2	pain; are you aware of that?
13	have called a cardiologist; is that correct?	13 A	I'm aware of it because you told me. What I see
14 A		L .	here, correct.
	Yes, based on the information that was shown to	4	here, concet.
5	me. I don't have a long I haven't studied these	4 5 Q	You're not an emergency room physician, correct?
5 16	me. I don't have a long I haven't studied these long notes typed here.		You're not an emergency room physician, correct? Correct.
	me. I don't have a long I haven't studied these long notes typed here.Were you aware that Dr. Hatcher also did some blood	5 Q	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room?
16	me. I don't have a long I haven't studied these long notes typed here.Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies?	5 Q 16 A 17 Q 18 A	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct.
L6 L7 Q 18 L9 A	me. I don't have a long I haven't studied these long notes typed here.Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies?No.	5 Q 16 A 17 Q 18 A 19 Q	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with
16 17 Q 18 19 A 20 Q	me. I don't have a long I haven't studied these long notes typed here.Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies?No.Were you aware that the CPK was 62 and they	5 Q 16 A 17 Q 18 A 19 Q 20	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with the standard of care for emergency room physicians?
16 17 Q 18 19 A 20 Q 21	me. I don't have a long I haven't studied these long notes typed here.Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies?No.Were you aware that the CPK was 62 and they couldn't even do a CK?	5 Q 16 A 17 Q 18 A 19 Q 20 21 A	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with the standard of care for emergency room physicians? Correct.
16 17 Q 18 19 A 20 Q 21 22	 me. I don't have a long I haven't studied these long notes typed here. Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies? No. Were you aware that the CPK was 62 and they couldn't even do a CK? MR. KAMPINSKI: Which are you referring 	5 Q 16 A 17 Q 18 A 19 Q 20 21 A 22	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with the standard of care for emergency room physicians? Correct. MS. PETRELLO: I don't have anything
 16 17 Q 18 19 A 20 Q 21 22 23 	 me. I don't have a long I haven't studied these long notes typed here. Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies? No. Were you aware that the CPK was 62 and they couldn't even do a CK? MR. KAMPINSKI: Which are you referring to? 	5 Q 16 A 17 Q 18 A 19 Q 20 21 A 22 23	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with the standard of care for emergency room physicians? Correct. MS. PETRELLO: I don't have anything else.
16 17 Q 18 19 A 20 Q 21 22	 me. I don't have a long I haven't studied these long notes typed here. Were you aware that Dr. Hatcher also did some blood work, did you review the lab studies? No. Were you aware that the CPK was 62 and they couldn't even do a CK? MR. KAMPINSKI: Which are you referring 	5 Q 16 A 17 Q 18 A 19 Q 20 21 A 22	You're not an emergency room physician, correct? Correct. You don't practice in the emergency room? Correct. You would agree with me you're not familiar with the standard of care for emergency room physicians? Correct. MS. PETRELLO: I don't have anything

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	Page 97		Page 99
1	Kremer, I represent Dr. Hollaway and her group.	1	for an emergency room doctor to rely upon relief of
2	CROSS-EXAMINATION	2	symptomatology with a GI cocktail as it not being
	Mr. Kremer:	3	cardiac.
4 Q	I think I heard you correctly before you did not	4	My question is the following: You referred
5	speak with Dr. Hollaway, or Dr. Hummel, or	5	me to heart standards, isn't it a fact that the
6	Dr. Linz, or Dr. Schall, or anyone from that	6	American Heart Association standards say you cannot
7	practice on December 18th when you saw the patient;	7	rely on relief of symptomatology by virtue of
8	is that correct?	8	giving somebody a GI cocktail?
9 A	I have no recollection of that. That is the best I	9	MS. PETRELLO: Objection.
10	can say.	10 A	If you are asking me what the American College
11 Q	Nowhere in the chart did you write a progress note	11 Q	Heart Association?
12	or an order that this patient was to follow-up with	12 A	says, I don't know that. I would have to see
13	you or your group; is that correct?	13	those words to say you are saying it accurately.
14 A	I didn't write that, correct.	14 Q	Let me ask you this: Can an emergency room
15	MR. KREMER: I don't have anything	15	physician rely on relief of symptoms by virtue of
16	further, thank you.	16	giving a GI cocktail to rule out pain that is
17	MR. HOWES: Nothing.	17	cardiac in origin?
18	MR. KAMPINSKI: Doctor, I won't be	18	MS. PETRELLO: Objection.
19	long, but just to follow-up on some of these	19 A	No.
20	questions just asked now.	20 Q	That question was a fair question to ask you, in
$\begin{vmatrix} 20\\ 1 \end{vmatrix}$	MR. STRONG: Before you continue, I	1	terms of suggesting that that somehow exculpates an
2	apologize for interrupting, the Doctor had a page.	'2	emergency room physician from determining what the
3	MR, KAMPINSKI: Let him take it then.	!3	cause of the sternal chest pain is?
4	MR. STRONG: The question is whether	!4	MS, PETRELLO: Objection.
5	he thinks he needs to or not.	!5 Q	Would that be a fair statement, sir?
-		-	
1	Page 98		Page 100
	(Recess taken.)	1 A	It's global information. You don't just it's
	MR. KAMPMSKI: Doctor, I take it we're	23	everything put together. It's not just any one thing.
3	okay for a few minutes? THE WITNESS: I hope so.	-	These emergency room doctors who are criticizing
5	MR. KAMPINSKI: Based on the page you	4 Q 5	the cardiologists, yourself and Dr. Lee, and I
	just took?	6	apologize if this is repetitive, I want to make
6 7	THE WITNESS: Yes, it was not an	7	very sure there is no confusion in this, they did
		8	not have a right to rely on the negative stress
8	emergency. RECROSS-EXAMINATION	9	test you did in order to rule out unstable angina
	Mr. Kampinski:	0	when this woman came back on two additional
· ·	The emergency room physicians retained this	1	occasions after you saw her, continuing to complain
1 Q 2	Dr. Waller, okay. He's the expert who I quoted	2	of chest pain; would that be correct?
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	from his report earlier that indicated that he	2 3 A	The way I would put it is that when a patient keeps
4	believed that Dr. Lee deviated from the appropriate	4	on coming back to the hospital with recurrent pain,
5	standard of care required of you.	5	the onus is on the doctor to find out what is going
6 A	Correct.	6	on.
7 Q	Now you've been asked questions by these emergency	7 Q	Would not the standard of care of any physician,
8	room physician's attorneys, suggesting that their	7 Q 8	whether he be emergency room, whether he be a
9	clients, the emergency room doctors, could rely on	9	family practitioner, whether he be an internist,
0	relief of symptomatology which they believed was	20	require him under these circumstances that are set
1	epigastric, despite the woman complaining of chest	10	forth on both December 20th and December 24th,
2	pain and clutching her chest, saying the pain is	22	require that doctor to get a cardiology consult to
3	the same as it has been, breathing heavy, radiating	23	allow you to do, if it were you, to do your job?
;4	down her left arm, they asked you a question if	24	MR. STRONG: Objection. He already
5	it's appropriate and within the standard of care	25	answered part of that auestion as to what standard
, J	it is appropriate and wrann the standard of care		anonorou part or that adoption up to what builded

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	Page 101		Page 103
1	of care he can or cannot testify to.	1	I have read the foregoing transcript from page 1
2	MR. KAMPINSKI: The reason I ask that	2	through 103 and note the following corrections:
3	is he was asked, or he did respond to Dr. Waller's	3	
4	comment about standard of care. So apparently he	4	
5	has some conversance with standard of care.	5	
6	MR. STRONG: Waller is a cardiac	6	
7	pathologist.	7	
8	MR. KAMPINSKI: I don't know what he	8	
	is. He's the guy they hired to criticize your		
9		9	
10	group.	10	
11 Q	My question to you, I thought I had it there, is	11	
12	would it not be the appropriate thing for a doctor		
13	to do, if you don't want to use the words standard	13	
14	of care, any physician to refer such a patient as	14	
15	Connie Germanoff when she returns on December 20th	15	
116	and December 24th, continued to complain of chest	16	
117	pain, refer her to a cardiologist?	17	
18 A	Yes.	18	
:19	MS. PETRELLO: Note a continuing	19	
20	objection.	20	
21 A	As it's presented, yes, I think so.	21	Subscribed and sworn to before me this day
22 Q	I take it you have no disagreement with your	22	of, 2001.
:23	colleague, Dr. Lee, in terms of his testimony to	:23	
224	the effect that if in fact Connie had been referred	:24	Notary Public
215	on either December 20th or December 24th, the	:25	My commission expires:
		+	
1	Page 102	1	State of Ohio, Page 104
1	appropriate intervention would have occurred and in		Since of one, Ss: CERTIFICATE
2	light of the findings on autopsy, that she probably		County of Cuyahoga,)
3	would have been successfully treated and be alive		
4	and well today?		Public in and for the State of Ohio, duly commissioned and
5 A	Probability, yes. I mean if probably if she hac		qualified, do hereby certify that the within named
6	angiography she may well have been properly		witness, Alan Kamen, M.D., was by me first duly sworn to
7	treated. I have seen patients treated for this		testify the truth, the whole truth, and nothing but the
8	problem who still rupture their heart.		truth in the cause aforesaid; that the testimony then
9 Q	We have to talk in terms of probability since		given by him was by me reduced to stenotypy/computer in
10	nothing to that effect was done?		the presence of said witness, afterward transcribed, and
11 A	Yes, I would say that is certainly that is		that the foregoing is a true and correct transcript of the
12	reasonable.	12	testimony so given by him as aforesaid.
13	MR. KAMPINSIU: That's all I have.	13	
14	Anything else?	14	taken at the time and place in the foregoing caption
15	MR. SWITZER: Not from this end.	15	1 5
16	MR. STRONG: You have a right to	16	
17	read it. I'm asking her to print it up, send it to		counsel, or attorney of either party, or otherwise
18	me, you'll review it for clerical accuracy.	18	interested in the event of this action.
19	(Deposition concluded at 6:33 p.m.)	19	IN WITNESS WHEREOF, I have hereunto set my hand
20	(Signature not waived.)	20	and affixed my seal of office at Cleveland, Ohio, on
21		21	this 22nd day of May, 2001.
22		22	
13		23	
14		24	Constance Versagi, Court Reporter and Notary Public in and for the State of Ohio.
15		25	My Commission expires January 4, 2003.
		L	J I I I I I I I I I I I I I I I I I I I