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December 8, 2003

Re: Robin Kidd, E/O Thomas Kidd v. Carol Noall, MD, et al.
Geauga County Common Pleas Court Case No. 03PT000216
File No. 4107-02-52205-03

Dear Mr. Walters,

I am writing to render a written opinion arising out of my review of this case. As you know, you asked me to determine whether Dr. Carol Noall exercised an appropriate standard of care in her treatment of Thomas Kidd. My clinical, academic, administrative, and research experience prepares me well to serve as an expert on this question. The materials that I have reviewed to date are copies of the pertinent medical records; copies of deposition testimony transcripts of Dr. Noall, several of her office staff, and Mrs. Kidd; plaintiff's expert opinion letters from Drs. Barnhart, Bogdasarian, and Burke; autopsy report.

Mr. Kidd was a 41 year-old man who presented to Dr. Noall on 11/26/01 complaining of a sore throat for 24 hours. Examination showed no fever, no apparent distress, moderate erythema of the pharynx, enlarged tonsils with exudates, and shotty anterior cervical lymphadenopathy. His rapid strep test was positive. He was given penicillin (Bicillin 1.2M units IM).

The following day (11/27/01) he returned to her office after first calling to say that he was going to the emergency room because of trouble breathing. From the record it appears that he changed his mind and Dr. Noall accommodated him on short notice. When seen, he complained of severe throat pain, difficulty swallowing, improved soreness on the left side of the throat, increased soreness on the right side, and little relief with ibuprofen. Examination showed no fever, no apparent distress, no change in pharynx appearance (erythema, enlarged tonsils, exudates), no uvular deviation, and shotty cervical nodes (unchanged). Dr. Noall recommended local over-the-counter remedies for pain, but also prescribed a short course of prednisone to use if he continued to have a lot of throat pain. She discussed watching for signs of peritonsillar abscess (uvular deviation). That evening Mr. Kidd presented to Lake Hospital Emergency Room with complaint of sore throat, stating "one side sore; "getting worse, no better-seems ↑ swollen, ↑ pain"; "can't swallow water x 2 day". He was afebrile and his examination, as documented in the ED record, seemed very similar to what Dr. Noall described earlier in the day. Mr. Kidd had not filled the prednisone prescription. Impression was "Pharyngitis-acute". He was given viscous lidocaine for pain relief and told to "fill Rx for steroids" and follow up with Dr. Noall in 2 days. Mrs. Robin Kidd has testified that Mr. Kidd did not take any prednisone.

Three days later (11/30/01) Mrs. Kidd called the office in the morning for Mr. Kidd, with a complaint of chest tightness and back pain, requesting a muscle relaxer. As best as I can make out the handwriting, the phone record includes the following: "muscles in chest tight causing to have trouble" and "refused appt. & urgent care" and "just wants Rx called". There is no mention of sore throat. A prescription for Soma (a muscle relaxer) was called in to his pharmacy. In the early afternoon of the same day, Mrs. Kidd called again for Mr. Kidd, stating that the muscle relaxant was not working. The phone record includes the following: "already took 2 tablets of it & nothing". Dr. Noall prescribed Vicodin for pain relief.

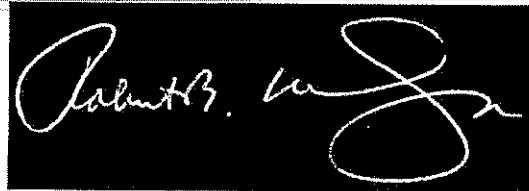
The following day (12/1/03) Mrs. Kidd had another phone contact with the office. It appears that she was returning a call "Re: pain meds" that the office had made to her (from deposition testimony, this was probably a phone message from 11/30/01 about the Vicodin being called in to the pharmacy). I can make out the following: "Up all night d/t pain" "hylucinating" "-(R appt.)"[R is circled]; "hallucination" "θ sleep" "can't breathe through nose. Mouth breathing. Last dose Soma 11A yest." "maybe slight fever (θ thermometer)" "hallucinations - saying things make no sense. θ sleep in 48 hrs." "Rx per Noall get Vicodin Rx - that will help with pain & sleep. Monitor condition & call us ASAP." The call took place at about 11 AM. Mrs. Kidd has testified that she then went to the pharmacy to get the Vicodin and gave some to her husband. She then took her daughter to an activity and ran some errands. On her return home, Mr. Kidd was not conscious and 911 was called. The time of death on the autopsy is listed as 1 to 2 PM.

Autopsy showed the cause of death to be a streptococcal retropharyngeal space infection originating from a very small posterior pharyngeal ulcer. The infection extended to involve the mediastinum and pleural spaces.

In summary, Mr. Kidd suffered an unusual complication of strep pharyngitis, especially given the fact that he was treated with an antibiotic within a day of developing a sore throat. Dr. Noall's initial care over two office visits in 24 hours was entirely appropriate, including the use of steroids for throat pain due to pharyngitis, though a single dose of dexamethasone is more typically used than several days of prednisone (since Mr. Kidd never took any prednisone, this did not affect his outcome in any event). Three days later, Mr. Kidd appeared to develop a new musculoskeletal problem involving the chest and back. He refused to be seen in the office or to go to urgent care, so Dr. Noall did her best to treat his symptoms over the phone. She worked through her office staff to accomplish this, which is very common in family practice. The same pattern of refusing an office visit and an attempt to deal with the problem over the phone occurred the following day when Mr. Kidd began to act in an unusual manner. During this episode (11/26-12/1/01), Mr. Kidd (and/or Mrs. Kidd) showed a pattern of not following medical recommendations, as demonstrated by not taking prednisone, not following up with Dr. Noall on 11/29/01 as instructed by the ED, refusals to be evaluated by Dr. Noall on 11/30/01 and 12/1/01, and by not obtaining Vicodin for pain until the day after it was called in. Mr. Kidd did not have health insurance at the time, which may have been a factor in these decisions. In the wisdom of retrospection, his chest and back symptoms on 11/30/01 and his probable delirium on 12/1/01 were due to the spread of the streptococcal infection that caused his death.

In conclusion, I feel that Dr. Noall's actions and inactions in the care of Thomas Kidd were within the standard of care that I would expect for a family physician. I am prepared to defend these opinions at trial, should that become necessary.

Sincerely,

A black and white photograph of a handwritten signature in cursive script, which appears to read "Robert B. Kelly". The signature is written in dark ink on a light-colored background.

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